Renefit Cated	Covered Benefit Start Date.	Seneti End Date:	ode and Category	Ledet Ledet	ad Proceeding Code	, ROS	Saffer Required?	et matter descri	girlar Unit Wa	jue ne	ical hor nedical	scription Rate Se	tine to rate schedule.
Adult Family Home Placement, 1-2 beds	1/1/2004	202.01	0240	S5140**		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. **Use Federal Procedure Code (column F) only when applying outlier modifier.
Adult Family Home Placement, 3-4 beds	1/1/2004	202.02	0241	S5140**		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. **Use the federal procedure code only when the outlier modifier is required (column F)
Assistive Technology	1/1/2022	112.99		T2028	02 for Remote Service Delivery	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	02 for Remote Service Delivery	Υ	UA, GT	UA=Medicaid Level of Care 1, 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.

Benefit Cate B	Covered Benefit State Under	erest End Date:	cost of Cases of the Leader of	ad Proceeding Code	ROS LIN	Softer Recuired? V	th Modifier Descri	gried unit w	aue me	steed Inor Medical Federal Code Of	_{ke} citotion	tine to rate schedule.
Case Management (Support & Service Coordination)	1/1/2004	604.00	T1016	02 for Remote Service Delivery	N	U1, U2, U3, U4, GT	U1=Assessment U2=Case planning U3=Ongoing monitoring & service coordination U4=Discharge planning GT=Remote Service Delivery	15 minutes	M	Case management, each 15 minutes	Y	Use modifiers U1-U3 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.
Child Care	6/1/2017	101.00	T2026			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	Self-Directed services designated by using support indicator field with value of "S." Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5); requires DHS review.
Child Care	6/1/2017	101.00	T2027			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	Self-Directed services designated by using support indicator field with value of "S." Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5); requires DHS review.
Child Foster Care (services only)	1/1/2004	203.00	H0041		N			Day	N	Foster care, child, non- therapeutic, per diem	N	State Licensed Level 1-4 Foster Home Must be authorized and claimed in accordance with DMS Numbered Memo 2024-01.
Child Foster Care (services only)	1/1/2004	203.00	H0042		N			Month	N	Foster care, child, non- therapeutic, per month	N	State Licensed Level 1-4 Foster Home Must be authorized and claimed in accordance with DMS Numbered Memo 2024-01.

Bereit Categor	Covered Benefit Start Date:	Standard Pr	of Grand Code of Federal Resemble Code Federal Pro-	dedute Code	and the Park of th	Required: VIN	giden Julie Me	due me	dica I worthedical Rederal Code De	şçilətidi Rate se	the to take stredule.
Child Foster Care	1/1/2004	203.00	S5145	Y	U3	U3=Administrative	Day	N	Foster care, therapeutic,	N	Foster home administrative costs. Includes
(services only)						costs			child; per diem		foster care home levels 1 5; must use U3-modifier 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	Y	U3	U3=Administrative costs	Month	N	Foster care, therapeutic, child; per month	N	Foster home administrative costs. Includes foster care home levels 1 5; must use U3 modifier. 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	Υ	KX	KX=Specified medical policy met	Day	N	Foster care, therapeutic, child; per diem	N	State Licensed Level 5 Foster Home
Child Foster Care- Level 5 (services only)	1/1/2004	203.10	S5146	Y	KX	KX=Specified medical policy met	Month	N	Foster care, therapeutic, child; per month	N	State Licensed Level 5 Foster Home

P-02283 (02/2025)	ces											Effective January 1, 2025
Benefit Cates	jr ^k Couere	Benefit Start Date: Standard Po	odian Category Research Code	al Procedure Code	E ROSI	odifier Required?	et Modifier Desc	intion unit	aue me	dical hormedical Rederal Code De	gardion Page Se	time Approach? VIN E. I CLTS Coding Hotes
Communication Assistance for Community Inclusion (formerly titled Communication Aid)	1/1/2004	112.47	E1399	02 for Remote Service Delivery	N	UD, GT	UD=Communication Aids Miscellaneous GT=Remote Service Delivery	Each	M	Durable medical equipment, miscellaneous	N	Self-Directed services designated by using support indicator field with a value of "S." Additional codes in the ranges below may also be used: V5010-V5267 for hearing aids; V5268-V5274 for assistive listening devices (other than hearing aids). 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 (formerly titled Communication Aid)	1/1/2004	112.47	T1013	02 for Remote Service Delivery	N	UD, GT	GT=Remote Service Delivery	15 minutes	M	Sign language or oral interpretive services, per 15 minutes	N	Self-Directed services designated by using 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. Effective 1/1/2022, this service includes translation and interpretation services for individuals with Limited English Proficiency skills.

