CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 17

BILLING CODES

The following chart describes the codes and rates that are to be used with the Residential Options Waiver (ROW). Providers must bill the appropriate procedure code for the service performed.

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURZE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
				Support Co	ordinatio	on				
Case Management	45	81	4W	Support Coordination	T1016			\$176.79	1 flat monthly	12 annually
				Transition	Funding	g				
Community Transition Waiver	2	4A		One time transition service	T2038			\$3000		Life time maximum limit
		(Comi	nunity Living Su	pports (Resi	denti	al)		
Attendant Care Services	82	82	4W	Community Living Supports – 1 Person	S5125			\$4.63	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	S5125	UN		\$3.31	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 3 persons	S5125	UP		\$2.71	15 min	
		Host]	Home	e Services-Childr	en unde	r 18	(Resi	dential)		
Foster Care	84	84	4W	Host Home Level	S5140	НА		\$52.95	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	НА	\$57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	НА	\$64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	НА	\$68.95	Per diem	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		Host 1	Home	Services-Adults 1	8 and	over	(Resi	dential)	
Foster Care Adult	84	84	4W	Host Home Level 1	S5140			\$52.67	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 2	S5140	TF		\$57.05	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 3	S5140	TG		\$64.11	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 4	S5140	U2		\$69.32	Per diem	
			Con	npanion Care Serv	vices (F	Resido	ential)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services- Leased or Owned	-	_	_			
Habilitation,								,		
Residential	11	4A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 3	T2016	TG	НQ	\$104.08	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 4	T2016	U2	НQ	\$123.09	Per diem	
	1		Sh	ared Living-New	(Up to	3 pec	ple)			
]	Partic	ipant	Leased or Owned	l Resid	ence	(Resi	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	HQ		\$82.33	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIAL TY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			Sh	ared Living-New	(Up to	3 peo	ple)			
	Partio	cipant		ed or Owned Resi	` -	_	-	al) cont	inued	
Habilitation Residential	11	4A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
Shared	Livin	g-Cor	iversi	on/Provider Leas	ed or C)wne	d Res	sidence	(Resident	tial)
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	
Shared I	Living	-Conv	ersio	n/Participant Lea	sed or	Own	ed Re	esidence	e (Resider	ıtial)
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	

REPLACED: 02/2
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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANN UAL SERV ICE LIMI TS
				Respite Serv	rices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.50	15 min	720 hours
			P	ersonal Emergenc System	y Resp	onse	!			
Personal Emergency Response System	16	90		Installation	S5160			\$30.00	Install- ation	
Personal Emergency Response System	16	90		Monthly Service Fee	S5161			\$27.00	Monthly	
			Tran	sportation (Reside	ential S	Servi	ces)			
Transportation	42	4X	4W	Transportation Regular -	T2001	U1		\$5.58	One-way	730
Local Trip		4A	711	(Comm Access)	12001			\$5.50	One-way	750
Transportation -Local Trip	42	4X 4A	4W	Transportation Wheel chair –	A0090			\$9.32	One-way	730
(W/C)			Ad	(Comm Access)	l ility Se	rvice	25			
Assistive			110			1		T	Ī	
Technology/ Specialized Medical Equipment	17	91		Assistive Technology Specialized Medical Equip. and Supplies	T2029				Per Item/ Service	
Specialized Medical Equipment, Not otherwise specified (NOS)	17	91		Repairs Specialized Medical Equipment and Assistive Technology	T2029	RB			Per Item/ Repair	
Environmental Modifications	15	80		Environmental Accessibility Adaptations	S5165				Per Service	
Remote Supports	17	91		Mobile Emergency response system Purchase	S5162				One Time	
Remote Supports	17	91		Mobile Emergency Response System Purchase	S5162	XU		\$50.00	Monthly	
Remote Supports	17	91		Assistive Technology Supports Consultation	T2035			\$200	One time per POC Year	Cannot be provided in same POC year as T1028

