

| Benefit Category                      | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier   | Modifier Description                                      | Unit Value | Medical / Non-Medical | Federal Code Description  | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|---------------------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|------------|---|------------|-----------------------|---|---|--|
| Adult Family Home Placement, 1-2 beds | 1/1/2004                    |                           | 202.01                               | 0240                 | S5140                  | 12, 99   | N                      | U6, U4, U5 | U6=1-2 bed U4=Outlier U5=Outlier-Access                   | Day        | N                     | 0240=Adult Family Home Placement (S5140=Foster care, adult; per diem) | Y   | Residential care services only. May use outlier modifiers (U4, U5); requires DHS review. Must use both Procedure Code S5140 and Revenue Code 0240 on the claim when billing for Adult Family Home Placement (1-2 beds) services. CWAs must include Revenue Code 0240 on the PA.  |
| Adult Family Home Placement, 3-4 beds | 1/1/2004                    |                           | 202.02                               | 0241                 | S5140                  | 12, 99   | Y                      | U4, U5, U7 | U4=Outlier U5=Outlier-Access U7=3-4 bed                   | Day        | N                     | Adult Family Home Placement. (S5140=Foster care, adult; per diem)     | Y   | Residential care services only. May use outlier modifiers (U4, U5); requires DHS review. Must use both Procedure Code S5140 and Revenue Code 0241 on the claim when billing for Adult Family Home Placement (3-4 beds) services. CWAs must include Revenue Code 0241 on the PA.  |
| Assistive Technology                  | 1/1/2022                    |                           | 112.99                               |                      | T2028                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | GT         | GT=Remote Service Delivery                                | Each       | N                     | Specialized supply, not otherwise specified, waiver                   | N   | Includes items, pieces of equipment, software or application. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Assistive Technology                  | 1/1/2022                    |                           | 112.99                               |                      | T2028                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | UA, GT     | UA=As defined by each state<br>GT=Remote Service Delivery | Each       | N                     | Specialized supply, not otherwise specified, waiver                   | N   | Must use "UA" modifier to identify assistive technology services when authorizing service animals. May include initial purchase of a service animal, training and veterinary costs. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

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| Case Management (Support & Service Coordination) | 1/1/2004                    |                           | 604.00                               |                      | T1016                  | 01, 02, 03, 04, 08, 11, 12, 13, 14, 15, 18, 21, 23, 31, 33, 34, 49, 51, 54, 71, 99 | N                      | U1, U2, U3, U4, U5, GT | U1=Assessment<br>U2=Case planning<br>U3=Ongoing monitoring & service coordination<br>U4=Discharge planning<br>U5 = Subcontractor provider<br>GT=Remote Service Delivery | 15 minutes | M                     | Case management, each 15 minutes               | Y   | May use modifiers U1-U4 to detail support and service coordination activities. Must use DHS Support and Service Coordination rate setting methodology. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. Must use U5 modifier if the case management services will be delivered by a CWA-subcontracted provider. |
| Child Care                                       | 6/1/2017                    |                           | 101.00                               |                      | T2026                  | 03, 04, 12, 99   | Y                      | U1, U2, U3, U4, U5     | U1=Age 0-5 years<br>U2=6-11 years<br>U3=12+ Years<br>U4=Outlier<br>U5=Outlier Access  | Day        | N                     | Specialized childcare, waiver; per diem        | Y   | Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5) in combination with U1-U3 modifier; requires DHS review.   |
| Child Care                                       | 6/1/2017                    |                           | 101.00                               |                      | T2027                  | 03, 04, 12, 99   | Y                      | U1, U2, U3, U4, U5     | U1=Age 0-5 years<br>U2=6-11 years<br>U3=12+ Years<br>U4=Outlier<br>U5=Outlier Access  | 15 minutes | N                     | Specialized child care, waiver; per 15 minutes | Y   | Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5) in combination with U1-U3 modifier; requires DHS review.   |
| Child Foster Care (services only)                | 1/1/2004                    |                           | 203.00                               |                      | H0041                  | 12, 99   | N                      |                        |   | Day        | N                     | Foster care, child, non-therapeutic, per diem  | N   | Must be authorized and claimed in accordance with DMS Numbered Memo 2024-01.  |
| Child Foster Care (services only)                | 1/1/2004                    |                           | 203.00                               |                      | H0042                  | 12, 99   | N                      |                        |   | Month      | N                     | Foster care, child, non-therapeutic, per month | N   | Must be authorized and claimed in accordance with DMS Numbered Memo 2024-01.  |
| Child Foster Care (services only)                | 1/1/2004                    |                           | 203.00                               |                      | S5145                  | 12, 99   | Y                      | U3                     | U3=Administrative costs   | Day        | N                     | Foster care, therapeutic, child; per diem      | N   | Foster home administrative costs. Includes foster care home levels 3-5. Must use U3 modifier in accordance with DMS Numbered Memo 2024-01 for codes S5145 and S5146.  |
| Child Foster Care (services only)                | 1/1/2004                    |                           | 203.00                               |                      | S5146                  | 12, 99   | Y                      | U3                     | U3=Administrative costs   | Month      | N                     | Foster care, therapeutic, child; per month     | N   | Foster home administrative costs. Includes foster care home levels 3-5. Must use U3 modifier in accordance with DMS Numbered Memo 2024-01 for codes S5145 and S5146.  |
| Child Foster Care-Level 5 Home (services only)   | 1/1/2004                    |                           | 203.10                               |                      | S5145                  | 12, 99   | Y                      | KX                     | KX=Specified medical policy met   | Day        | N                     | Foster care, therapeutic, child; per diem      | N   | State Licensed Level 5 Foster Home  |

