P-02283 (03/2021)														
Benefit Cateels	Conered	Benefit Start Date.	enetit trid Date:	Program Category	Revenue Code	d Procedure Cod	de de la constante de la const	e prost required to	Modifier Des	Litzton Juit va	ue ne	dical Morntedical Rederal Code De	Scription Rate Set	ine Androadis Artefule.
Adaptive Aids - Vehicle	1/1/2004		112.57		T2039		N			Each	N	Vehicle modifications, waiver; per service	N	Self-Directed services are designated by using the support indicator field with a value of "S."
Adaptive Aids - Other	1/1/2004		112.99		T2028		N			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."
Adult Family Home Placement, 1-2 beds	1/1/2004		202.01	0240	\$5140**		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)	Υ	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)
Case Management (Support & Service Coordination)	1/1/2004		604.00		T1016		N	U4	U1=Assessment U2=Case planning U3=Ongoing monitoring & service coordination U4=Discharge planning	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.

P-02283 (03/2021)														
Benefit Cateels	Conered	Bereit Start Date.	enefit fred Date:	Production Cade of Cad	Reserve Code	A Procedure Co.	de d	e ROS Modified Rediffer	Modifier De	scription Unit val	ue Mei	ical Morntedical Rederal Code De	Scription Rate Set	Line Androadis Artefule.
Communication Aids	1/1/2004		112.47		E1399		N	UD	UD = Communication Aids Miscellaneous	Each	М	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.
Communication Aids Device	1/1/2004		112.47		E1902		N			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."
Community Integration Services- Tiers	4/1/2012		514.00		H2021		Υ	U5	HN=Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access	15 minutes	N	Community-based wrap- around services, per 15 minutes	Υ	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.
Community Integration Services- Tiers	4/1/2012	12/31/2019	514.00		H2022		Y	U5	HN = Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access	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.

Renefit Categor	Congret	J. Benefit Start Date:	standard Standard	productive Code feet of the service Code feet	A Procedure Co	of Service	affer Required To	n Modified De	Scriptor Unit Wa	jue ne	dical Morthedical Rederal Code De	Scription Rate Set	ting Approach? VIM e.)  Refer to lake schedule.)  CLIS Coding Motes
Consumer Education & Training	1/1/2004		113.00	S9445		N	UA-UD	UA-UD=Local agency use	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." May use modifiers UA-UD for local agency use.
Consumer Education & Training	1/1/2004		113.00	S9445		N			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."
Consumer Education & Training	1/1/2004		113.00	\$9445		Υ	U8	U8=Period units	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.

Counseling & Therapeutic Services	1/1/2004	Benefit Start Date:	standard 507.03	Program Cade	Resente Code  Federa	A Procedure Co	de service y	U9, U4, U5; 52, UA; UB; UC, HQ	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	Unit val.  45 minute session	N N	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Rate Se	Self-Directed services are designated by using the support indicator field with a value of "S." Must use appropriate U modifiers to identify specific authorized alternative therapy services. May use modifier 52 to authorize sessions scheduled for less than 45 minutes. May use modifiers to detail assessment, evaluation and reevaluation (UA, UB, UC). May use HQ modifier to detail services delivered in a group setting. May use outlier modifiers (U4, U5); requires DHS review.
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		N			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.

P-02283 (03/2021)	Conference Conference	Benefit Start Date:	enerit trad Date:	profigic Code (rederate)	eserve Code	A Procedure Code	affer Recultive Tradition	and the De		sue ne	ical hormedical kederal code the	gate set	ing Approach, the course of the first coding motes
Counseling & Therapeutic Services- Occupational Therapy	1/1/2019		507.03		97166		GO, U4, U5	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access	Each		Occupational therapy evaluation		Each is defined as 1 Unit = 1 date of service.  May use outlier modifiers (U4, U5), requires  DHS review.
Counseling & Therapeutic Services- Occupational Therapy	1/1/2019		507.03		97168	Y	GO, U4, U5	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access	Each		Reevaluation of occupational therapy		"Each" is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review.

