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**CHAPTER 32: NEW OPPORTUNITIES WAIVER** 

APPENDIX E: SERVICE PROCEDURE CODES/RATES PAGE(S) 10

### **SERVICE PROCEDURE CODES/RATES**

The New Opportunities Waiver (NOW) Rate and Procedure Codes may be located at the following link:

https://www.lamedicaid.com/Provweb1/fee schedules/OCDD NOW.pdf

| HIPAA<br>CODE<br>NAME      | PROVIDER TYPE  | *SPECIALITY | PROVIDER SUB-<br>SPECIALITY | SERVICE<br>DEFINITION                       | PROCEDURE<br>CODE | MODIFIER 1 | MODIFIER 2 | RATE     | STANDARD<br>UNIT OF<br>SERVICE | ANNUAL SERVICE<br>LIMIT |
|----------------------------|--|-------------|-----------------------------|---|-------------------|------------|------------|----------|--------------------------------|-------------------------|
| Support Coordination       |  |             |                             |   |                   |            |            |          |                                |                         |
| Case<br>Management         | 45   |             |                             | Support Coordination (not a waiver service) | T2023             |            |            | \$201.50 | Monthly                        | 12                      |
|                            |  |             |                             | Respite                                     | Serv              | rices      |            |          |                                |                         |
| Center-Based<br>Respite    | 83   | 83          |                             | Respite Care                                | T1005             | HQ         |            | \$4.00   | 15 minutes                     | 2,880                   |
|                            | Individual and Family Support Services (Residential) |             |                             |   |                   |            |            |          |                                |                         |
| Attendant Care<br>Services | 82   | 82          | 8A                          | Individual and Family Support<br>(IFS) Day  | S5125             | U1         |            | \$4.63   | 15 minutes                     |                         |
| Attendant Care<br>Services | 82   | 82          | 8A                          | IFS Shared Support, 2 persons -<br>Day      | S5125             | U1         | UN         | \$3.20   | 15 minutes                     |                         |
| Attendant Care<br>Services | 82   | 82          | 8A                          | IFS Shared Support, 3 persons -<br>Day      | S5125             | U1         | UP         | \$2.71   | 15 minutes                     |                         |
| Attendant Care<br>Services | 82   | 82          | 8A                          | IFS - Night                                 | S5125             | UJ         |            | \$4.63   | 15 minutes                     |                         |
| Attendant Care<br>Services | 82   | 82          | 8A                          | IFS Shared Support, 2 persons -<br>Night    | S5125             | UN         | UJ         | \$3.20   | 15 minutes                     |                         |

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|---|---------------|-------------|-----------------------------|--|-------------------|------------|------------|---------|--------------------------------|--|
| Attendant Care<br>Services                          | 82            | 82          | 8A                          | IFS Shared Support, 3 persons -<br>Night           | S5125             | UP         | UJ         | \$2.71  | 15 minutes                     |  |
| Supported Independent Living                        |               |             |                             |  |                   |            |            |         |                                |  |
| Habilitation<br>Residential                         | 89            | 89          |                             | Supported Independent Living (SIL)                 | T2016             |            |            | \$20.00 | Day                            |  |
|   |               |             |                             | Complex Ca   | re Su             | pplen      | nent       |         |                                |  |
| Attendant Care<br>Services                          | 82            | 82          |                             | Complex Care Supplemental<br>Payment               | S5126             |            |            | \$38.88 | Per Diem                       |  |
|   |               |             |                             | Foste  | er Ca             | re         |            |         |                                |  |
| Foster Care, Adult                                  | 84            | 84          |                             | Substitute Family Care (SFC)                       | S5140             |            |            | \$20.00 | Day                            |  |
|   |               |             | En                          | vironmental Accessi                                | bility            | Adap       | tatior     | Service | es                             |  |
| Environmental<br>Accessibility<br>(Ramp)            | 15            | 80          |                             | Environmental Accessibility<br>(Ramp)              | S5165             |            |            |         |                                |  |
| Environmental<br>Accessibility<br>(Lift)            | 15            | 80          |                             | Environmental Accessibility (Lift)                 | E0627             |            |            |         |                                | \$12,000 per beneficiary   |
| Environmental<br>Accessibility<br>(Bathroom)        | 15            | 80          |                             | Environmental Accessibility<br>(Bathroom)          | E0625             |            |            |         |                                | for a three-year period  |
| Environmental<br>Accessibility<br>(Other)           | 15            | 80          |                             | Environmental Accessibility<br>(Other)             | T2039             | NU         |            |         |                                |  |
| Specialized Medical Equipment and Supplies          |               |             |                             |  |                   |            |            |         |                                |  |
| Specialized<br>Medical<br>Equipment and<br>Supplies | 17            | 91          |                             | Specialized Medical Equipment and Supplies (Lifts) | E0630             |            |            |         |                                | \$5,000 per beneficiary for a<br>three-year period including<br>Assessment (T1028) and<br>Consultation (T2035) |