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| Child Foster Care-<br>Level 5 (services only)              | 1/1/2004                    |                           | 203.10                               |                      | S5146                  | 12, 99   | Y                      | KX                             | KX=Specified medical policy met   | Month      | N                     | Foster care, therapeutic, child; per month                  | N   | State Licensed Level 5 Foster Home  |
| Communication Assistance for Community Inclusion           | 1/1/2004                    |                           | 112.47                               |                      | E1399                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | UD, GT                         | UD=Communication Aids Miscellaneous<br>GT=Remote Service Delivery   | Each       | M                     | Durable medical equipment, miscellaneous                    | N   | When authorizing hearing aids use the "UD" modifier to identify "Communication Aids Miscellaneous." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. Effective 1/1/2022, communication aids devices are no longer a separate service, and are now authorized under communication assistance for community inclusion services (E1399). |
| Communication Assistance for Community Inclusion           | 1/1/2004                    |                           | 112.47                               |                      | T1013                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | UD, GT                         | GT=Remote Service Delivery  | 15 minutes | M                     | Sign language or oral interpretive services, per 15 minutes | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. Effective 1/1/2022, this service includes translation and interpretation services for individuals with Limited English Proficiency skills.   |
| Community / Competitive Integrated Employment - Individual | 4/1/2012                    |                           | 615.01                               |                      | T2018                  | 02, 03, 04, 11, 12, 18, 99   | Y                      | U7, U1, U2, U3, U6, U4, U5, GT | U7=Each<br>U1=Tier 1<br>U2=Tier 2<br>U3= Tier 3<br>U6=Tier 4<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each       | N                     | Habilitation, supported employment, waiver; per diem        | Y   | Must use U7 modifier to define "Each." "Each" is defined as 1 month. Use modifiers (U1, U2, U3, U6) to identify appropriate tier level services. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |

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| Community / Competitive Integrated Employment - Small Group | 6/1/2017                    |                           | 615.02                               |                      | T2019                  | 02, 03, 04, 11, 12, 18, 99   | Y                      | U7, U1, U2, U3, U6, U4, U5, GT | U7=Each<br>U1=Tier 1<br>U2=Tier 2<br>U3= Tier 3<br>U6=Tier 4<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                   | Each       | N                     | Habilitation, supported employment, waiver; per 15 minutes | Y   | Must use U7 modifier to define "Each." "Each" is defined as 1 month. Use modifiers (U1, U2, U3, U6) to identify appropriate tier level services. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Community Integration Services-Tiers                        | 4/1/2012                    |                           | 514.00                               |                      | H2021                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | HN, HO, U4, U5, GT, CG         | HN=Bachelor's Level<br>HO=Master's level<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery<br>CG = Transitional support services | 15 minutes | N                     | Community-based wrap-around services, per 15 minutes       | Y   | Must use modifier to identify tier: Tier 1 = Bachelor's Level (HN); Tier 2 - Master's Level (HO). May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors must use the CG modifier when billing for this service to indicate transitional support services. |

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| Counseling & Therapeutic Services                      | 1/1/2004                    |                           | 507.03                               |                      | G0176                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | U1-U3, U6-U9, U4, U5; 52, 59, UA; UB; UC, GT | U1=Music<br>U2=Hippotherapy<br>U3=Equine Assisted<br>U6=Massage<br>U7=Dance<br>U8=Art<br>U9=Other<br>U4=Outlier<br>U5=Outlier-Access<br>52=Reduced services<br>59=More than one session per day<br>UA=Assessment<br>UB=Evaluation<br>UC=Reevaluation<br>GT=Remote Service Delivery | 45 minute session or more | N                     | Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | Y   | Must use appropriate U modifiers to identify specific authorized alternative therapy services. One unit is equal to one session that is 45 minutes or more. The provider must use modifier 59 when providing more than one session to the same participant in one day, with a max of two sessions per day. The provider may use modifier 52 to authorize sessions scheduled for less than 45 minutes. May use modifiers to detail assessment, evaluation and reevaluation (UA, UB, UC). May use outlier modifiers (U4, U5); requires DHS review.<br>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Counseling & Therapeutic Services                      | 1/1/2004                    |                           | 507.03                               |                      | T2036                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      |  |  | Each                      | N                     | Therapeutic camping, overnight, waiver; each session.   | N   | One unit equals one session.   |
| Counseling & Therapeutic Services                      | 1/1/2004                    |                           | 507.03                               |                      | T2037                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | GT   | GT=Remote Service Delivery   | Each                      | N                     | Therapeutic camping, day, waiver; each session  | N   | One unit equals one day.<br>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019                    |                           | 507.03                               |                      | 97166                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GO, U4, U5, GT                               | GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery  | Each                      | M                     | Occupational therapy evaluation   | Y   | Each is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |

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| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019                    |                           | 507.03                               |                      | 97168                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GO, U4, U5, GT | GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery     | Each       | M                     | Reevaluation of occupational therapy  | Y   | "Each" is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019                    |                           | 507.03                               |                      | 97535                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GO, U4, U5, GT | GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery     | 15 Minutes | M                     | Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes | Y   | May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Counseling & Therapeutic Services-Physical Therapy     | 1/1/2019                    |                           | 507.03                               |                      | 97162                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery | Each       | M                     | Physical therapy evaluation   | Y   | Each is defined as 1 Unit = date of service. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.     |
| Counseling & Therapeutic Services-Physical Therapy     | 1/1/2019                    |                           | 507.03                               |                      | 97164                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery | Each       | M                     | Physical therapy reevaluation   | Y   | Each is defined as 1 Unit = date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.     |

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| Counseling & Therapeutic Services-Occupational Therapy or Physical Therapy | 1/1/2019                    |                           | 507.03                               |                      | 97110                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient occupational or physical therapy plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | 15 Minutes | M                     | Therapeutic procedure(s)(2 or more individuals)   | Y   | May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Counseling & Therapeutic Services-Occupational Therapy or Physical Therapy | 1/1/2019                    |                           | 507.03                               |                      | 97150                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient occupational or physical therapy plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each       | M                     | Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, gait training | Y   | Each defined as 1 Unit = date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Counseling & Therapeutic Services-Speech & Language Therapy                | 1/1/2019                    |                           | 507.03                               |                      | 92523                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GN, U4, U5, GT | GN=Service delivered under an outpatient speech language pathology plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery         | Each       | M                     | Evaluation of language comprehension and expression (e.g., receptive and expressive language)                                     | Y   | 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.               |
| Counseling & Therapeutic Services-Speech & Language Therapy                | 1/1/2019                    |                           | 507.03                               |                      | 92508                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | GN, U4, U5, GT | GN=Service delivered under an outpatient speech language pathology plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery         | Each       | M                     | Treatment of speech, language, voice, communication, and/or auditory processing disorder; Group 2 or more                         | Y   | 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.               |

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| Daily Living Skills Training | 1/1/2004                    |                           | 110.00                               |                      | T2013                  | 02, 03, 04, 11, 12, 99 | N                      | HQ, UN, UP, U4, U5, GT | HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | 1 hour     | N                     | Habilitation, educational, waiver; per hour                                     | Y   | The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Daily Living Skills Training | 1/1/2004                    |                           | 110.00                               |                      | T2017                  | 02, 03, 04, 11, 12, 99 | N                      | HQ, U4, U5, UN, UP, GT | U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants | 15 minutes | N                     | Habilitation, residential, waiver; 15 minutes                                   | Y   | The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Daily Living Skills Training | 1/1/2004                    |                           | 110.00                               |                      | T2017                  | 02, 03, 04, 11, 12, 99 | Y                      | GT, U7                 | GT=Remote Service Delivery<br>U7=Each   | Each       | N                     | Habilitation, residential, waiver; 15 minutes                                   | N   | Must use the "U7" modifier to change unit to "Each" if authorizing items such as adaptive driving courses at market rate. "Each" is defined as 1 unit of service (class) per participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.                |
| Day Services, Children       | 1/1/2004                    |                           | 706.20                               |                      | S5105                  | 02, 99                 | Y                      | U7, U4, U5, GT         | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery  | Each       | N                     | Day care services, center-based; services not included in program fee, per diem | Y   | Must use U7 modifier to change unit to "Each." May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |

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| Discovery & Career Planning                                | 1/1/2022                    |                           | 108.10                               |                      | T2014                  | 02, 03, 04, 11, 12, 99   | Y                      | U7                     | U7=Each  | Each       | N                     | Habilitation, prevocational, waiver; per diem   | N   | Must use "U7" modifier to change unit to "Each" when authorizing goods or services at market rates. "Each" is defined as 1 unit (item) per participant.  |
| Discovery & Career Planning                                | 1/1/2022                    |                           | 108.10                               |                      | T2015                  | 02, 03, 04, 11, 12, 99   | N                      | U4, U5, GT, HQ, UN, UP | U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery<br>HQ=Group Setting<br>UN=2 Participants<br>UP=3 Participants                  | 1 hour     | N                     | Habilitation, prevocational, waiver; per hour   | Y   | The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim.  |
| Empowerment and Self-Determination Supports                | 1/1/2004                    |                           | 113.00                               |                      | S9445                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | U8, GT                 | GT=Remote Service Delivery   | 15 minutes | N                     | Patient education, not otherwise classified, non-physician provider, individual, per session. | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Empowerment and Self-Determination Supports                | 1/1/2004                    |                           | 113.00                               |                      | S9445                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | U7, GT                 | U7=Each<br>GT=Remote Service Delivery  | Each       | N                     | Patient education, not otherwise classified, non-physician provider, individual, per session. | N   | Must use U7 modifier U7 to change unit to "Each" when authorizing services, such as conferences or training sessions at market rates. "Each" is defined as 1 unit (item) per participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.                                       |
| Family/Unpaid Caregiver Supports and Services, per session | 6/1/2017                    |                           | 113.2                                |                      | S5111                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | UK, GT, CG             | UK=Services provided on behalf of participant to caregiver/family member<br>GT=Remote Service Delivery<br>CG = Transitional support services | Each       | N                     | Home care training, family; per session   | N   | Must use UK modifier to indicated services delivered to caregiver/family on behalf of participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services. |

| Benefit Category                                 | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier           | Modifier Description   | Unit Value | Medical / Non-Medical | Federal Code Description                                     | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|--------------------|--|------------|-----------------------|--|---|--|
| Family/Unpaid Caregiver Supports and Service     | 6/1/2017                    |                           | 113.2                                |                      | S5110                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | UK, GT, CG         | UK=Services provided on behalf of participant to caregiver/family member<br>GT=Remote Service Delivery<br>CG = Transitional support services | 15 minutes | N                     | Home care training, family; per 15 minutes                   | N   | Must use UK modifier to indicate services delivered to caregiver/family on behalf of participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services.  |
| Financial Management Services-Basic              | 1/1/2004                    |                           | 619.00                               |                      | T2040                  | 02, 11, 99   | Y                      | U7, U4, U5, GT     | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery   | Each       | N                     | Financial management, self-directed, waiver; per 15 minutes  | Y   | Must use U7 modifier to change unit to "Each." "Each" unit is defined as one participant per month. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Financial Management Services-Enhanced           | 1/1/2004                    |                           | 619.00                               |                      | T2040                  | 02, 11, 99   | Y                      | U7, 22, U4, U5, GT | U7=Each<br>22=Increased Procedural Services<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                                 | Each       | N                     | Financial management, self-directed, waiver; per 15 minutes. | Y   | Must use U7 modifier to change unit to "Each." "Each" unit is defined as one participant per month. Must use 22 modifier to identify Tier 2: Enhanced FMS services. May use outlier modifiers (U4, U5), requires DHS review.<br>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Financial Management Services; Rep Payee - Basic | 1/1/2004                    |                           | 619.00                               |                      | T2041                  | 02, 11, 12, 99   | Y                      | U7, U4, U5, GT     | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery   | Each       | N                     | Supports brokerage, self-directed, waiver; per 15 minutes    | Y   | Must use U7 modifier to change unit to "Each." "Each" is defined as one participant per month. May use outlier modifiers (U4, U5); requires DHS review.<br>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |

| Benefit Category                                    | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier           | Modifier Description   | Unit Value        | Medical / Non-Medical | Federal Code Description                                   | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes   |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|--------------------|--|-------------------|-----------------------|--|---|---|
| Financial Management Services; Rep Payee - Enhanced | 1/1/2004                    |                           | 619.00                               |                      | T2041                  | 02, 11, 12, 99   | Y                      | 22, U7, U4, U5, GT | 22=Increased Procedural Services<br>U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each              | N                     | Supports brokerage, self-directed, waiver; per 15 minutes. | Y   | Must use "U7" modifier to change unit to "Each." "Each" is defined as one participant per month. Must use 22 modifier to identify Participant and Family Direction Broker Services, Tier 2. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Grief & Bereavement Counseling, Tier 1              | 1/1/2022                    |                           | 507.02                               |                      | H0046                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | U1, U4, U5, GT     | U1=Level of Care (defined by state)<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery         | 45 minute session | M                     | Mental health services, not otherwise specified            | Y   | Grief and Bereavement Counseling services must be both authorized and claimed by the provider while the participant is enrolled in the CLTS Waiver Program, but may continue to be delivered for a period of up to 12 months after the participant's death. Use the "U1" modifier for Tier 1 services delivered by a provider that is not licensed or credentialed. A one-time claim for the service must be billed by the provider prior to the child's death.       |
| Grief & Bereavement Counseling, Tier 2              | 1/1/2022                    |                           | 507.02                               |                      | H0046                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | U2, U4, U5, GT     | U2=Level of Care (defined by state)<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery         | 45 minute session | M                     | Mental health services, not otherwise specified            | Y   | Grief and Bereavement Counseling services must be both authorized and claimed by the provider while the participant is enrolled in the CLTS Waiver Program, but may continue to be delivered for a period of up to 12 months after the participant's death. Use the "U2" modifier for Tier 2 services delivered by a provider with a master's degree. A one-time claim for the service must be billed by the provider prior to the child's death.                     |

