

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 (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 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 U2=Case planning U3=Ongoing monitoring & service coordination U4=Discharge planning U5 = Subcontractor provider 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 U2=6-11 years U3=12+ Years U4=Outlier 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 U2=6-11 years U3=12+ Years U4=Outlier 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- 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 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 (EI399).
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 U1=Tier 1 U2=Tier 2 U3= Tier 3 U6=Tier 4 U4=Outlier U5=Outlier-Access 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 U1=Tier 1 U2=Tier 2 U3= Tier 3 U6=Tier 4 U4=Outlier U5=Outlier-Access 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 HO=Master's level U4=Outlier U5=Outlier-Access GT=Remote Service Delivery 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 U2=Hippotherapy U3=Equine Assisted U6=Massage U7=Dance U8=Art U9=Other U4=Outlier U5=Outlier-Access 52=Reduced services 59=More than one session per day UA=Assessment UB=Evaluation UC=Reevaluation 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. 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. 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 U4=Outlier U5=Outlier-Access 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 U4=Outlier U5=Outlier-Access 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 U4=Outlier U5=Outlier-Access 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 U4=Outlier U5=Outlier-Access 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 UN=2 Participants UP=3 Participants U4=Outlier U5=Outlier-Access 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 U5=Outlier-Access GT=Remote Service Delivery HQ=Group setting UN=2 Participants 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 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 U4=Outlier U5=Outlier-Access 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 U5=Outlier-Access GT=Remote Service Delivery HQ=Group Setting UN=2 Participants 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 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 GT=Remote Service Delivery 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.

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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 GT=Remote Service Delivery 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 U4=Outlier U5=Outlier-Access 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 22=Increased Procedural Services U4=Outlier U5=Outlier-Access 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. 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 U4=Outlier U5=Outlier-Access 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. 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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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 U7=Each U4=Outlier U5=Outlier-Access 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) U4=Outlier U5=Outlier-Access 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) U4=Outlier U5=Outlier-Access 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.

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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) U4=Outlier U5=Outlier-Access 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 U5=Outlier-Access GT=Remote Service Delivery HQ=Group Setting UN=2 Participants 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 U4=Outlier U5=Outlier-Access 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 GT=Remote Service Delivery 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.

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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 GT=Remote Service Delivery 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. CWAs 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 UN=2 Participants UP=3 Participants U4=Outlier U5=Outlier-Access 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 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

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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 U5=Outlier Access 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, 12, 99	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, 12, 99	N	U1-U9	U1-U9=Local agency use GT=Remote Service Delivery	Month	N	Emergency response system; service fee, per month (excludes installation and testing)	N	One unit equals one month. 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) - Purchase	1/1/2004		112.46		S5162	02, 12, 99	N		GT=Remote Service Delivery	Each	N	Emergency response system; purchase only	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 - 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.

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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 U2=Medium U3=High U4=Outlier U5=Outlier-Access HQ=Group setting UN=2 Participants UP=3 Participants 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 U2=Medium U3=High U4=Outlier U5=Outlier-Access HQ=Group setting UN=2 Participants UP=3 Participants 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	

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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 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 U2=Medium U3=High HQ=Group setting UN=2 Participants UP=3 Participants U4=Outlier 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.

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Respite Care, Residential	1/1/2004		103.22		S5151	12, 99	Y	U1-U3, HQ, UN, UP, U4, U5	U1=Low U2=Medium U3=High HQ=Group setting UN=2 Participants UP=3 Participants U4=Outlier 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).

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Respite Care, Home-Based	1/1/2004		103.26		S9125	12, 99	Y	U1-U3, HQ, UN, UP, U4, U5,	U1=Low U2=Medium U3=High HQ=Group setting UN=2 Participants UP=3 Participants U4=Outlier 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 U2=Medium U3=High HQ=Group setting UN=2 Participants UP=3 Participants U4=Outlier 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.

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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 U1=Low U2=Medium U3=High HQ=Group setting UN=2 Participants UP=3 Participants U4=Outlier U5=Outlier-Access 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 U2=Medium U3=High HQ=Group setting UN=2 Participants UP=3 Participants U4=Outlier 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.

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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 HQ=Group Setting UN=2 Participants UP=3 Participants U4=Outlier 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 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 U5=Outlier Access GT=Remote Service Delivery 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.

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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 GT=Remote Service Delivery 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 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 GT=Remote Service Delivery 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." 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.

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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.