P-02283 (09/2021)														
Benefit Cateas	Covered	Benefit Start Date.	senefit End Date:	Program Category Federal	Revenue Code	al Procedure Co	ade service	a POS Modification of the	at Modifier De	scription Unit V	due me	dical Mort Medical Federal Code De	scription Rate Set	ting Approach? VIN.  CLTS Coding Notes  Refer to rate schedule.
Adaptive Aids - Vehicle	1/1/2004		112.57		T2039	02 for Remote Service Delivery	N	GT	GT = Remote Service Delivery	Each	N	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.
Adaptive Aids - Other	1/1/2004		112.99		T2028	02 for Remote Service Delivery	N	GT	GT = Remote Service Delivery	Each	N	Specialized supply, not otherwise specified, waiver	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.
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=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)

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Benefit Catego	Covered	Benefit Start Date:	Standard Standard	Program Category Rederal	Revenue Code	al Procedure Co	of Service	e IPOS Modified? A	at Modifier De	dription July Val	ue ne	dical Morthedical Federal Code De	Scription Rate Set	ting Approach? VIN.  Cits Coding Notes  Cuts 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.
Communication Aids	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 aid). Miscellaneous for hearing aids.  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.
Communication Aids Device	1/1/2004		112.47		E1902	02 for Remote Service Delivery	N	GT	GT = Remote Service Delivery	0	N	Communication board, non-electronic augmentative or alternative communication device	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.

Renefit cately  Community Integration Services- Tiers	201ered 4/1/2012	Govered P. Covered P.	Standard 514.00	Program Category Federal	Revenue Code H2021	O2 for Remote Service Delivery	ode of Service	U5, GT	HN=Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access GT = Remote	July 15 minutes	ne ne	Community-based wrap- around services, per 15 minutes	Scription Pater Set	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
									Service Delivery					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	12/31/2019	514.00		H2022	02 for Remote Service Delivery	Υ	U5, <b>GT</b>	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.

Renefit Catego	covered	Benefit Start Date:	Standard 113.00	Program Category Federal	Revenue Code  Feder  59445	A Procedure Co	of Service N	e IPOS Nodified? V	UA-UD=Local	scription Unit Val Each	ne N	dical Nor Medical  pederal Code De	Rate Set	Self-Directed services are designated by
Training						Remote Service Delivery			agency use GT = Remote Service Delivery			otherwise classified, non- physician provider, individual, per session		using the support indicator field with a value of "S." May use modifiers UA-UD for local agency use.  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.
Consumer Education & Training	1/1/2004		113.00		S9445	02 for Remote Service Delivery	N	GT	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."  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.
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 Catego	Covered	Benefit Start Date.	enefit End Date:	Program Category Federal	Revenue Code	d Procedure Co	de d	e 1805) adifier Required? V	Modifier De	Letivition Unit We	iue me	dical Monthedical Federal Code De	Scription Rate Se	tine Approach? VIN CLIS Codine Note's
Counseling & Therapeutic Services	1/1/2004		507.03		G0176	02 for Remote Service Delivery	Υ	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.
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	covered 1/1/2019	Benefit Start Date:	Standard 507.03	Program Category Federal	Revenue Code Federi 97166	02 for Remote Service Delivery	of Service		GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	Unit ve	Me Me	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	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		"Each" is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review.  The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.
Counseling & Therapeutic Services- Occupational Therapy	1/1/2019		507.03		97535	02 for Remote Service Delivery		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		May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.

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Benefit Cate & C	Covered	Govered B	enefit End Date.	Program Category Federal	Revenue Code	al Procedure Co	ode diservice	e 1705) unodification of the second of the s	at Modifier Des	dription Unit V2	jue me	ical Mor Medical	scription Rate Set	ing Approach? The line in Curs Coding Notes
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.
Counseling & Therapeutic Services- Occupational Therapy or Physical Therapy	1/1/2019		507.03		97110	02 for Remote Service Delivery		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.