| Benefit Category                       | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier               | Modifier Description  | Unit Value        | Medical / Non-Medical | Federal Code Description                        | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|------------------------|---|-------------------|-----------------------|---|---|--|
| Grief & Bereavement Counseling, Tier 3 | 1/1/2022                    |                           | 507.02                               |                      | H0046                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | U3, U4, U5, GT         | U3=Level of Care (defined by state)<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                        | 45 minute session | M                     | Mental health services, not otherwise specified | Y   | Grief and Bereavement Counseling services must be both authorized and claimed by the provider while the participant is enrolled in the CLTS Waiver Program, but may continue to be delivered for a period of up to 12 months after the participant's death. Use the "U3 modifier for Tier 3 services delivered by a provider with a doctoral degree. A one-time claim for the service must be billed by the provider prior to the child's death. |
| Health & Wellness                      | 1/1/2022                    |                           | 609.30                               |                      | S5190                  | 02, 11, 12, 49, 99   | N                      | U4, U5, GT, HQ, UN, UP | U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery<br>HQ=Group Setting<br>UN=2 Participants<br>UP=3 Participants | 15 minutes        | N                     | Wellness assessment, performed by non-physician | Y   | The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim.  |
| Health & Wellness                      | 1/1/2022                    |                           | 609.30                               |                      | S5190                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | U7, U4, U5, GT         | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery  | Each              | N                     | Wellness assessment, performed by non-physician | N   | Must use U7 if authorizing services for a class (for example a swimming class) or membership fee at market rate. "Each" is defined as 1 unit (class or fee) per participant.   |
| Home Modifications                     | 1/1/2004                    |                           | 112.56                               |                      | S5165                  | 02, 12, 99   | N                      | UA-UD, GT, CG          | UA-UD=Local agency use<br>GT=Remote Service Delivery<br>CG = Transitional support services                                  | Each              | N                     | Home modifications; per service                 | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services.  |

| Benefit Category                                 | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier               | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description                    | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|------------------------|---|------------|-----------------------|---|---|--|
| Housing Support Services                         | 1/1/2004                    |                           | 610.00                               |                      | T2013                  | 02, 11, 12, 13, 14, 21, 31, 33, 51, 54, 99                             | Y                      | UD, GT, CG             | UD=Housing Support Services<br>GT=Remote Service Delivery<br>CG = Transitional support services                             | 1 hour     | N                     | Habilitation, educational, waiver; per hour | N   | Must use modifier UD to specify Housing Support Services. Housing support services include services such as searching for housing, housing application processes, requesting reasonable accommodations, and reviewing the lease, home ownership documents, or other related documents, including property rules, prior to signing. This service also includes planning, guidance and assistance in accessing resources related to homeownership, financing, accessibility and architectural services and consultation, as well as health and safety evaluations of physical property. CWAAs and CWA subcontractors must use the CG modifier when billing for this service to indicate transitional support services. |
| Mentoring Services                               | 4/1/2012                    |                           | 513.00                               |                      | H0038                  | 02, 03, 04, 11, 12, 99   | N                      | HQ, UN, UP, U4, U5, GT | HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | 15 minutes | N                     | Self-help/peer services, per 15 minutes     | Y   | The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Mentoring Services                               | 4/1/2012                    |                           | 513.00                               |                      | H0038                  | 02, 03, 04, 11, 12, 99   | Y                      | U7, UK, GT             | U7=Each, UK=Caregiver services on behalf of member<br>GT=Remote Service Delivery  | Each       | N                     | Self-help/peer services, per 15 minutes     | N   | Must use U7 to modify unit to "Each." "Each is defined as 1 unit per participant. Must use "UK" modified to identify covered mentoring costs associated with the caregiver. Provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Participant & Family Directed Goods and Services | 1/1/2022                    |                           | 109.00                               |                      | T5999                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | GT                     | GT=Remote Service Delivery  | Each       | N                     | Supply, not otherwise specified             | N   | Provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization  |