Community / Competitive Integrated Employment - Individual (formerly Supported Employment - Individual)	Conseed Beereit Stat Date: 4/1/2012	Standard Parker. 615.01	12018	Arroceture code Arroceture code Arroceture code Arroceture code Arroceture code Service Delivery	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	Unit W	N N	Habilitation, supported employment, waiver; per diem	Rate Se	Must apply U7 modifier to define "Each." "Each" is defined as 1 month. Use modifiers (U1, U2, U3, U6) to identify appropriate tier level services. Self-Directed services are designated by using the support indicator field with a value of "S." 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 / Competitive Integrated Employment - Small Group (formerly Supported Employment-Small Group)	6/1/2017	615.02		02 for Remote Service Delivery		U7, UN, UP, U4, U5, GT	U7=Each UN=Group of 2 UP=Group, 3 to 8 U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	Each	N	Habilitation, supported employment, waiver; per 15 minutes	Y	Must apply U7 modifier to define "Each" "Each" is defined as 1 month. Self-Directed services designated by using support indicator field with value of "S." Must apply UN modifier to define 2 participants receiving this service, or UP modifier for 3 - 8 participants for the tiered rates. 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.

Repetit Categor Community Integration Services-Tiers	Conered 4/1/2012	Benefit start Date.	Standard Pr. 514.00	H2021	Aprocedure Code Natice of Service O2 for Remote Service Delivery	Υ	differ Reculited? Who the state of the state	HN=Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	Jritus 15 minutes	ne N	Community-based wrap- around services, per 15 minutes	Rate Se	Self-Directed services are designated by using the support indicator field with a value of "S." 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
Community Integration Services-Tiers	4/1/2012	12/31/2019	514.00		02 for Remote Service Delivery		HN, HO, U4, U5, GT	HN = Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	Day	N	Community-based wrap- around services per diem.	Y	delivery on the service authorization. Self-Directed services are designated by using the support indicator field with a value of "S." 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.

Counseling & Therapeutic Services	Consered Benefit Start Date: 1/1/2004 Consered Benefit Start Date:	standade. Standade. 507.03	Dalism Category Federale	G01/6	Aprocedure Code O2 for Remote Service Delivery	Y	U1-U3, U6- U9, U4, U5; 52, UA; UB; UC, HQ, GT	U1=Music U2=Hippotherapy U3=Equine Assisted U6=Massage U7=Dance U8=Art U9=Other U4=Outlier U5=Outlier-Access 52=Reduced services UA=Assessment UB=Evaluation UC=Reevaluation HQ=Group setting GT=Remote Service Delivery	July 18 18 18 18 18 18 18 18 18 18 18 18 18	N 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)	Rate Se	Self-Directed services are designated by using the support indicator field with a value of "S." Must use appropriate U modifiers to identify specific authorized alternative therapy services. 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 HQ modifier to detail services delivered in a group setting. 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		N			Each	N	Therapeutic camping, overnight, waiver; each session.	N	Self-Directed services designated by using support indicator field with value of "S." Each unit equals a session.
Counseling & Therapeutic Services	1/1/2004	507.03			02 for Remote Service Delivery	N	GT	GT=Remote Service Delivery	Each	N	Therapeutic camping, day, waiver; each session	N	Self-Directed services are designated by using the support indicator field with value of "S." Each session equals a 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	Conered Benefit Start Date.	Standard Pro	Bran Calegory Rederate	9/166	Aprocedure Code Delivery	Modifer Required? Y GO, U4, U5, GT	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	Link Value	M M	Occupational therapy evaluation	Rate Se	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			02 for Remote Service Delivery	Y GO, U4, U5,	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	Each	M	Reevaluation of occupational therapy	Υ	"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			02 for Remote Service Delivery	Y GO, U4, U5,	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	Consered Benefit Start Date: 1/1/2019 Consered B	Standard Prof.	ancategory ancategory spoi code pedera Revenue Code 97162	aprocedure code Aprocedure code Aprocedure Service Delivery	Modifie Reduled? Anodis 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	uritur Each	M Physical therapy evaluation	Rate S	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	02 for Remote Service Delivery	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.
Counseling & Therapeutic Services- Occupational Therapy or Physical Therapy	1/1/2019	507.03	97110	02 for Remote Service Delivery	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.