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			A	daptation/Accessi	bility S	Servic	es			
Remote Supports	17	91		Home environment assessment	T1028			\$450.00	One Time	Cannot be provided in same POC year as T2035
Remote Supports	17	91		Med reminder serv per month	S5185			\$75.00	Monthly)
Remote Supports	17	91		Monitoring feature/device noc	A9279				One Time	
Remote Supports	17	91		Monitoring feature/device noc interactive audio and video	A9279	GT			One Time	
Remote Supports	17	91		Alert device, noc	A9280				One Time	
Incontinence Supplies	17	91		Adult size brief/diaper sm	T4521			\$0.50		
Incontinence Supplies	17	91		Adult size brief/diaper med	T4522			\$0.60		
Incontinence Supplies	17	91		Adult size brief/diaper lg	T4523			\$0.87		
Incontinence Supplies	17	91		Adult size brief/diaper xl	T4524			\$0.87		
Incontinence Supplies	17	91		Adult size pull-on sm	T4525			\$0.85		
Incontinence Supplies	17	91		Adult size pull-on med	T4526			\$0.85		
Incontinence Supplies	17	91		Adult size pull-on lg	T4527			\$0.94		
Incontinence Supplies	17	91		Adult size pull-on xl	T4528			\$1.17		

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDERSPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			A	daptation/Accessi	bility S	Servic	es			
Incontinence Supplies	17	91		Disposable liner/shield/pad	T4535			\$0.46		
Incontinence Supplies	17	91		Large disposable underpad	T4541			\$0.46		
Incontinence Supplies	17	91		Small disposable underpad	T4542			\$0.46		
Incontinence Supplies	17	91		Adult disp brief/diap abv xl	T4543			\$2.49		
Incontinence Supplies	17	91		Adlt disp und/pull on abv xl	T4544			\$2.49		
Incontinence Supplies	17	91		Incon disposable penile wrap	T4545			\$1.25		
Incontinence Supplies	17	91		Reusable pull-on any size	T4536			\$0.76		
Incontinence Supplies	17	91		Reusable underpad bed size	T4537			\$8,73		
Incontinence Supplies	17	91		Reusable diaper/brief any size	T4539			\$2.49		
Incontinence Supplies	17	91		Reusable underpad chair size	T4540			\$10.00		
			- -	Day and Employn	nent Se	ervice	S			
Supported Employment	98	98		Group Employment	H2025			\$2.76	15 Min	32 Units per Day
Supported Employment	98	98		Work Based Learning Experience	H2023	UK	UI	\$175.00	Per Assessment	3
Supported Employment	98	98		Job Development/Job Placement	H2023	U1		\$20.00	15 minute	480 units

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Supported Employment	98	98		tial Job Support And Job Stabilization	H2023	TS	U1	\$18.50	15 minute	1,920
Supported Employment	98	98	Ex	stended On The Job Supports	H2023	TT	U1	\$15.00	15 minute	2,500
Supported Employment	98	98		Follow Along Job Supports	H2026	U1		\$70.00	Per Diem	48
Supported Employment	98	98		Virtual Delivery of Follow Along Job Supports	H2023	GT	U1	\$13.63	15 minute	960
Non-Emergency Transportation	98	98		egular Transportation for Supported Employment Services	T2002			\$20.00	Per Day	
Habilitation, Prevocational	13	36		Pre-Vocational Onsite in a 1:5-8 ratio	T2025			\$2.39	15 Min	32 Units per Day, shared among all H2014 codes
Non-Emergency Transportation	13	36		Regular Transportation for revocational Services	T2002			\$20.00	Per Day	
Habilitation, Prevocational	13	36		Virtual Delivery of Pre-Vocational in a 1:5-8 ratio	T2025	GT		\$2.98	15 Min	32 Units per Day, shared among all H2014 codes
Habilitation, Prevocational	13	36		Community Career Planning in a ratio of 1:2-4 ratio	T2025	UQ		\$4.50	15 Min	32 Units per Day, shared among all H2014 codes
Habilitation, Prevocational	13	36		Community Career Planning in a ratio of 1:1 ratio	H2014	TT		\$5.00	15 min	32 Units per Day, shared among all H2014 codes
Day Habilitation	14	50		Day Habilitation Onsite in a 1:5-8 ratio	T2021			\$2.48	15 Min	32 Units per Day shared among all T2021 codes
Day Habilitation	14	50		Virtual Delivery of Day Habilitation 1: 5-8 ratio	T2021	GT		\$2.98	15 Min	32 Units per Day shared among all T2021 codes
Day Habilitation	14	50	E	Community Life Engagement in a Ratio of 1: 1 ratio	Т2021	ТТ		\$4.75	15 Min	32 Units per Day shared among all T2021 codes

