

Medi-Cal Waiver Program Billing Codes and Rates

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This section contains the procedure codes and reimbursement rates that have been established for Medi-Cal Waiver Program (MCWP) services. The rates listed below are the “maximum allowable rate.” MCWPs are to bill the actual rate paid for services, up to the maximum allowable rate. For additional information about billing these services, refer to the *Medi-Cal Waiver Program* section of this manual.

Procedure Codes/Rate Schedule

Table of Procedure Codes/Rate Schedule

CPT® Code or HCPCS Code	Description	Maximum Rate	Effective Date
90837	Psychotherapy, 60 minutes with patient	\$98.02/hr *, ∞	7/1/22
90846	Family psychotherapy (without the patient present), 50 minutes	98.02/hr *, ∞	7/1/22
90847	Family psychotherapy (conjoint psychotherapy) (with patient present),	98.02/hr *, ∞	7/1/22
G0156	Services of home health/hospice aide in home health or hospice settings, each	9.52/15 min *, ∞	7/1/22
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	19.27/15 min *, ∞	7/1/22
G0300	Direct skilled nursing services of a licensed vocational nurse (LVN) in the home health or hospice setting, each 15 minutes	13.97/15 min *, ∞	7/1/22
S5130	Homemaker service, nos; per 15 minutes	7.07/15 min *, ∞	7/1/22
S5165	Minor physical adaptations to the home; per service	1,000.00/client/mo	1/1/93
S5170	Home delivered meals/nutritional supplements, including preparation; per meal	150.00/client/mo	1/1/93
S9470	Nutritional counseling, dietitian visit	63.23/hr *, ∞	7/1/22
T2003	Non-medical transportation (NMT); encounter/trip	100.00/client/mo	7/1/22

Table of Procedure Codes/Rate Schedule (continued)

CPT Code or HCPCS Code	Description	Maximum Rate	Effective Date
T2022	Case management, per month	363.23/client/mo	7/1/22
T2025	Waiver services; not otherwise specified (nos)	246.91/client/mo	7/1/22
T2026	Specialized childcare, waiver; per diem	338.00/client/mo	1/1/91
T2028	Specialized supply, not otherwise specified, waiver	By Report	1/1/22
T2029	Specialized medical equipment, and supplies not otherwise specified, waiver	By Report	1/1/22

The maximum allowable for each waiver client is \$33,937 per calendar year. This maximum allowable includes all MCWP service procedure codes with the exception of administrative expenses (HCPCS code T2025).

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Waiver agencies may bill up to an additional one hour per visit for actual travel, unless doing so causes procedure billing to exceed 24 hours on any date of service. Direct care service and travel time (per client, per service) must be totaled during the billing period. It is not permissible to round fractional hours per visit, except for when there is only one visit during the billing period (add all visits for month, then round). The waiver agency and provider of service must maintain appropriate documentation that separately identifies the travel hours from the direct care service hours. The documentation must include reporting by month, client name or identifier, the hourly rate billed, the number of hours billed and the type of cost incurred (for example, travel).
∞	Providers may bill up to 99 units per claim lines for these codes.