F-02283 (09/2021)														
Benefit Catego	Covered Covered	Benefit Start Date:	Senesit End Date:	Program Category Federal	Revenue Code	al Procedure Co	ode of Service	e 1705) nodifier Required? W	Modifier De	gription Unit V2	ine we	rederal Code De	scription Rate Set	ting Approach? VIM.  Refer to rate schedule.)
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	Υ		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)	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.
Counseling & Therapeutic Services- Speech & Language Therapy	1/1/2019		507.03		92507	02 for Remote Service Delivery	Y		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	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.

P-02283 (09/2021)														
Benefit Categor	Covered Covered	Benefit Start Date:	Standard Standard	Profish Category Federal	Revenue Code	al Procedure Co	ode diseruis	e IPOS Wodiffed Wodiffe	at Modifier De	scription Unit Va	iue me	dical Morthedical Federal Code De	scription Rate Set	ing Approach? VIN CLTS Coding Notes
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=Group setting U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	1 hour	N	Habilitation, educational, waiver; per hour		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	N		HQ=Group setting U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	15 minutes	N	Habilitation, residential, waiver; 15 minutes		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 (09/2021)														
Benefit CateBox	covered covered	Benefit Start Date:	enefit End Date.	Program Category Federal	Revenue Code	al Procedure Co	of Service	e IPOS LEOUITED TO OBITE	In Modifier De	scription Unit ve	ine me	dical Inter-Medical Federal Code De	activation Rate Set	ting Approach? VIN CLTS Coding Notes
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.
Day Services, Children	1/1/2004		706.20		S5105	02 for Remote Service Delivery	Y		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		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.
Financial Management Services-Basic	1/1/2004		619.00		T2040	02 for Remote Service Delivery	N	GT	U7=each U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	Each	N	Financial management, self-directed, waiver; per 15 minutes		Must use U7 modifier to change unit to "Each." "Each" 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	Benefit Start Date: Covered &	Standard 619.00	Arogram Category rederal	Kerenie Code T2040	O2 for Remote Service Delivery	Υ	U4, U5, GT	U7=Each 22= Increased Procedural Services U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	Unit Va	N N	Financial management, self-directed, waiver; per 15 minutes.	Rate Se	Must use U7 modifier to change unit to "Each." "Each" 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." For CLTS, this includes supports brokerage. May use outlier modifiers (U4, U5), requires DHS review.  The provider enters the 02 place code and GT modifier for remote service delivery on
Financial Management Services; Rep Payee - Basic	1/1/2004		619.00		T2041	02 for Remote Service Delivery			U7=Each U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	Each	N	Supports brokerage, self-directed, waiver; per 15 minutes.	Υ	the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  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.

P-02283 (09/2021)														
Benefit Catego	Covered	Benefit Start Date:	Standard.	Program Category Federal	Revenue Code	al Procedure Co	de Service	e POS   Modified? A	Modifier Des	tription Unit vi	jue me	ical Mor.Medical	scription Rate Se	ting hopooder? VINL.)
Financial Management Services; Rep Payee - Enhanced	1/1/2004		619.00		T2041	02 for Remote Service Delivery	Υ	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. Self-Directed services are designated by using the support indicator field with a value of "S." Must use 22 modifier to identify Tier 2: Enhanced services. May use outlier modifiers (U4, U5); requires DHS review.  The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.
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
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
Foster Care (services only)	1/1/2004		203.00		S5145		Υ	U3	U3=Administrative costs	Day	N	Foster care, therapeutic, child; per diem	N	Foster home administrative costs. Includes foster care home levels 1-5; must use U3 modifier
Foster Care (services only)	1/1/2004		203.00		S5146		Υ	U3	U3=Administrative costs	Month	N	Foster care, therapeutic, child; per month	N	Foster home administrative costs. Includes foster home levels 1-5; must use U3 modifier
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
Foster Care- Level 5 (services only)	1/1/2004		203.10		S5146		Υ		KX=Specified medical policy met	Month	N	Foster care, therapeutic, child; per month	N	State Licensed Level 5 Foster Home

1-02203 (03/2021)														
Benefit Categor	Covered	Govered P. Covered P.	Standard Standard	program Category Federal	Revenue Code	al Procedure Co	of Service	e IPOS Juned? V	et Modifier De	scription Unit Vi	tue me	ical Mornhedical rederal code De	Scription Rate Set	ing Approach? VINI.
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 Counseling	1/1/2004		610.00		T2013	02 for Remote Service Delivery	Y	UD, GT	UD=Housing counseling GT = Remote Service Delivery	1 hour	N	Habilitation, educational, waiver; per hour	N	Self-Directed services are designated by using the support indicator field with a value of "S." Must use modifier UD to specify housing counseling.  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 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."