Renefit Cate &	rd reet	Benefit Start Date:	standard Standard	prodiction Cade	Revenue Code	ad Procedure Co	de d	differ Recuired. A	nd modifier De	scheide Init value me	dical hornedical federal code De	scription services	ture Approach? VIN Cit's Coding Mate's
Counseling & Therapeutic Services- Occupational Therapy	1/1/2019		<b>507.03</b>	, teste	97535	N NASC	v kre	GO, U4, U5	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access	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.
Counseling & Therapeutic Services- Physical Therapy	1/1/2019		507.03		97162		Y		GP=Services delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access	Each M	Physical therapy evaluation		Each is defined as 1 Unit = date of service.  May use outlier modifiers (U4, U5); requires  DHS review.

P-02283 (03/2021)  Renefit Categor  Counseling &	(contacted)	Benefit Start Date.	Standard 507.03	Profigh Cafe and Code	kedering Code	a procedure co	di seriiti	gP, U4, U5	Madifier Des	Scription Junt Walte	Media M	Physical therapy	Rate Set	Each is defined as 1 Unit = date of service.
Therapeutic Services- Physical Therapy	1/1/2019		307.03		9/104		r		delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access			reevaluation	,	May use outlier modifiers (U4, U5), requires DHS review.
Counseling & Therapeutic Services- Occupational Therapy or Physical Therapy	1/1/2019		507.03		97110		Y		GP=Services delivered under an outpatient occupational or physical therapy plan of care U4=Outlier U5=Outlier-Access	15 Minutes N	ŗ	Therapeutic procedure(s)(2 or more individuals)	Y	May use outlier modifiers (U4, U5), requires DHS review.
Counseling & Therapeutic Services- Occupational Therapy or Physical Therapy	1/1/2019		507.03		97150		Y	, ,	GP=Services delivered under an outpatient occupational or physical therapy plan of care U4=Outlier U5=Outlier-Access	Each N	11 6	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.

P-02283 (03/2021)	Careced	Benefit Start Date.	Standard Standard	Productive Code	A Procedure Cod	se price	alifer Required; Al	Modifier De	gription June va	jue ne	sical horr medical rederal code de	scription Rate: Set	ing Approach, The land in the
Counseling & Therapeutic Services- Speech & Language Therapy	1/1/2019		507.03	92523		Y	GN, U4, U5	GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access	Each		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.
Counseling & Therapeutic Services- Speech & Language Therapy	1/1/2019		507.03	92507		Y		GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access	Each		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.
Counseling & Therapeutic Services- Speech & Language Therapy	1/1/2019		507.03	92508		Y		GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access	Each		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.

P-02283 (03/2021)  Barefit Categor	Conerect 1/1/2004	Covered by	standard standard	profigor Category redead	Redering Code  T2013	a procedure code	Service N	HQ, U4, U5	Modifier De	Scription Unit 42	nue nue	Atcal Normedical Rederal Code De Habilitation, educational,	Scription Rate Set	Line Adoto a cathedule.  Cuts coding notes  Cuts coding notes  Self-Directed services are designated by
Training									U4=Outlier U5=Outlier-Access			waiver; per hour		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.
Daily Living Skills Training	1/1/2004		110.00		T2017		N	HQ, U4, U5	HQ=Group setting U4=Outlier U5=Outlier-Access	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.
Day Services, Children	1/1/2004	12/31/2019	706.20		S5105		Υ	U4, U5	U4=Outlier U5=Outlier-Access	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.

P-02283 (03/2021)													
Benefit Categori	covered	Benefit start Date.	Standard Standard	prodigin Category Reserve Code	Procedure Code	Modification	post notified to the property of the property	Modifier De	scription Unit We	stre pre-	Jical Hudr, Medical Federal Code De	gription Rate Set	ine Approach The Cits Coding Notes
Day Services, Children	1/1/2004		706.20	S5105	Y	' [t	J7, U4, U5	U7=Each U4=Outlier U5=Outlier-Access	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.
Financial Management Services-Basic	1/1/2004		619.00	T2040	N	l C		U7=each U4=Outlier U5=Outlier-Access	Each		Financial management, 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 support indicator field with a value of "S." May use outlier modifiers (U4, U5); requires DHS review.
Financial Management Services-Enhanced	1/1/2004		619.00	T2040	Y		J4, U5	U7=Each 22= Increased Procedural Services U4=Outlier U5=Outlier-Access	Each		Financial management, self-directed, waiver; per 15 minutes.	Υ	Must use U7 modifier to change unit to "Each." "Each" is defined as one participant per month. Must use 22 modifier to identify 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.

P-02283 (03/2021)	Coueted	Benefit Start Date:	stell End Date:	prodigipal Code	Reserve Code	al Procedure Co	de d	alles Redires Andres	Modifier Des	July Victor	jue ne	sical hornnedical kederal code de	Scription Rate Set	tine Approach? VIM e.)  Refer to late schedule.)
Financial Management Services; Rep Payee - Basic	1/1/2004		619.00		T2041		Y		U7=Each U4=Outlier U5=Outlier-Access	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.
Financial Management Services; Rep Payee - Enhanced	1/1/2004		619.00		T2041		Y	U5	22=Increased Procedural Services U7=Each U4=Outlier U5=Outlier-Access	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.
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

Renalit Catell	Conered	Guered Benefit End Date:	e. Lederal Research Code	Place of Section	the post required by the production of the produ	The Modifier De	scription unit val	ue ne	dical Monthedical Federal Code Co	scription Rate Se	the publisher of the streether.
Foster Care (services only)	1/1/2004	203.00	\$5146	Y	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	Y	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	Y	КХ	KX=Specified medical policy met	Month	N	Foster care, therapeutic, child; per month	N	State Licensed Level 5 Foster Home
Home Modifications	1/1/2004	112.56	\$5165	N	UA-UD	UA-UD=Local agency use	Each	N	Home modifications; per service	N	Self-Directed services designated by using support indicator field with a value of "S."
Housing Counseling	1/1/2004	610.00	T2013	Y	UD	UD=Housing counseling	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.
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 (03/2021)														
Benefit Catego	Conered	Benefit Start Date.	Standard Standard	Profight Careford	Revenue Code	of Procedure Co.	de de service	a post hodine	Modifier	sectivition Unit waste	e Met	Jical Morthedical Rederal Code De	Scription Rate Set	ine Approach The Cits Coline Motes
Mentoring Services	4/1/2012		513.00		H0038		Z	HQ, U4, U5	HQ=Group setting U4=Outlier U5=Outlier-Access	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.
Mentoring Services	4/1/2012		513.00		H0038		Y		U7=Each, UK=Caregiver services on behalf of member	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.
Personal Emergency Response System (PERS) - Installation & Testing	1/1/2004		112.46		S5160		N			Each	N	Emergency response system; installation and testing	N	Self-Directed services designated by using support indicator field with value of "S."

P-02283 (03/2021)														
Benefit Catel	Conered	Benefit Start Date.	Standard Standard	Program Category Federal	Revenue Code	A Procedure Co.	de d	the Rechired North	Modifie De	Leiption Juit vol	ue ne	dical Morntedical Rederal Code De	Rate Set	ine Artorada Artelie.
Personal Emergency Response Systems (PERS) - Monthly Service Fee	1/1/2004		112.46		S5161		Z	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			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 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 (03/2021)	ry covered	Benefit Start Date:	eneith End Date:	program Category Rederal	Revenue Code	Procedure Co	de series	affer Reducer V	In alther Des	gration unit was	jue ned	ical Morthedical Rederal Code De	sciption Rate Set	tine Approach, VIM e.)  Refer to late schedule.)
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	M	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	Covered 1/1/2004	Benefit Start Date:	startard 103.26	Program Category Federal	Revenue Code  Federa  S9125	a procedure CC	de service	, ,	U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	Unit value Day	Respite care, in the home, per diem.	Cade Description Pares	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, Home- Based	1/1/2004		103.26		T1005		Υ	U4, U5	U1=Low, U2=Medium, U3=High, HQ=Group setting, U4=Outlier, U5=Outlier-Access	15 minutes N	Respite care service to 15 minutes.	es, up 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.

P-02283 (03/2021)										
Benefit CateBord Cone	ed Bereit, Stat Date.	d Profigh Category Federal Revenue Code	Prace of Series	e 1905 Modified Required Party Modified Research	Modifier De	getiption Junit wa	jue me	Jical Horr, Medical Rederal Code De	Rate Se	tring Approach, VIN.
Respite Care, Other 1/1/2004	103.99	G0176	Y	U3, HQ, U4, U5	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	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.
Respite Care, