

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**		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	Y	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 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
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		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	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		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	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	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	Must be authorized and claimed in accordance with DMS Numbered Memo 2024-01.
Child Foster Care (services only)	1/1/2004		203.00		S5145		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.

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
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 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		Y	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	
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 (E1399).	

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
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)	4/1/2012		615.01		T2018	02 for Remote 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	Each	N	Habilitation, supported employment, waiver; per diem	Y	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.

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
Community / Competitive Integrated Employment - Small Group (formerly Supported Employment-Small Group)	6/1/2017		615.02		T2019	02 for Remote Service Delivery	Y	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.
Community Integration Services-Tiers	4/1/2012		514.00		H2021	02 for Remote Service Delivery	Y	HN, HO, U4, U5, GT	HN=Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access GT=Remote Service Delivery	15 minutes	N	Community-based wrap-around services, per 15 minutes	Y	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.

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
Community Integration Services-Tiers	4/1/2012	12/31/2019	514.00		H2022	02 for Remote Service Delivery	Y	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	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	1/1/2004		507.03		G0176	02 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	45 minute session	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	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.

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
Counseling & Therapeutic Services	1/1/2004		507.03	T2037	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	1/1/2019		507.03	97166	02 for Remote Service Delivery	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.	
Counseling & Therapeutic Services-Occupational Therapy	1/1/2019		507.03	97168	02 for Remote Service Delivery	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.	

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
Counseling & Therapeutic Services-Occupational Therapy	1/1/2019		507.03	97535	02 for Remote Service Delivery	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	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 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	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.	

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
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.
Counseling & Therapeutic Services-Occupational Therapy or Physical Therapy	1/1/2019		507.03		97150	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	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	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.

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
Counseling & Therapeutic Services-Speech & Language Therapy	1/1/2019	12/31/2023	507.03		92507	02 for Remote Service Delivery	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; 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.
Counseling & Therapeutic Services-Speech & Language Therapy	1/1/2019		507.03		92508	02 for Remote Service Delivery	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.
Daily Living Skills Training	1/1/2004		110.00		T2013	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.

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
Daily Living Skills Training	1/1/2004		110.00		T2017	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.
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		S5105	02 for Remote Service Delivery	Y	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	Y	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.

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
Day Services, Children	1/1/2004		706.20		S5105	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.
Discovery & Career Planning	1/1/2022		108.10		T2014	02 for Remote Service Delivery	Y	U7	U7=Each	Each	N	Habilitation, prevocational, waiver; per diem	N	Self-Directed services are designated by using the support indicator field with a value of "S." 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 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	1 hour	N	Habilitation, prevocational, waiver; per hour	Y	Self-Directed services are designated by using the support indicator field with a value of "S." Use the HQ modifier for services authorized in a group setting; authorize the rate at a group of 2.
Empowerment and Self-Determination Supports (formerly titled Consumer Education & Training)	1/1/2004		113.00		S9445	02 for Remote Service Delivery	Y	U8, GT	U8=Period units GT=Remote Service Delivery	15 minutes	N	Patient education, not otherwise classified, non-physician provider, individual, per session.	N	Self-Directed services are designated by using the support indicator field with a value of "S." May use modifier U8 to describe period unit. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.

Benefit Category	Covered Benefit Start Date:	Covered Benefit End Date:	Standard Program Category (SPC) Code	Federal Revenue Code	Federal Procedure Code	Place of Service (POS)	Modifier Required? Y/N	Modifier	Modifier Description	Unit Value	Medical / Non-Medical	Federal Code Description	Rate-Setting Approach? Y/N (Refer to rate schedule.)	CLTS Coding Notes
Empowerment and Self-Determination Supports (formerly titled Consumer Education & Training)	1/1/2004		113.00		S9445	02 for Remote Service Delivery	Y	U7, GT	U7=Each GT=Remote Service Delivery	Each	N	Patient education, not otherwise classified, non-physician provider, individual, per session.	N	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	Y	UK, GT	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		S5110	02 for Remote Service Delivery	Y	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.

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
Financial Management Services-Basic	1/1/2004		619.00		T2040	02 for Remote Service Delivery	N	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. 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.