Benefit catego	Conered Bereit Statt Date:	enetit End Date:	od ar Caegory Ledera Reserve Code	al rocedure code	Pos)	diffee Recoursed To	th modified Descri	giton Unit Va	jue ne	jica Mortinedical Rederal Code De	şşcilatidir. Rate şe	tires barocate stredule.)
Counseling & Therapeutic Services- Occupational Therapy or Physical Therapy	1/1/2019	507.03	97150	02 for Remote Service Delivery	Υ	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	02 for Remote Service Delivery		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	М	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 12/31/2023	507.03	92507	02 for Remote Service Delivery		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	М	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	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.

Benefit Cate B	Coneced Benefit Start Date:	Standard Proof	AC Cafe Bord Reserve	ode procedure Code	another Required?	in Modifier Descri	jatan Jrita	the dical Morthedical Rederal Code De	scription Rate Se	Esting Approach, virtue.
Counseling & Therapeutic Services- Speech & Language Therapy	1/1/2019	507.03	9250	8 02 for Remote Service Delivery	Y GN, U4, U5,	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	Υ	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.
Daily Living Skills Training	1/1/2004	110.00	T201	3 02 for Remote Service Delivery	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	Self-Directed services are designated by using the support indicator field with a value of "S." Must use HQ modifier if services are delivered in a group setting. 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	T201	7 02 for Remote Service Delivery	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	Self-Directed services are designated by using the support indicator field with a value of "S." Must use HQ modifier if services are delivered in a group setting. 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.

P-02283 (02/2025)												Effective January 1, 2025
Benefit Cate Bi	Consered Benefit Stat Date:	enefit trid Date:	odign Category Federal Research Code	a Procedure Code	, ROS	odife Required V	Modified Descri	prior unit	ine me	ical Morinedical Rederal Code De	Rate Se	ting the product of the streeting.
Daily Living Skills Training	1/1/2004	110.00	T2017	02 for Remote Service Delivery	Y	GT, U7	GT=Remote Service Delivery U7=Each	Each	N	Habilitation, residential, waiver; 15 minutes	N	Self-Directed services are designated by using the support indicator field with a value of "S." 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 12/31/2019	706.20	\$5105	02 for Remote Service Delivery	Υ	U4, U5, GT	U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	Day	N	Day care services, center- based; services not included in program fee, per diem	Υ	Self-Directed services designated by using support indicator field with value of "S." 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.
Day Services, Children	1/1/2004	706.20	\$5105	02 for Remote Service Delivery	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." "Each" is defined as 15 minutes. Self-Directed services designated by using support indicator field with value of "S." 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.