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Day Habilitation	14	50		Community Life Engagement in a Ratio of 1: 2-4 ratio	T2021	UQ		\$4.00	15 Min	32 Units per Day shared among all T2021 codes
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2002			\$20.00	Per Day	
Day Habilitation	14	50		Community Life Engagement Development (1:1 ratio)	T2025	U1		\$7.00	15 minute	240 shared among all T2025 codes
Day Habilitation	14	50		Community Life Engagement Development (1:2 ratio)	T2025	UN		\$4.00	15 minute	240 shared among all T2025 codes
Day Habilitation	14	50		Community Life Engagement Development (1:3 ratio)	T2025	UP		\$3.00	15 minute	240 shared among all T2025 codes
					1				1	
HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUA L SERVIC E LIMITS
			1	Nursing Se	rvices					
In Home	44	87		LPN-Intermittent						
Nursing Care by LPN	11	4A	4W	Services (1 person)	G0300			,l \$71.44	Per visit	
Services of Skilled Nurse In	44	87	AXX	LPN-Intermittent						
Home Health Setting	11	4A	4W	Services (up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124					
by LPN	11	4A	4,,,	(1 person)	52124			\$41.60	Per hour	
In Home Nursing Care	44	87	4W	LPN-Extended Services (up to 2 persons)	S9124	TT		\$20.80	Per Hour	
by LPN	11 44	4A 87		\ 1				\$20.00	1 et 11out	
RN Intermittent Services	11	4A	4W	Nursing RN (1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87		Nursing RN						
Services	11	4A	4W	(up to 2 persons)	S9123	TT		\$21.10	Per hour	
RN Extended	44	87	4777	Nursing RN	00444					
Services	11	4A	4W	(1 person)	S9123			\$44.20	Per hour	
RN Intermittent	44	87	4W	Nursing RN		TT				
Services	11	4A	- * *	(up to 4 persons)	G0299			\$44.62	Per visit	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		P	Profess	sional Services (R	legister	ed D	ietici	an)		
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual)	97802			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Group)	97804			\$9.00	15 min	

			Prof	essional Services	(Speecl	h Therapy	')		
	39	71		Speech Therapy Evaluation of Speech					
Professional Services	11	4A	4W	Fluency (e.g. stuttering,	92521		\$21.00	15 min	
	84	84		cluttering)					
	39	71		Speech Therapy Evaluation of Speech					
Professional Services	11	4A	4W	sound production (e.g. articulation,	92522		\$21.00	15 min	
	84	84		phonological process, apraxia, dysarthria)					
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,					
Professional Services	11	4A	4W	phonological process, apraxia, dysarthria) with evaluation of language	92523		\$21.00	15 min	
	84	84		comprehension and expression (e.g., receptive and expressive language)					
D 6 1 1	39	71		Speech Therapy					
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524		\$21.00	15 min	
	84	84		Voice and Resonance					
Professional	39	71		Speech Therapy					
Professional Services	11	4A	4W	(Speech Language Hearing Therapy)	92507		\$21.00	15 min	
	84	84		Treating Therapy)					
Professional	39	71	4337	Speech Therapy	02520				
Services	11	4A	4W	(Laryngeal function studies)	92520		\$21.00	15 min	
	84	84		bracies)					