P-02283 (09/2021)														
Benefit Cateel	Covered	Benefit Start Date.	Standard	Program Category Federal	Reserve Code	al Procedure Co	di Servici	e POS   Modified No diffe	Modifier De	scription Unit V2	jue me	ical Mor.Medical	Scription Rate Set	ting Approach? VIN CLTS Coding Notes
Mentoring Services	4/1/2012		513.00		H0038	02 for Remote Service Delivery	N	HQ, U4, U5, GT	HQ=Group setting U4=Outlier U5=Outlier-Access GT = Remote Service Delivery	15 minutes	N	Self-help/peer services, per 15 minutes	Υ	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.
Mentoring Services	4/1/2012		513.00		H0038	02 for Remote Service Delivery	Y		U7=Each, UK=Caregiver services on behalf of member GT = Remote Service Delivery	Each	N	Self-help/peer services, per 15 minutes	N	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 U7 modifier to change unit to "Each." Must use UK modifier to identify covered mentoring costs associated with the caregiver. 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 (09/2021)														
Benefit Catego	Covered	Benefit Start Date:	enefit End Date:	Program Category Federal	Revenue Code	al Procedure Co	de service	a POS Nodified? V	Modifier De	scription Unit vi	hue me	dical Morthedical Federal Code De	scription Rate Set	ing Approach? VIN CLTS Coding Note'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."
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."
Relocation Services, Initial Utilities	6/1/2017		106.03		T2038		Υ		SE=State and/or Federally funded programs/services	Each	N	Community transition, waiver; per service	N	Self-Directed services designated by using support indicator field with value of "S." Use "SE" modifier to identify initial utilities
Respite Care, Residential	1/1/2004		103.22		S5150		Υ		U1=Low U2=Medium U3=High HQ=Group setting 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.

P-02283 (09/2021)														
Benefit Catego	Covered	Benefit Start Date:	enefit End Date:	Program Category Federal	Revenue Code	al Procedure Co	de d	a POS Nodificative Required P. V.	n notifier De	scription Unit vi	jue ne	ical Mor. Medical	scription Rate Set	tine Approach? VIN CLTS Coding Note'S
Respite Care, Residential	1/1/2004		103.22		S5151		Υ	U1-U3, HQ, U4, U5	U1=Low U2=Medium U3=High HQ=Group setting 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	0663	S5151**		N		TF=Intermediate level of care TG=Complex / high tech level of care, U4=Outlier U5=Outlier-Access	Day		0663=Respite care - daily respite charge. S5151=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 modifer for respite services delivered in a group home. Must use TG modifer for respite services delivered in a residential care center (RCC). May use outlier modifiers (U4, U5), requires DHS review. **Only use the federal procedure code when the outlier modifier is required (column F).
Respite Care, Home- Based	1/1/2004		103.26		S9125				U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	Day	N	Respite care, in the home, per diem.	Υ	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 8	Covered Covered	Benefit Start Date.	Senefit End Date:	Program Category	Revenue Code	al Procedure Co	of Service	e IPOS LADDINE DE TO OBINE DE TROBINE	Modifier Des	scription Unit va	jue ne	sical Mor Medical	Scription Rate Set	ting Approach? VIN.  CLTS Coding Notes
Respite Care, Home- Based	1/1/2004		103.26		T1005		Y	U1-U3, HQ, U4, U5	U1=Low, U2=Medium, U3=High, HQ=Group setting, 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	ı	U3, HQ, 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 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 delivery on the service authorization.