1-02203 (02/2023)												
Benefit Cateage	Covered Benefit Start Date:	enetit End Date:	odiani Cade	Revenue Code	ad Article drive of Secure	Modifie Required?	In Modifier Descri	Jrit Vinit V	due ku	Edical Inor Medical	Rate Se	the product of the schedule.
Discovery & Career	1/1/2022	108.10		T2014	02 for	Y U7	U7=Each	Each	N	Habilitation,	N	Self-Directed services are designated by
Planning					Remote					prevocational, waiver;		using the support indicator field with a value
					Service					per diem		of "S." Must use "U7" modifier to change
					Delivery							unit to "Each" when authorizing goods or
												services at market rates. "Each" is defined as
												1 unit (item) per participant.
Discovery & Career	1/1/2022	108.10		T2015	02 for	N U4, U5, GT,	U4=Outlier	1 hour	N	Habilitation,	Υ	Self-Directed services are designated by
Planning					Remote	HQ, UN, UP				prevocational, waiver;		using the support indicator field with a value
					Service		GT=Remote Service			per hour		of "S." Use the HQ modifier for services
					Delivery		Delivery HQ=Group					authorized in a group setting; authorize the
							Setting UN=2					rate at a group of 2.
							Participants UP=3 Participants					
Empowerment and	1/1/2004	113.00		S9445	02 for	Y U8, GT	U8=Period units	15 minutes	N	Patient education, not	N	Self-Directed services are designated by
Self-Determination					Remote		GT=Remote Service			otherwise classified, non-		using the support indicator field with a value
Supports (formerly					Service		Delivery			physician provider,		of "S." May use modifier U8 to describe
titled Consumer					Delivery					individual, per session.		period unit. The provider enters the 02 place
Education & Training)												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 (formerly titled Consumer Education & Training)	Coneted Benefit Start Date: 1/1/2004 Coneted Benefit Start Date:	Standard Pare 113.00	odigar Category teater a Revenue code teater a Revenue code teater a Revenue code teater a Revenue code	da Procedure Code Oz for Remote Service Delivery	POS)	U7, GT	U7=Each GT=Remote Service Delivery	Bach Unit Wa	N Re	Patient education, not otherwise classified, non-physician provider, individual, per session.	Rate Se	Self-Directed services are designated by using the support indicator field with a value of "S." 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 (formerly Training for Unpaid Caregiver/Family)	6/1/2017	113.2	S5111	02 for Remote Service Delivery	Υ	ик, бт	UK=Services provided on behalf of participant to caregiver/family member GT=Remote Service Delivery	Each	N	Home care training, family; per session	N	Self-Directed services designated by using support indicator field with value of "S." 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.
Family/Unpaid Caregiver Supports and Service (formerly Training for Unpaid Caregiver/Family)	6/1/2017	113.2	\$5110	02 for Remote Service Delivery	Υ	UK, GT	UK=Services provided on behalf of participant to caregiver/family member GT=Remote Service Delivery	15 minutes	N	Home care training, family; per 15 minutes	N	Self-Directed services designated by using support indicator field with value of "S." 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.

Financial Management Services-Basic	Convered Benefit Start Date: 1/1/2004 Convered B	Standard Pro	gran Code Rederal Revenue Cod T2040	02 for Remote Service Delivery	prodifie Required North GT	U7=Each U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	Bach Link Vi	N Financial management, self-directed, waiver; per 15 minutes	Rate Se	Must use U7 modifier to change unit to "Each." "Each" unit is defined as one participant per month. Self-Directed services are designated by using support indicator field with a value of "S." 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 for Remote Service Delivery	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. Self-Directed services are designated by using the support indicator field with a value of "S." 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.

Renefit Categor	Covered Benefit Start Date.	Standard Pr	Set and Code Ledera Reserve Code	Procedure Code	POS	diffee Recognited?	th Modifier Descri	gricon Unit 1/	due me	jica Mortunedical Rederal Code De	Scription Realer Se	ting Approach, virtue.
Financial Management	1/1/2004	619.00	T2041	02 for	Y (4)	V V V V V V V V V V V V V V V V V V V	U7=Each	Each	N	Supports brokerage, self-	Y	Must use U7 modifier to change unit to
Services; Rep Payee - Basic				Remote Service Delivery		GT	U4=Outlier U5=Outlier-Access GT=Remote Service Delivery			directed, waiver; per 15 minutes		"Each." "Each" is defined as one participant per month. Self-Directed services are designated by using the support indicator field with a value of "S." 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 - Enhanced	1/1/2004	619.00		02 for Remote Service Delivery		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.	Υ	Must use "U7" modifier to change unit to "Each." "Each" is defined as one participant per month. Must use 22 modifier to identify FMS Rep Payee, Tier 2: Enhanced services. Participant and Family Direction Broker Services, Tier 2. May use outlier modifiers (U4, U5); requires DHS review. 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.