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		Prof	fession	al Services (Spee	ch The	erapy) con	tinued		
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
Services	84	84		(Oral function merapy)				\$21.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$21.00	15 min	
Scrvices	84	84		speech device RX)				\$21.00	13 11111	
D C : 1	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Non-speech device	92606			\$21.00	15 min	
	84	84		service)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Ex for speech device	92607			\$21.00	15 min	
	84	84		RX)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Evaluate swallowing function)	92610			\$21.00	15 min	
	84	84		Tunction)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Therapeutic activities)	97530	GN		\$2.00	15 min	
	84	84								
Professional	39	71		Speech Therapy	97129	~~ *				
Services	11	4A	4W	(Cognitive skills development)		GN		\$21.00	15 min	
	84	84		ис четоритепт)						
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
D 6 1 1	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Evaluation low	97165			\$44.40	30 min	
	84	84		complex 30 min)						
Professional Sorvices	37 11	74 4A	4W	Occupational Therapy	071			0666	45 .	
Services	84	4A 84		(OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
Professional	37	74	4W	Occupational Therapy						
Services	11	4A		(OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)	-					
Professional	37	74	4777	Occupational Therapy						
Services	11	4A	4W	(OT re-evaluation est plan of care)	97168			\$23.00	15 min	
	84	84								
Professional	37	74	4887	Occupational Therapy	07010	CO				
Services	11 84	4A 84	4W	(Application of hot or cold packs)	97010	GO		\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of Traction,	97012	GO		\$22 AA	15 min	
Services	84	84		Mechanical)				\$23.00		

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
	P	rofess	ional (Services (Occupa	tional '	Thera	apy)	continu	ed	
Professional	37	74	4777	Occupational Therapy	0=014					
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		,						
Professional	11	4A	4W	Occupational Therapy (Application of paraffin	97018	GO		#22.00	15 .	
Services	84	84		bath)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of	97022	GO		622.00	15	
Services	84	84		whirlpool)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		622.00	15 min	
Services	84	84	1	stimulation/ manual)				\$23.00	15 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$23.00	15 min	
Services	84	84		iontophoresis)				\$23.00	13 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$23.00	15 min	
Scivices	84	84		ultrasound)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$23.00	15 min	
Ser vices	84	84		Procedure)				\$20.00	10 11111	
D 6 1 1	37	74		0 4 1751						
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
SCI \1005	84	84		(Massage merapy)				\$251 00	10 11111	
D 6 1	37	74		O 4 1751						
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
	84	84		107						
Professional	37	74]	Occupational Therapy						
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84		, ,						
Professional	37	74	1	Occupational Therapy						
Services	11	4A	4W	(Cognitive skills development)	97129	GO		\$23.00	15 min	
	84	84		исчеюршені)						
Professional	37	74	1	Occupational Therapy						
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$23.00	15 min	
	84	84		management)						

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
Professional Services (Physical Therapy)												
	35	65		Physical Therapy								
Professional Services	11	4A	4W	(PT Evaluation low	97161			\$29.60	20 min			
Services	84	84		complex 20 min)	9/101			\$29.00	20 mm			
Professional	35	65		Physical Therapy								
Services	11	4A	4W	(PT Evaluation mod	97162			\$44.40	30 min			
Professional	84 35	65		complex 30 min) Physical Therapy								
Services	11	4A	4W	(PT Evaluation high	97163			\$66.60	45 min			
	84	84		complex 45 min)								
D e . 1	35	65		Physical Therapy								
Professional Services	11	4A	4W	(PT re-evaluation est plan of care)	97164			\$23.00	15 min			
SCI 11005	84	84						420.00				
	35	65	4W	Physical Therapy (Application of hot or cold packs)	97010							
Professional Services	11	4A				GP		\$23.00	15 min			
Scrvices	84	84						\$25.00	13 11111			
	35	65		Physical Therapy								
Professional Services	11	4A	4W	(Application of traction,	97012	GP		\$23.00	15 min			
Services	84	84		mechanical)				\$23.00	13 11111			
	35	65	4W	Physical Therapy								
Professional	11	4A		(Application of electrical stimulation/ unattended)	97014	GP		622.00	15 .			
Services	84	84						\$23.00	15 min			
	35	65	4W	Physical Therapy (Application of paraffin bath)	97018							
Professional	11	4A				GP	\$2	#22.00	15 min			
Services	84	84						\$23.00				
	35	65		DI . 1771								
Professional	11	4A	4W	Physical Therapy (Application of	97022	GP						
Services	84	84	1 .,,	whirlpool)	7,022			\$23.00	15 min			
	35	65										
Professional	11	4A	4W	Physical Therapy (Application of electrical	97032	GP						
Services	84	84	- **	stimulation/ manual)	71032	GI		\$23.00	15 min			
	35	65										
Professional			4W	Physical Therapy (Application of	97033	GP						
Services	11 84	4A 84	4 **	(Application of iontophoresis)	9/033	Gľ		\$23.00	15 min			
Professional	35	65	4887	Physical Therapy	07025	CD						
Services	11	4A	4W	(Application of ultrasound)	97035	GP		\$23.00	15 min			
	84	84		uiuasouna)								
	35	65										
Professional Services	84	4A 84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$23.00	15 min			