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|-----------------------|---------------|-------------|-----------------------------|--|-------------------|------------|------------|----------|---|-------------------------|
|                       | 17            | 91          |                             | Specialized Medical Equipment<br>and Supplies (Switches)                           | E2322             |            |            |          |   |                         |
|                       | 17            | 91          |                             | Specialized Medical Equipment and Supplies (Controls)                              | E2331             |            |            |          |   |                         |
|                       | 17            | 91          |                             | Specialized Medical Equipment and Supplies (Other)                                 | K0900             |            |            |          |   |                         |
|                       | 17            | 91          |                             | Specialized Medical Equipment<br>and Supplies (Routine<br>maintenance and repairs) | T2029             | RB         |            |          |   |                         |
|                       | 17            | 91          |                             | Emergency Response System Purchase   | S5162             |            |            |          | One<br>Time   |                         |
|                       | 17            | 91          |                             | Emergency Response System  | S5162             | XU         |            | \$50.00  | Monthly   |                         |
|                       | 17            | 91          |                             | Medication Reminder Service per<br>Month   | S5185             |            |            | \$75.00  | Monthly   |                         |
|                       | 17            | 91          |                             | Monitoring Feature/Device Noc  | A9279             |            |            |          |   |                         |
| Remote Supports       | 17            | 91          |                             | Monitoring Feature/Device Noc<br>Interactive Audio And Video                       | A9279             | GT         |            |          |   |                         |
|                       | 17            | 91          |                             | Alert Device, Noc  | A9280             |            |            |          |   |                         |
|                       | 17            | 91          |                             | Assistive Technology Supports<br>Consultation                                      | T2035             |            |            | \$200.00 | One time per<br>comprehensi<br>ve plan of<br>care (CPOC)<br>Cannot be<br>provided in<br>the same<br>CPOC year<br>as T1028 |                         |
|                       | 17            | 91          |                             | Home Environment Assessment  | T1028             |            |            | \$450.00 | One time per<br>CPOC<br>Cannot be<br>provided in  |                         |

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| HIPAA<br>CODE<br>NAME   | PROVIDER TYPE                   | *SPECIALITY | PROVIDER SUB-<br>SPECIALITY | SERVICE<br>DEFINITION       | PROCEDURE<br>CODE | MODIFIER 1 | MODIFIER 2 | RATE        | STANDARD<br>UNIT OF<br>SERVICE    | ANNUAL SERVICE<br>LIMIT  |  |  |
|---|---------------------------------|-------------|-----------------------------|-----------------------------|-------------------|------------|------------|-------------|-----------------------------------|--|--|--|
|   |                                 |             |                             |                             |                   |            |            |             | the same<br>CPOC year<br>as T2035 |  |  |  |
|   | Professional Services Providers |             |                             |                             |                   |            |            |             |                                   |  |  |  |
| Professional<br>Services  | 06                              | 4D          |                             | Psychologist                | H2017             | U7         |            | \$31.25/NTE | 15 Minutes                        |  |  |  |
| Professional<br>Services  | 06                              | 4E          |                             | Social Worker               | H2017             | AJ         |            | \$9.38/NTE  | 15 Minutes                        | \$2,250 per CPOC year<br>across all H2017 codes<br>(Must be linked to PT 82 or<br>PT 89 for billing) |  |  |
| Professional<br>Services  | 06                              | 4R          |                             | Nutrition/Dietary Services  | H2017             | AE         |            | \$9.00/NTE  | 15 Minutes                        |  |  |  |
|   |                                 |             |                             | Nursing                     | g Serv            | vices      |            |             |                                   |  |  |  |
| Registered Nurse<br>(RN), Services  | 44                              | 87          |                             | RN Services                 | T1002             |            |            | \$11.05     | 15 Minutes                        |  |  |  |
| RN Services,<br>2 persons   | 44                              | 87          |                             | RN Services, 2 persons      | T1002             | UN         |            | \$8.29      | 15 Minutes                        |  |  |  |
| RN Services,<br>3 persons   | 44                              | 87          |                             | RN Services, 3 persons      | T1002             | UP         |            | \$7.29      | 15 Minutes                        |  |  |  |
| Licensed<br>Practical Nurse<br>(LPN)/Licensed<br>Vocational Nurse<br>(LVN) Services | 44                              | 87          |                             | LPN/LVN Services            | T1003             |            |            | \$10.40     | 15 Minutes                        |  |  |  |
| LPN/LVN<br>Services   | 44                              | 87          |                             | LPN/LVN Services, 2 persons | T1003             | UN         |            | \$7.80      | 15 Minutes                        |  |  |  |
| LPN/LVN<br>Services   | 44                              | 87          |                             | LPN/LVN Services, 3 persons | T1003             | UP         |            | \$6.86      | 15 Minutes                        |  |  |  |
|   | Permanent Supportive Housing    |             |                             |                             |                   |            |            |             |                                   |  |  |  |