Grief & Bereavement Counseling, Tier 1	Conseted Benefit State Date: 1/1/2022 Conseted B	Standard Parker. 507.02	od and code the second to the	Arrocedure Code Arrocedure Code Oz for Remote Service Delivery	Υ	U1, U4, U5,	U1=Level of Care (defined by state) U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	45 minute session	due me	Mental health services, not otherwise specified	Rate Se	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. Self-Directed services designated by using support indicator field with a value of "S."
Grief & Bereavement Counseling, Tier 2	1/1/2022	507.02	H0046	02 for Remote Service Delivery		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. Self-Directed services designated by using support indicator field with a value of "S."

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Grief & Bereavement Counseling, Tier 3	1/1/2022	507.02		110040	02 for Remote Service Delivery	Y	U3, U4, U5, GT	U3=Level of Care (defined by state) U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	45 minute session	М	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. Self-Directed services designated by using support indicator field with a value of "S."
Health & Wellness	1/1/2022	609.30			02 for Remote Service Delivery	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	Use the "HQ" modifier for services authorized in a group setting; authorize the rate at a group of 2. Self-Directed services designated by using support indicator field with a value of "S."
Health & Wellness	1/1/2022	609.30			02 for Remote Service Delivery	Υ	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. Self-Directed services designated by using support indicator field with a value of "S."

P-02283 (02/2025)	Conceed Benefit State Date:	standard pro	Han Category Land Code	everue code	A Procedure Code	notifer Recuired?	net modifier Descri	prior unit va	hue medical huor, medical rederal code De	gription Rate Se	tine to have schedule.
Home Modifications	1/1/2004	112.56		22102	02 for Remote Service Delivery	N UA-UD, GT	UA-UD=Local agency use GT=Remote Service Delivery	Each	N Home modifications; per service	N	Self-Directed services designated by using 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.
Housing Support Services	1/1/2004	610.00			02 for Remote Service Delivery	Y UD, GT	UD=Housing Support Services GT=Remote Service Delivery	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.
Mentoring Services	4/1/2012	513.00			02 for Remote Service Delivery	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	Self-Directed services designated by using support indicator field with value of "S." Services to improve a child's ability to interact in their community in socially appropriate ways. Must use HQ modifier when authorizing services delivered in a group setting. 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.

Renefit Cate B	Coneted Berteit Start Date: 4/1/2012 Coneted B	Standard Pr. 513.00	object Category Leaders 1	H0038	a procedure Code O2 for Remote Service Delivery	Modifier Respired? Y U7, UK, GT	U7=Each, UK=Caregiver services on behalf of member GT=Remote Service Delivery	Hrita Bach	N N	Self-help/peer services, per 15 minutes	Rate Se	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. Self-Directed services designated by using support indicator field with value of "S." Services to improve a child's ability to interact in their community in socially appropriate ways. 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	02 for Remote Service Delivery	N GT	GT=Remote Service Delivery	Each	N	Supply, not otherwise specified	N	Self-Directed services designated by using support indicator field with value of "S."
Participant & Family Directed Broker Services	1/1/2022	619.01		T2041	02 for Remote Service Delivery	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	Self-Directed services designated by using support indicator field with value of "S."
Personal Emergency Response System (PERS) - Installation & Testing	1/1/2004	112.46			02 for Remote Service Delivery	N GT	GT=Remote Service Delivery	Each	N	Emergency response system; installation and testing	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.
Personal Emergency Response Systems (PERS) - Monthly Service Fee	1/1/2004	112.46		S5161		N U1-U9	U1-U9=Local agency use	Month	N	Emergency response system; service fee, per month (excludes installation and testing)	N	Self-Directed services designated by using support indicator field with value of "S."

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Benefit Catego	Covered Benefit Start Date.	benefit trid Date:	Ban Code Reservi	Lederal Procedure	gde post prodifer Regulted?	und modified Descri	prior unit	due Medical Mornhedical Federal Code De	Rate	esting Approach Arm. Lits Coline notes
Personal Emergency	1/1/2004	112.46	S5	162	N		Each	N Emergency response	N	Self-Directed services designated by using
Response Systems (PERS) - Purchase								system; purchase only		support indicator field with value of "S."
Personal Supports - Chore Services, per diem (formerly Supportive Home Care- Chore Services, per diem)	1/1/2004	104.10	S5	02 for Remote Service Delivery	N GT	GT=Remote Service Delivery	Day	N Chore Services, per diem	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.
Personal Supports - Hourly (formerly Supportive Home Care- Hourly)	1/1/2004 12/31/2023	104.20	99	9600 02 for Remote Service Delivery	Y U1-U3, U4, U5, UF, UG, UH, UJ, HQ, GT		1 hour	N Unlisted home visit service or procedure.	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ modifier when authorizing group rates. 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.

Personal Supports - Hourly (formerly Supportive Home Care- Hourly)	1/1/2024	Standard Printers of 104.20	Berr Category Federal Revent	tederal procedure code proced	Y U1-U3, U4, U2=Medium U3=High U4=Outlier U5=0:0-11:59 a.m. UF=6:00-11:59 p.m UJ=Midnight-5:59 a HQ=Group setting UN=2 Participants UP=3 Participants	N Home care training to home care client, per session	Y Must use U7 modifier to change unit to "Each." "Each" is defined as one hour. Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. 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.
Personal Supports - Attendant care services; per 15 minutes (formerly Supportive Home Care - Attendant care services; per 15 minutes)	1/1/2004 12/31/2020	104.20	S5	5125 02 for Remote Service Delivery	GT=Remote Service Delivery Y U1-U3, U4, U1=Low U2=Medium U3=High U4=Outlier U5=Outlier-Access UF=6:00-11:59 a.m. UG=Noon-5:59 p.m UH=6:00-11:59 p.m UJ=Midnight-5:59 a HQ=Group setting GT=Remote Service Delivery	 N Attendant care services per 15 minutes	Y Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. May use modifiers to track attendant care worker schedules (UF-UJ). May use outlier modifier (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.

P-02283 (02/2025)	•	, i.	/ st4 /			////	/	/			/IR 3)
Benefit Categor	Covered	Seneth Start Date: Startard Startard	Hoge the Cate of the Best of the State of th	ad Procedure Code	OS) Nodifier Reduite	differ Modifier De	Scriptor Unit Va	ine Ne	tical hor medical Federal Code De	Scription Rate Set	ing Approach, white I
Personal Supports- Attendant care services; per 15 minutes (formerly Supportive Home Care- Attendant care services; per 15 minutes)	4/1/2021	12/31/2023 104.20	99509	02 for Remote Service Delivery	Y U1-U3, U- U5, UF, U UH, UJ, H GT	G, U2=Medium	15 Minutes	N	Attendant care services per 15 minutes	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. May use modifiers to track attendant care worker schedules (UF-UJ). May use outlier modifier (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.
Personal Supports- Attendant care services; per 15 minutes (formerly Supportive Home Care- Attendant care services; per 15 minutes)	1/1/2024	104.20	S5108	02 for Remote Service Delivery	Y U1-U3, U- U5, UF, U UH, UJ, H UN, UP, G	G, U2=Medium Q, U3=High	15 Minutes	N	Home care training to home care client, per 15 minutes	Y	Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. May use modifiers to track attendant care worker schedules (UF-UJ). May use outlier modifier (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.
Personal Supports- Chore Services, per 15 minutes (formerly Supportive Home Care- Chore Services, per 15 minutes)	1/1/2004	104.20	S5120	02 for Remote Service Delivery	N GT	GT=Remote Service Delivery	15 Minutes	N	Chore Services, per 15 minutes	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.

Seneth Categor	Covered Bereit Statt Date:	Standard Pare:	og of Code Legera Reserve Code	Procedure Code Pros	nodifier Required	Modifier Descri	ndion Init va	ine we	steed I tron the dical	escription Rate S	atire Approach, The I Cit's Counts where
Personal Supports, Worker Room & Board (formerly Supportive Home Care, Worker Room & Board)	1/1/2004	104.88	S9976	N			Day	N	Lodging, per diem, not otherwise classified	N	Self-Directed services designated by using support indicator field with value of "S."
Relocation Services, Housing Start-Up	1/1/2004	106.03	T2038	N			Each	N	Community transition, waiver; per service	N	Self-Directed services are designated by using support indicator field with value of "S." 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.
Relocation Services, Initial Utilities	6/1/2017	106.03	T2038	Y	SE	SE=State and/or Federally funded programs/services	Each	N	Community transition, waiver; per service	N	Must use "SE" modifier to identify initial utilities for relocation services. Self-Directed services designated by using support indicator field with value of "S."
Respite Care, Residential	1/1/2004	103.22	S5150	Y	U1-U3, HC UN, UP, U- U5		15 Minutes	N	Unskilled respite care, not hospice, per 15 minutes	Υ	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Must use HQ modifier when authorizing group rates; authorize at a group of 2. May use outlier modifiers (U4, U5); requires DHS review.

Respite Care, Residential	Consted Benefit Start Date: 1/1/2004 Consted B	standard Pare: 103.22	object Code	Revenue code S5151	Procedure Code	Modified Required? Y U1-U3, HQ, UN, UP, U4, U5	U1=Low U2=Medium U3=High HQ=Group setting UN=2 Participants UP=3 Participants	Jritur Unit va Day	N Unskilled respite care, not hospice, per diem	Rate: Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Use the HQ modifier for respite services authorized at the day rate in a group setting; authorize rate at a group of
Respite Care, Institutional	1/1/2004	103.24		S5151		Y TF, TG, U4, U5	U4=Outlier U5=Outlier-Access TF=Intermediate level of care TG=Complex / high tech level of care U4=Outlier U5=Outlier-Access	Day	M Respite care, not in the home, per diem.	Y	2. May use outlier modifiers (U4, U5); requires DHS review. Self-Directed services designated by using support indicator field with value of "S." 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). May use outlier modifiers (U4, U5), requires DHS review.
Respite Care, Institutional	1/1/2004	103.24	0663			N		Day	M Respite care - daily respite charge.	Y	Must use Revenue Code 0663 for institutional respite care services delivered in settings other than a group home or residential care center.
Respite Care, Home- Based	1/1/2004	103.26		S9125		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	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Use the HQ modifier for respite services authorized at the day rate in a group setting; authorize rate at a group of 2. May use outlier modifiers (U4, U5); requires DHS review.

Benefit Cate St	Covered	Benefit Start Date: Confeed Benefit End Date: Standard Proof on Category Lederal	Revenue Code	A Procedure Code	Modifier Recruited?	et Modifier Descri	ggiron Junit wa	jue ne	ica hor nedical Rederal Code De	scillator set set	tine Approach view of the light
Respite Care, Home- Based	1/1/2004	103.26	T1005	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	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Must use HQ modifier when authorizing group rates; authorize rate at a group of 2. May use outlier modifiers (U4, U5); requires DHS review.
Respite Care, Other	1/1/2004	103.99	G0176	02 for Y Remote Service Delivery		EY=No physician or licensed health care provider for this item or service 52=Reduced services 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).	Υ	"Each" unit value defined as one session (45 minutes or more). Must use EY modifier to indicate service delivered by unlicensed provider. Self-Directed services designated by using support indicator field with value of "S." May use 52 modifier to identify sessions shorter than 45 minutes. Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ when authorizing group rates; authorize rate at group of 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 authorization.

Bereincates	Covered Benefit State Date.	enetit End Date:	object Code Rederal Re	venue Code	A Procedure Code	ROS	notifier Required?	et matther descri	girder Junit was	ue m	edical Informedical Federal Code Of	scitation Rate se	ting kapadath Alm.
Respite Care, Other	1/1/2004	103.99		S5150		Υ	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	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ modifier when authorizing group rates; authorize at group of 2. May use outlier modifiers (U4, U5); requires DHS review.
Respite Care, Other	1/1/2004	103.99		S5151		Y	U1-U3, HQ, UN, UP, U4, U5	U1=Low U2=Medium	Day	N	Unskilled respite care; not hospice; per diem.	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Use the HQ modifier for respite services authorized at the day rate in a group setting; authorize at group of 2. May use outlier modifiers (U4, U5); requires DHS review.
Respite Care, Other	1/1/2004	103.99		T2036		Υ	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. Self-Directed services designated by using support indicator field with value of "S."
Respite Care, Other	1/1/2004	103.99			02 for Remote Service Delivery	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. 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.