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		Prof	ession	al Services (Physi	ical Th	erapy	y) cor	ntinued		
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(neuromuscular re-education)	97112			\$23.00	15 min	
	84	84		re-education)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Gait training)	97116			\$23.00	15 min	
	84 35	84 65								
Professional	11	4A	4W	Physical Therapy	97124	GP				
Services	84	84		(Massage therapy)	9/124	Gi		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Manual therapy)	97140	GP		\$23.00	15 min	
Services	84	84								
	35	65	4W	Physical Therapy (Therapeutic activities)						
Professional Services	11	4A			97530	GP		\$23.00	15 min	
Services	84	84						\$20.00	13 11111	
Professional	35	65	4W	Physical Therapy (Wheelchair Management)	97542					
Services	11	4A				GP		\$23.00	15 min	
	84	84								
			Pro	ofessional Service	es (Soci	ial W	ork)			
	73	73								
Professional Services	11	4A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
Services	84	84						\$18.00	15 11111	
	73	73								
Professional	11	4A		Social Worker						
Services	84	84	4W	(Group psychotherapy)	90853	AJ		\$18.00	15 min	
			_							
Professional	73	73	4887	Social Worker	07525					
Services	11 84	4A 84	4W	(Self-care Management Training)	97535	AJ		\$18.00	15 min	
	73	73								
Professional	11	4A	4W	Social Worker (Community/ Work	97537	AJ				
Services	84	84	-7''	Reintegration)	9/33/	110		\$18.00	15 min	
	73	73								
	11	4A	1	Social Worker						
Professional Services	84	84	4W	(Home visit assistance w/ADL's and personal care)	99509	AJ		\$18.00	15 min	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS	
Professional Services (Social Work) continued											
Professional	73	73		Social Worker							
Services	11	4A	4W	(Home Visit,	99510	AJ		\$18.00	15 min		
	84	84		Sing/M/Fam Counseling)							
Professional	73	73		Social Worker							
Services	11	4A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ		\$18.00	15 min		
	84	84		Service of Procedure)							
Professional	73	73		Social Worker							
Services	11	4A	4W	(HHCP-SVS of CSW)	G0155			\$18.00	15 min		
	84	84									
Professional	73	73	4W	Social Worker (Assertive Community treatment face to face)	Н0039						
Services	11	4A				AJ		\$18.00	15 min		
	73	84 73		,							
Professional	11	4A	4W	Social Worker (Mental Health Services, NOS)	H0046	AJ					
Services	84	4A 84			110040	AJ		\$18.00	15 min		
	73	73	4W	Social Worker (Crisis Intervention)							
Professional	11	4A			H2011	AJ					
Services	84	84				Au		\$18.00	15 min		
	73	73									
Professional	11	4A	4W	Social Worker (Skilled Training and Development)	H2014						
Services	84	84						\$18.00	15 min		
	73	73		6 . 130							
Professional	11	4A	4W	Social Worker (Psychosocial Rehab	H2017	AJ					
Services	84	84		Services)				\$18.00	15 min		
	73	73		Casial Wanken							
Professional	11	4A	4W	Social Worker (Therapeutic Behavior	H2019	AJ		610.00	15 .		
Services	84	84		Service)				\$18.00	15 min		
	73	73		Social Worker							
Professional Services	11	4A	4W	(Community-based Wrap	H2021	AJ		\$18.00	15 min		
Sei vices	84	84		Around)				\$10.00	13 11111		
			Pr	ofessional Service	es (Psy	cholo	gy)				
Professional	31	62, 95,96		Psychologist (Interactive							
Professional Services	11	4A		(Interactive Psychological Diagnostic	90791			\$31.25	15 min		
	84	84		Interview)							