| Benefit Category   | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier   | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description  | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes   |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|------------|---|------------|-----------------------|---|---|---|
| Participant & Family Directed Broker Services                      | 1/1/2022                    |                           | 619.01                               |                      | T2041                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | U4, U5, GT | U4=Outlier<br>U5=Outlier Access<br>GT=Remote Service Delivery | 15 minutes | N                     | Supports brokerage, self-directed, waiver; per 15 minutes                             | Y   | Provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. May use outlier modifiers (U4, U5); requires DHS review. |
| Personal Emergency Response System (PERS) - Installation & Testing | 1/1/2004                    |                           | 112.46                               |                      | S5160                  | 02, <b>12, 99</b>  | N                      | GT         | GT=Remote Service Delivery                                    | Each       | N                     | Emergency response system; installation and testing                                   | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Personal Emergency Response Systems (PERS) - Monthly Service Fee   | 1/1/2004                    |                           | 112.46                               |                      | S5161                  | 02, <b>12, 99</b>  | N                      | U1-U9      | U1-U9=Local agency use<br>GT=Remote Service Delivery          | Month      | N                     | Emergency response system; service fee, per month (excludes installation and testing) | N   | One unit equals one month.<br><b>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.</b>                 |
| Personal Emergency Response Systems (PERS) - Purchase              | 1/1/2004                    |                           | 112.46                               |                      | S5162                  | 02, <b>12, 99</b>  | N                      |            | GT=Remote Service Delivery                                    | Each       | N                     | Emergency response system; purchase only  | N   | <b>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.</b>   |
| Personal Supports - Chore Services, per diem                       | 1/1/2004                    |                           | 104.10                               |                      | S5121                  | 02, 12, 99   | N                      | GT         | GT=Remote Service Delivery                                    | Day        | N                     | Chore Services, per diem  | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |

| Benefit Category   | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS) | Modifier Required? Y/N | Modifier                      | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description                               | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|-------------------------------|---|------------|-----------------------|--|---|--|
| Personal Supports - Hourly                                 | 1/1/2024                    |                           | 104.20                               |                      | S5109                  | 02, 03, 04, 11, 12, 99 | Y                      | U1-U3, U4, U5, HQ, UN, UP, GT | U1=Low<br>U2=Medium<br>U3=High<br>U4=Outlier<br>U5=Outlier-Access<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>GT=Remote Service Delivery | 1 hour     | N                     | Home care training to home care client, per session    | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Personal Supports- Attendant care services; per 15 minutes | 1/1/2024                    |                           | 104.20                               |                      | S5108                  | 02, 03, 04, 11, 12, 99 | Y                      | U1-U3, U4, U5, HQ, UN, UP, GT | U1=Low<br>U2=Medium<br>U3=High<br>U4=Outlier<br>U5=Outlier-Access<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>GT=Remote Service Delivery | 15 Minutes | N                     | Home care training to home care client, per 15 minutes | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Personal Supports- Chore Services, per 15 minutes          | 1/1/2004                    |                           | 104.20                               |                      | S5120                  | 02, 03, 04, 11, 12, 99 | N                      | GT                            | GT=Remote Service Delivery  | 15 Minutes | N                     | Chore Services, per 15 minutes                         | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Personal Supports, Worker Room & Board                     | 1/1/2004                    |                           | 104.88                               |                      | S9976                  | 99                     | N                      |                               |   | Day        | N                     | Lodging, per diem, not otherwise classified            | N   |  |

| Benefit Category                       | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS) | Modifier Required? Y/N | Modifier                  | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description                            | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|---------------------------|---|------------|-----------------------|---|---|--|
| Relocation Services, Housing Start-Up  | 1/1/2004                    |                           | 106.03                               |                      | T2038                  | 12, 99                 | N                      | CG                        | CG = Transitional support services  | Each       | N                     | Community transition, waiver; per service           | N   | Service includes supports and essential items needed to establish a community living arrangement for participants who are relocating from an institution, foster home or who are moving out of the family home to a less restrictive or independent setting, such as: household furnishings, phones, cooking utensils, household supplies, etc. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services.   |
| Relocation Services, Initial Utilities | 6/1/2017                    |                           | 106.03                               |                      | T2038                  | 12, 99                 | Y                      | SE, CG                    | SE=State and/or Federally funded programs/services<br>CG = Transitional support services  | Each       | N                     | Community transition, waiver; per service           | N   | Must use "SE" modifier to identify initial utilities for relocation services. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services.   |
| Respite Care, Residential              | 1/1/2004                    |                           | 103.22                               |                      | S5150                  | 12, 99                 | Y                      | U1-U3, HQ, UN, UP, U4, U5 | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access | 15 Minutes | N                     | Unskilled respite care, not hospice, per 15 minutes | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the O2 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