Safety Planning & Prevention	Conseed Benefit Start Date: (Conseed Benefit Start Date: (Consee	Standard P. 609.40	regard Code	E0700	on Remote Service Delivery	Modifier Required No. 104, U5, GT	U4=Outlier U5=Outlier Access GT=Remote Service Delivery	uritur 15 minutes	N Safety equipment, device or accessory, any type	Scription Rate:	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
Safety Planning & Prevention	1/1/2022	609.40			02 for Remote Service Delivery	Y U7, GT	U7=Each GT=Remote Service Delivery	Each	N Safety equipment, device or accessory, any type	N	delivery on the service authorization. Self-Directed services designated by using support indicator field with value of "S." 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.

Specialized Medical &	Conseed Benefit State Date.	benefit trid trate: Standard Pr 112.55	Collan Category Repetato	everue code A9999	Aprocedure code phace of service	Rodifie Redified?	et notified Descri	third link was	nedical Mornhedical Redeal Code De Miscellaneous DME	Rate Se	Self-Directed services designated by using
Therapeutic Supplies	1,1,2004	112.55			Remote Service Delivery		Delivery	Eddi	supply or accessory, not otherwise specified	· ·	the support indicator field with a value of "S." Codes in the ranges below may also be used: A4000-A9999 for miscellaneous medical and surgical supplies; B4000-B9999 for enteral and parenteral therapy supplies. 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).
Therapeutic Supplies and Services	1/1/2004 6/30/2022	2 507.04			02 for Remote Service Delivery	N UA-UD, GT	UA-UD=Local agency use GT=Remote Service Delivery	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.

Benefit Categor	Covered Bareit Statt Date:	Standard P	of art Category Leafers The Bearing Code	ad Proceeding Code	ROSI	adifier Required?	In Modifier Descri	gritor Unit Wa	jue me	steal hor medical	Rate S	atire to rate schedule.
Specialized Medical & Therapeutic Supplies and Services - Non medical	7/1/2022	112.55	T1999	02 for Remote Service Delivery	N	UA-UD, GT	UA-UD=Local agency use GT=Remote Service Delivery	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.
Transportation- Commercial Vehicle Pass-Bus	1/1/2004	107.50	A0110		N	U1-U3	U1-U3=Local agency use	Each	N	Non-emergency transportation and bus, intra or inter state carrier.	N	Self-Directed services are designated by using the support indicator field with a value of "S." 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		N	U4, U5	U4=Outlier U5=Outlier Access	1 trip	N	Non-emergency transportation; encounter/trip	Y	Self-Directed services designated by using support indicator field with value of "S." May use outlier modifiers (U4, U5), requires DHS review.
Transportation & Escort	1/1/2004	107.40	S0215		N	U4, U5	U4=Outlier U5=Outlier Access	Miles	N	Non-emergency transportation; mileage, per mile	Y	Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5), requires DHS review.
Transportation - Multi- Passenger Vehicle	1/1/2004	107.30	T2004		N	22, U4, U5	22=Increased Procedural Services U4=Outlier U5=Outlier-Access	1 trip	N	Non-emergency transport; commercial carrier, multi-pass	Y	Self-Directed services are designated by using the support indicator field with a value of "S." May use 22 modifier to pay wheelchair accommodated vehicle at both trip and mileage rates. May use outlier modifiers (U4, U5), requires DHS review.

F-02263 (02/2023)											
Benefit Cateas	Covered Benefit Start Date.	seneth End Date:	Rederal Crope Rederal	Revenue Code	ad Proceeding Code	Modifier Reduit	and their descri	pation Unit Wa	we deal hor medical rederal code De	Rate S	the koproatiz tradie.
Vehicle Modifications	1/1/2022	112.57		T2039	02 for	N GT	GT=Remote Service	Each	Vehicle modifications,	N	Self-Directed services are designated by
					Remote		Delivery		waiver; per service		using the support indicator field with a value
					Service						of "S." The provider enters the 02 place code
					Delivery						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 &	1/1/2022	609.50		G2012	02 for	N GT	GT=Remote Service	Each	Brief communication	N	Self-Directed services are designated by
Supports					Remote		Delivery		technology-based		using the support indicator field with a value
					Service				service		of "S." The provider enters the 02 place
					Delivery						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.