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS			
	Professional Services (Psychology) continued												
	31	62, 95,96		Psychologist									
Professional Services	11	4A	4W	(Individual	90832			\$31.25	15 min				
	84	84		Psychotherapy)	7 7 7 7			40 2122					
Professional	31	62, 95,96		Psychologist	90846								
Services	11	4A	4W	(Family therapy without patient present)	20040			\$31.25	15 min				
	84	84											
Professional	31	62, 95,96	4W	Psychologist (Special Family Therapy w/ patient)	90847								
Services	11	4A				AH		\$31.25	15 min				
	84	84											
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)									
Services	11	4A			90853	AH		\$31.25	15 min				
	84	84											
Professional	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90863								
Services	11	4A						\$31.25	15 min				
	84	84		wanagement)									
Professional	31	62, 95,96		Psychologist									
Services	11	4A	4W	(Psychological Testing by Psychologist	96130			\$31.25	15 min				
	84	84		T by enotogist									
Professional	31	62, 95,96	45	Psychologist									
Services	11	4A	4W	(Psychological Testing by Tech)	96138			\$31.25	15 min				
	84	84		1000)									
Professional	31	62, 95,96	4887	Psychologist									
Services	11	4A	4W	(Neuropsychological testing)	96132			\$31.25	15 min				
	84	84		testing)									

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
	Professional Services (Psychology) continued											
	31	62, 95,96		Psychologist								
Professional Services	11	4A	4W	(Self-care Management	97535	AH		\$31.25	15 min			
	84	84		Training)				40 -1				
	31	62, 95,96		Psychologist								
Professional Services	11	4A	4W	(Community/Work	97537	AH		\$31.25	15 min			
Services	84	84		Reintegration)	91331			\$31.23	13 11111			
	31	62,		Psychologist								
Professional Services	11	95,96 4A	4W	(Home visit for Assistance with ADL's and Personal Care)	99509	AH		\$31.25	15 min			
Services	84	84	1					\$31.23	13 11111			
	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510							
Professional Services	11	4A				AH		\$31.25	15 min			
Services	84	84						\$61,20	10 11111			
	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)								
Professional Services	11	4A			99600	AH		\$31.25	15 min			
Services	84	84						\$31.23	13 11111			
	31	62, 95,96	4W	Psychologist	e Community H0039							
Professional Services	11	4A		(Assertive Community Treatment Face to Face)		AH		\$31.25	15 min			
Services	84	84						\$61,20	10 11111			
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046							
Services	11	4A				AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96		Psychologist								
Services	11	4A	4W	(Crisis Intervention)	H2011	AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96		Psychologist								
Services	11	4A	4W	(Psychosocial Rehab Services)	H2017	AH		\$31.25	15 min			
	84	84		Sci vices)								
Professional	31	62, 95,96	4	Psychologist	****	,						
Services	11	4A	4W	(Therapeutic Behavior Service)	H2019	AH		\$31.25	15 min			
	84	84		Service)								
Professional	31	62, 95,96	4557	Psychologist	112021	ATT						
Services	11 84	4A 84	4W	(Community-based Wrap Around)	H2021	AH		\$31.25	15 min			
	04	04										

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE	CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
	Permanent Supportive Housing Supports												
Permanent Supportive	AW			Housing Stabilization	G9012	2			\$15.11	15 Min.	72 units annually		
Housing									\$60.44	1 Hour	annually		
Permanent Supportive	AW			Housing Stabilization	G901:	2	U8		\$15.11	15 Min.	93 units		
Housing				Transition			08		\$60.44	1 Hour	annually		
Adult Day Health Care (ADHC) Service													
Medical Rehabilitation Day Program	85	35	4W	Adult Day Health Care Center Based Service (ADHC)	S5100	0			\$2.78 Rate include provider specific transportation rate	15 min	Max 40 unit per day		
			M	Ionitored In-Ho	me Ca	re (Givi	ng					
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 1	T2033				\$90.03	per diem			
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 2	T2033		TG		\$135.04	per diem			
Monitored In- Home Care Giving	MI	35		Assessment	T1028	Т	U		\$250.00	one time			
	Financial Management Services												
Financial Management Services (FMS) Monthly Administrati ve Fee	01			Financial Management Services	W7319			\$1	05.88	Monthly			