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|--|----------------|-------------|-----------------------------|--|-------------------|------------|------------|------------|--------------------------------|-------------------------|
| Permanent<br>Supportive<br>Housing (PSH)                       | AW             | 3W          |                             | Housing Stabilization                  | G9012             |            |            | \$15.11    | 15 Minutes                     | 72                      |
| PSH  | AW             | 3W          |                             | Housing Stabilization Transition       | G9012             | U8         |            | \$15.11    | 15 Minutes                     | 92                      |
|  |                |             |                             | Transitio                              | on Fu             | nding      | 5          |            |                                |                         |
| Community<br>Transition,<br>Waiver                             | 02             |             |                             | One-Time Transitional Services         | T2038             |            |            | \$3,000.00 |                                | Lifetime                |
|  | Self-Direction |             |                             |  |                   |            |            |            |                                |                         |
| Financial Management Services (FMS) Monthly Administrative Fee | 01             | 4K          |                             | Self-Direction Option                  | W7319             |            |            | \$105.88   | Monthly                        | 12                      |
| Attendant Care<br>Services                                     | 01             | 4K          |                             | IFS Support - Day                      | S5125             | U1         |            | \$4.63/NTE | 15 Minutes                     |                         |
| Attendant Care<br>Services                                     | 01             | 4K          |                             | IFS Shared Support, 2 persons -<br>Day | S5125             | U1         | UN         | \$3.20/NTE | 15 Minutes                     |                         |
| Attendant Care<br>Services                                     | 01             | 4K          |                             | IFS Shared Support, 3 persons - Day    | S5125             | Ul         | UP         | \$2.71/NTE | 15 Minutes                     |                         |
| Attendant Care<br>Services                                     | 01             | 4K          |                             | IFS - Night                            | S5125             | UJ         |            | \$4.63/NTE | 15 Minutes                     |                         |
| Attendant Care<br>Services                                     | 01             | 4K          |                             | IFS Shared, 2 persons - Night          | S5125             | UN         | UJ         | \$3.20/NTE | 15 Minutes                     |                         |
| Attendant Care<br>Services                                     | 01             | 4K          |                             | IFS Shared, 3 persons - Night          | S5125             | UP         | UJ         | \$2.71/NTE | 15 Minutes                     |                         |