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
Financial Management Services; Rep Payee - Basic	1/1/2004		619.00		T2041	02 for Remote Service Delivery	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. 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		T2041	02 for Remote Service Delivery	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. 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.

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
Grief & Bereavement Counseling, Tier 1	1/1/2022		507.02	H0046	02 for Remote Service Delivery	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. 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	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. Self-Directed services designated by using support indicator field with a value of "S."	

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
Grief & Bereavement Counseling, Tier 3	1/1/2022		507.02	H0046	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	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. Self-Directed services designated by using support indicator field with a value of "S."	
Health & Wellness	1/1/2022		609.30	S5190	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	S5190	02 for Remote Service Delivery	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. Self-Directed services designated by using support indicator field with a value of "S."	

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
Home Modifications	1/1/2004		112.56		S5165	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		T2013	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		H0038	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.

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
Mentoring Services	4/1/2012		513.00		H0038	02 for Remote Service Delivery	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. 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		S5160	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."

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
Personal Emergency Response Systems (PERS) - Purchase	1/1/2004		112.46		S5162		N			Each	N	Emergency response system; purchase only	N	Self-Directed services designated by using 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		S5121	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		99600	02 for Remote Service Delivery	Y	U1-U3, U4, U5, UF, UG, UH, UJ, HQ, GT	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.m. HQ=Group setting GT=Remote Service Delivery	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.

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
Personal Supports - Hourly (formerly Supportive Home Care-Hourly)	1/1/2024		104.20		S5109	02 for Remote Service Delivery	Y	U1-U3, U4, U5, U7, UF, UG, UH, UJ, HQ, UN, UP, GT	U1=Low U2=Medium U3=High U4=Outlier U5=Outlier-Access U7=Each 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.m. 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 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		S5125	02 for Remote Service Delivery	Y	U1-U3, U4, U5, UF, UG, UH, UJ, HQ, GT	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.m. HQ=Group setting GT=Remote Service Delivery	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.

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
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, U4, U5, UF, UG, UH, UJ, HQ, GT	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.m. HQ=Group setting GT=Remote Service Delivery	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, U4, U5, UF, UG, UH, UJ, HQ, UN, UP, GT	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.m. 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). 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.

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
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, 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 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.

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
Respite Care, Residential	1/1/2004		103.22		S5151		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	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.
Respite Care, Institutional	1/1/2004		103.24		S5151		Y	TF, TG, U4, U5	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	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 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
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 Remote Service Delivery	Y	EY, 52, U1-U3, HQ, UN, UP, U4, U5, GT	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).	Y	"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 delivery on the service authorization.

Benefit Category	Covered Benefit Start Date:	Covered Benefit End Date:	Standard Program Category (SPC) Code	Federal Revenue Code	Federal Procedure Code	Place of Service (POS)	Modifier Required? Y/N	Modifier	Modifier Description	Unit Value	Medical / Non-Medical	Federal Code Description	Rate-Setting Approach? Y/N (Refer to rate schedule.)	CLTS Coding Notes
Respite Care, Other	1/1/2004		103.99		S5150		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	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 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	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		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. Self-Directed services designated by using support indicator field with value of "S."
Respite Care, Other	1/1/2004		103.99		T2037	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.

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
Safety Planning & Prevention	1/1/2022		609.40	E0700	02 for Remote Service Delivery	N	U4, U5, GT	U4=Outlier U5=Outlier Access GT=Remote Service Delivery	15 minutes	N	Safety equipment, device or accessory, any type	Y	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	1/1/2022		609.40	E0700	02 for Remote Service Delivery	Y	U7, GT	U7=Each GT=Remote Service Delivery	Each	N	Safety equipment, device or accessory, any type	N	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.	

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
Specialized Medical & Therapeutic Supplies	1/1/2004		112.55	A9999	02 for Remote Service Delivery	N	GT	GT=Remote Service Delivery	Each	M	Miscellaneous DME supply or accessory, not otherwise specified	N	Self-Directed services designated by using 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	507.04	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.	

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
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.

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
Vehicle Modifications	1/1/2022		112.57	T2039	02 for Remote Service Delivery	N	GT	GT=Remote Service Delivery	Each		Vehicle modifications, waiver; per 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.	
Virtual Equipment & Supports	1/1/2022		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.	