| Benefit Category            | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS) | Modifier Required? Y/N | Modifier                  | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description                      | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|-----------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|---------------------------|---|------------|-----------------------|---|---|--|
| Respite Care, Residential   | 1/1/2004                    |                           | 103.22                               |                      | S5151                  | 12, 99                 | Y                      | U1-U3, HQ, UN, UP, U4, U5 | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access | Day        | N                     | Unskilled respite care, not hospice, per diem | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Respite Care, Institutional | 1/1/2004                    |                           | 103.24                               | 0663                 | S5151                  | 14, 33, 99             | Y                      | TF, TG                    | TF=Intermediate level of care TG=Complex / high tech level of care  | Day        | M                     | Respite care, not in the home, per diem.      | Y   | Must use both Procedure Code S5151 and Revenue Code 0663 on the claim when billing for Institutional Respite Care services. CWAs must include Revenue Code 0663 on the PA. Must use TF modifier for respite services delivered in a group home. Must use TG modifier for respite services delivered in a residential care center (RCC).  |
| Respite Care                | 1/1/2004                    |                           | 103.24                               | 0663                 | S5151                  | 14, 33, 99             | N                      | TF, TG                    | TF=Intermediate level of care TG=Complex / high tech level of care  | Day        | M                     | Respite care, not in the home, per diem.      | Y   | Must use both Procedure Code S5151 and Revenue Code 0663 on the claim when billing for Respite Care services. CWAs must include Revenue Code 0663 on the PA. Must use TF modifier for respite services delivered in a group home. Must use TG modifier for respite services delivered in a residential care center (RCC).  |

| Benefit Category         | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS) | Modifier Required? Y/N | Modifier                   | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description                 | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|--------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|----------------------------|---|------------|-----------------------|--|---|--|
| Respite Care, Home-Based | 1/1/2004                    |                           | 103.26                               |                      | S9125                  | 12, 99                 | Y                      | U1-U3, HQ, UN, UP, U4, U5, | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access | Day        | N                     | Respite care, in the home, per diem.     | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Respite Care, Home-Based | 1/1/2004                    |                           | 103.26                               |                      | T1005                  | 12, 99                 | Y                      | U1-U3, HQ, UN, UP, U4, U5  | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access | 15 minutes | N                     | Respite care services, up to 15 minutes. | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

| Benefit Category    | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier                          | Modifier Description   | Unit Value | Medical / Non-Medical | Federal Code Description  | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|---------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|-----------------------------------|--|------------|-----------------------|---|---|--|
| Respite Care, Other | 1/1/2004                    |                           | 103.99                               |                      | G0176                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | EY, U1-U3, HQ, UN, UP, U4, U5, GT | EY=No physician or licensed health care provider for this item or service<br>U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each       | N                     | Activity therapy, such as music, hippotherapy, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling health problems, per session (45 minutes or more). | Y   | "Each" unit value defined as one session (45 minutes or more). Must use EY modifier to indicate service delivered by unlicensed provider. Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Respite Care, Other | 1/1/2004                    |                           | 103.99                               |                      | S5150                  | 12, 14, 33, 99   | Y                      | U1-U3, HQ, UN, UP, U4, U5         | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access  | 15 minutes | N                     | Unskilled respite care; not hospice; per 15 minutes.  | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |

| Benefit Category             | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS) | Modifier Required? Y/N | Modifier                  | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description                             | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|------------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|---------------------------|---|------------|-----------------------|--|---|--|
| Respite Care, Other          | 1/1/2004                    |                           | 103.99                               |                      | S5151                  | 12, 14, 33, 99         | Y                      | U1-U3, HQ, UN, UP, U4, U5 | U1=Low U2=Medium U3=High<br>HQ=Group Setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access | Day        | N                     | Unskilled respite care; not hospice; per diem.       | Y   | Must indicate participant's care level modifier (U1-U3). The prior authorization must use HQ modifier if services are delivered in a group setting. The provider must use HQ with UN or UP on the claim. May use outlier modifiers (U4, U5); requires DHS review. Do not include care level modifier (U1-U3) with outlier modifiers (U4, U5). The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Respite Care, Other          | 1/1/2004                    |                           | 103.99                               |                      | T2036                  | 99                     | Y                      | EY                        | EY=No physician or licensed health care provider order for this item or service   | Each       | N                     | Therapeutic camping, overnight, waiver; each session | N   | Each unit equals a session. Must use EY modifier to indicate service delivered by unlicensed provider.   |
| Respite Care, Other          | 1/1/2004                    |                           | 103.99                               |                      | T2037                  | 02, 99                 | Y                      | EY, GT                    | EY=No physician or licensed health care provider order for this item or service<br>GT=Remote Service Delivery             | Day        | N                     | Therapeutic camping, day, waiver                     | N   | Each unit equals a day. Must use EY modifier to indicate service delivered by unlicensed provider. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Safety Planning & Prevention | 1/1/2022                    |                           | 609.40                               |                      | E0700                  | 02, 03, 04, 11, 12, 99 | N                      | U4, U5, GT, CG            | U4=Outlier<br>U5=Outlier Access<br>GT=Remote Service Delivery<br>CG = Transitional support services                       | 15 minutes | N                     | Safety equipment, device or accessory, any type      | Y   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors must use the CG modifier when billing for this service to indicate transitional support services.   |