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|---|-----------------------------------|-------------|-----------------------------|--|-------------------|------------|------------|----------|--------------------------------|--|--|
|   | Monitored In-Home Caregiving      |             |                             |  |                   |            |            |          |                                |  |  |
| RN Services<br>Monitored In-<br>Home Caregiving<br>(MIHC) – NOS | MI                                | 9M          |                             | MIHC - Level 1   | T2033             |            |            | \$90.03  | Per Diem                       |  |  |
| MIHC - NOS  | MI                                | 9M          |                             | MHIC - Level 2   | T2033             | TG         |            | \$135.04 | Per Diem                       |  |  |
| MIHC -<br>Assessment  | MI                                | 9M          |                             | MIHC - Assessment  | T1028             | TU         |            | \$250.00 |                                | One Time   |  |
| Adult Companion Care  |                                   |             |                             |  |                   |            |            |          |                                |  |  |
| Companion Care  | 82                                | 82          | 8A                          | Adult Companion Care   | S5136             | CC         |            | \$92.02  | Per Day                        | Not to exceed 365 days per year  |  |
|   |                                   |             |                             | Transp   | oortat            | tion       |            |          |                                |  |  |
|   | 98                                | 98          |                             |  |                   |            |            |          |                                |  |  |
| Non-Emergency<br>Transportation                                 | 13                                | 36          |                             | Transportation for Supported<br>Employment, Day Habilitation or<br>Prevocational | T2022             |            |            | \$20.00  | Daily                          | Once per day that one of<br>these services (except<br>virtual) are delivered |  |
|   | 14                                | 50          |                             |  |                   |            |            |          |                                |  |  |
|   | Supported Employment – Individual |             |                             |  |                   |            |            |          |                                |  |  |
| Supported<br>Employment   | 98                                | 98          |                             | Work-Based Learning<br>Experience  | H2023             | UK         | U1         | \$175.00 | Per<br>Assessment              | 3  |  |
| Supported<br>Employment   | 98                                | 98          |                             | Job Development/Job Placement  | H2023             | U1         |            | \$20.00  | 15 Minutes                     | 480  |  |

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|---------------------------------------|------------------------------|-------------|-----------------------------|--|-------------------|------------|------------|---------|--------------------------------|----------------------------------|--|
| Supported<br>Employment               | 98                           | 98          |                             | Initial Job Support and Job<br>Stabilization                 | H2023             | TS         | U1         | \$18.50 | 15 Minutes                     | 1,920                            |  |
| Supported<br>Employment               | 98                           | 98          |                             | Extended Job Supports  | H2023             | TT         | U1         | \$15.00 | 15 Minutes                     | 2,500                            |  |
| Supported<br>Employment               | 98                           | 98          |                             | Follow-Along Supports  | H2026             | U1         |            | \$70.00 | Per Diem                       | 48                               |  |
| Supported<br>Employment               | 98                           | 98          |                             | Virtual Delivery of Follow-Along<br>Supports                 | H2023             | GT         | U1         | \$13.63 | 15 Minutes                     | 240                              |  |
|                                       | Supported Employment – Group |             |                             |  |                   |            |            |         |                                |                                  |  |
| Supported<br>Employment               | 98                           | 98          |                             | Group Employment<br>(1:5-8 Beneficiary Ratio)                | H2025             |            |            | \$2.76  | 15 Minutes                     | 8230                             |  |
|                                       |                              |             |                             | Day Ha   | bilita            | tion       |            |         |                                |                                  |  |
| Day Habilitation                      | 14                           | 50          |                             | Onsite Day Habilitation                                      | T2021             |            |            | \$2.48  | 15 Minutes                     |                                  |  |
| Day Habilitation                      | 14                           | 50          |                             | Community Life Engagement (CLE) (1:2-4 ratio)                | T2021             | UQ         |            | \$4.00  | 15 Minutes                     | 8,320 units to be shared amongst |  |
| Day Habilitation                      | 14                           | 50          |                             | CLE<br>(1:1 ratio)   | T2021             | ТТ         |            | \$4.75  | 15 Minutes                     | all T2021 codes                  |  |
| Day Habilitation                      | 14                           | 50          |                             | Virtual Delivery of Onsite Day<br>Habilitation (1:5-8 ratio) | T2021             | GT         |            | \$2.98  | 15 Minutes                     |                                  |  |
| Community Life Engagement Development |                              |             |                             |  |                   |            |            |         |                                |                                  |  |
| Day Habilitation                      | 14                           | 50          |                             | Community Life Engagement<br>Development (CLED) (1:1 ratio)  | T2025             | U1         |            | \$7.00  | 15 Minutes                     | 240 units to be shared           |  |
| Day Habilitation                      | 14                           | 50          |                             | CLED (1:2 ratio)   | T2025             | UN         |            | \$4.00  | 15 Minutes                     | amongst all T2025 codes          |  |