P-02283 (09/2021)														
Benefit Cate Bo	Covered	Benefit Start Date:	arefit End Date.	Profision Cafegory Federal	Leder Feder	al Procedure Co	of Service	alfos) Modifie	Modifier De	scription Unit V2	jue ne	ical Morthedical Federal Code De	scription Rate Set	ting Approach? VIM Refer to rate schedule.)  CLTS Coding Notes
Respite Care, Other	1/1/2004		103.99		S5150		Υ	U1-U3, HQ, U4, U5	U1=Low U2=Medium U3=High HQ=Group setting 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			U4, U5	U1=Low U2=Medium U3=High HQ=Group Setting 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		Υ .		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	Υ		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.
Specialized Child Care	6/1/2017		101.00		T2026				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.

Benefit Catego	Covered	Benefit Start Date:	Standard 101.00	Arosish Casesory Federal	Revenue Code Feder	A Procedure Co	ode of Service	e IPOSI LEDINE DE LE POSITION	u1=Age 0-5 years	Scription Unit V <sup>2</sup> 15 minutes	sue ne	Specialized child care,	Scription Rate Set	Self-Directed services designated by using
·								U4, U5	U2=6-11 years U3=12+ Years U4=Outlier U5=Outlier Access			waiver; per 15 minutes		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.
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.
Supported Employment - Individual	4/1/2012		615.01		T2018	02 for Remote Service Delivery		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	Υ	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.

F-02283 (03/2021)														
Benefit Catego	cayered covered	Benefit Start Date.	Standard Standard	Program Category Federal	Revenue Code	al Procedure Co	ade diservice	e 1905) Modified P. V. Modified P. V	at Modifier De	scription Unit Vi	due med	ical Mor. Medical	scription Rate Set	ine Approach? VIN.  CLT's Codine Notes
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.
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.

Supportive Home Care-Hourly	Covered 1/1/2004	Benefit Start Date.	Standard 104.20	Arogram Category Federal	Revenue Code 99600	O2 for Remote Service Delivery	Υ	U5, UF, UG, UH, UJ, HQ, GT	U1=Low U2=Medium	Unit va	ne 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.
Supportive Home Care - Attendant care services; per 15 minutes	1/1/2004	12/31/2020	104.20		S5125	02 for Remote Service Delivery		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.		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 Cate Bo	Covered	Benefit Start Date.	Standard Standard	Arogram Category Federal	kederne Code	A Procedure Co	od Service	e IPOS Nodificative of Modification of the Mod	n Modifier De		jue me	dical Mor Medical Federal Code De	Scription Rate Set	tine Approach? VIN.  CLIS Codine Notes
Supportive Home Care - Attendant care services; per 15 minutes	4/1/2021		104.20		99509	02 for Remote Service Delivery		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.
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.
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."

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Benefit Catego	covered	Benefit Start Date:	enefit End Date.	program Category rederal	Revenue Code	al Procedure Co	of Service	e POS) Africar Required? V	Modifier Des	dription Thit Va	ile Me	dical Internedical Federal Code De	scription Rate Set	ting Approach? VIN CLTS Coding Notes
Training for Unpaid Caregiver/Family, per session	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.
Training for Unpaid Caregiver/Family	6/1/2017		113.2		S5110	02 for Remote Service Delivery	Υ	ŕ	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.
Transportation	1/1/2004		107.50		A0170		N			Each	N	Transportation ancillary: parking fees, tolls, other	N	Self-Directed services are designated by using the support indicator field with a value of "S." Parking fees, tolls, other expenses paid at market rate.
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.

Benefit Catego	covered	Benefit Start Date:	anefit End Date:	Program Category Federal	keverue code	al Procedure Co	di Servici	e POS Nodified?	In Modifier Des	tribitor Unit Va	ine me	dical Monthedical Federal Code De	Scription Rate Set	ine koproach? VINI Refer to rate schedule.
Transportation & Escort	1/1/2004		107.30		T2003		N	U4, U5	U4=Outlier U5=Outlier Access	1 trip	N	Non-emergency transportation; encounter/trip	Υ	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	Υ	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.
Therapeutic Supplies and Services	1/1/2004		507.04		T1999	02 for Remote Service Delivery	Z	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.