| Benefit Category  | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)   | Modifier Required? Y/N | Modifier      | Modifier Description   | Unit Value | Medical / Non-Medical | Federal Code Description  | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes  |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--|------------------------|---------------|--|------------|-----------------------|---|---|--|
| Safety Planning & Prevention  | 1/1/2022                    |                           | 609.40                               |                      | E0700                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | Y                      | U7, GT, CG    | U7=Each<br>GT=Remote Service Delivery<br>CG = Transitional support services                | Each       | N                     | Safety equipment, device or accessory, any type   | N   | Must use the "U7" modifier to change the unit to "Each" when authorizing goods, supplies, or safety training sessions, such as a CPR class, at market rates. "Each" is defined as 1 unit (item) per participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services.   |
| Specialized Medical & Therapeutic Supplies                            | 1/1/2004                    |                           | 112.55                               |                      | A9999                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | GT, CG        | GT=Remote Service Delivery<br>CG = Transitional support services                           | Each       | M                     | Miscellaneous DME supply or accessory, not otherwise specified  | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. Effective 1/1/2022, this service includes adaptive aid services, with the exception of service animals and vehicle modifications. Service animals are now listed under Assistive Technology and Vehicle Modifications is listed as a new service category (T2039). CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services. |
| Specialized Medical & Therapeutic Supplies and Services - Non medical | 7/1/2022                    |                           | 112.55                               |                      | T1999                  | 01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99 | N                      | UA-UD, GT, CG | UA-UD=Local agency use<br>GT=Remote Service Delivery<br>CG = Transitional support services | Each       | N                     | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" | N   | Self-Directed services designated by using support indicator field with value of "S."<br>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services.   |

| Benefit Category                           | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)         | Modifier Required? Y/N | Modifier   | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description  | Rate-Setting Approach? Y/N<br>(Refer to rate schedule.) | CLTS Coding Notes   |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|------------|---|------------|-----------------------|---|---|---|
| Transportation-Commercial Vehicle Pass-Bus | 1/1/2004                    |                           | 107.50                               |                      | A0110                  | 99                             | N                      | U1-U3      | U1-U3=Local agency use  | Each       | N                     | Non-emergency transportation and bus, intra or inter state carrier. | N   | Units refer to the transportation pass itself, not number of uses on the pass. Bus passes paid at market rate.  |
| Transportation & Escort                    | 1/1/2004                    |                           | 107.30                               |                      | T2003                  | 99                             | N                      | U4, U5     | U4=Outlier U5=Outlier Access                                  | 1 trip     | N                     | Non-emergency transportation; encounter/trip                        | Y   | May use outlier modifiers (U4, U5), requires DHS review.  |
| Transportation & Escort                    | 1/1/2004                    |                           | 107.40                               |                      | S0215                  | 99                             | N                      | U4, U5     | U4=Outlier U5=Outlier Access                                  | Miles      | N                     | Non-emergency transportation; mileage, per mile                     | Y   | May use outlier modifiers (U4, U5), requires DHS review.  |
| Transportation - Multi-Passenger Vehicle   | 1/1/2004                    |                           | 107.30                               |                      | T2004                  | 99                             | N                      | 22, U4, U5 | 22=Increased Procedural Services U4=Outlier U5=Outlier-Access | 1 trip     | N                     | Non-emergency transport; commercial carrier, multi-pass             | Y   | May use 22 modifier to pay wheelchair accommodated vehicle at both trip and mileage rates. May use outlier modifiers (U4, U5), requires DHS review.   |
| Vehicle Modifications                      | 1/1/2022                    |                           | 112.57                               |                      | T2039                  | 02, 99                         | N                      | GT, CG     | GT=Remote Service Delivery CG = Transitional support services | Each       |                       | Vehicle modifications, waiver; per service                          | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. CWAs and CWA subcontractors may use the CG modifier when billing for this service to indicate transitional support services. |
| Virtual Equipment & Supports               | 1/1/2025                    |                           | 609.50                               |                      | 98016                  | 02, 12, 99                     | N                      | GT         | GT=Remote Service Delivery                                    | Each       |                       | Brief communication technology-based service                        | N   | The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Virtual Equipment & Supports               | 1/1/2022                    | 12/31/2024                | 609.50                               |                      | G2012                  | 02 for Remote Service Delivery | N                      | GT         | GT=Remote Service Delivery                                    | Each       |                       | Brief communication technology-based service                        | N   | Self-Directed services are designated by using the support indicator field with a value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.                              |