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|--|---------------|-------------|-----------------------------|---|-------------------|------------|------------|---------|--------------------------------|-----------------------------|
| Day Habilitation   | 14            | 50          |                             | CLED (1:3 ratio)                                    | T2025             | UP         |            | \$3.00  | 15 Minutes                     |                             |
| Prevocational  |               |             |                             |   |                   |            |            |         |                                |                             |
| Habilitation,<br>Prevocational   | 13            | 36          |                             | Onsite Prevocational (1:5-8)                        | H2014             |            |            | \$2.39  | 15 Minutes                     |                             |
| Habilitation,<br>Prevocational   | 13            | 36          |                             | Onsite Prevocational (1:2-4)                        | H2014             | UQ         |            | \$4.50  | 15 Minutes                     | 8,320 units shared amongst  |
| Habilitation,<br>Prevocational   | 13            | 36          |                             | Career Planning (1:1                                | H2014             | TT         |            | \$5.00  | 15 Minutes                     | all H2014 codes             |
| Habilitation,<br>Prevocational   | 13            | 36          |                             | Virtual Delivery Onsite<br>Prevocational<br>(1:5-8) | H2014             | GT         |            | \$2.98  | 15 Minutes                     | -                           |
|  |               |             |                             | Personal Emerger                                    | ıcy Re            | espon      | se Sys     | stem    |                                |                             |
| Personal<br>Emergency<br>Response System<br>(PERS) Install<br>and Test | 16            | 90          |                             | PERS Install and Test                               | S5160             |            |            | \$30.00 |                                | Each initial installation   |
| PERS<br>Maintenance  | 16            | 90          |                             | PERS Maintenance                                    | S5161             |            |            | \$27.00 | Monthly                        |                             |
|  |               |             |                             | Incontine   | nce Pi            | oduc       | ts         |         |                                |                             |
| Incontinence<br>Products   | 17            | 91          |                             | Disposable Adult Size<br>Brief/Diaper<br>Small      | T4521             |            |            |         |                                |                             |
| Incontinence<br>Products   | 17            | 91          |                             | Disposable Adult Size<br>Brief/Diaper Medium        | T4522             |            |            |         |                                | Total incontinence products |
| Incontinence<br>Products   | 17            | 91          |                             | Disposable Adult Size<br>Brief/Diaper<br>Large      | T4523             |            |            |         |                                | per CPOC year NTE \$2,500   |
| Incontinence<br>Products   | 17            | 91          |                             | Disposable Adult Size<br>Brief/Diaper<br>X-Large    | T4524             |            |            |         |                                |                             |

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|--------------------------|---------------|-------------|-----------------------------|---|-------------------|------------|------------|------|--------------------------------|--|
| Incontinence<br>Products | 17            | 91          |                             | Disposable Adult Size Pull-On<br>Small              | T4525             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Adult Size Pull-On<br>Medium             | T4526             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Adult Size Pull-On<br>Large              | T4527             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Adult Size Pull-On<br>X-Large            | T4528             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Liner/Shield/Pad                         | T4535             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Reusable Pull-On<br>Any Size                        | T4536             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Reusable Under Pad Bed Size                         | T4537             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Reusable Diaper/Brief<br>Any Size                   | T4539             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Reusable Under Pad Chair<br>Any Size                | T4540             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Under Pad<br>Large                       | T4541             |            |            |      |                                | Total incontinence products<br>per CPOC year NTE \$2,500 |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Under Pad<br>Small                       | T4542             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Adult Size Brief/Diaper<br>Above X-Large | T4543             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Adult Size Pull-On<br>Above X-Large      | T4544             |            |            |      |                                |  |
| Incontinence<br>Products | 17            | 91          |                             | Disposable Penile Wrap                              | T4545             |            |            |      |                                |  |

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|--------------------------|---------------|-------------|-----------------------------|-------------------------------------|-------------------|------------|------------|------|--------------------------------|-------------------------|
| Incontinence<br>Products | 17            | 91          |                             | Youth Size Brief/Diaper<br>Any Size | T4533             |            |            |      |                                |                         |
| Incontinence<br>Products | 17            | 91          |                             | Youth Size Pull On<br>Any Size      | T4534             |            |            |      |                                |                         |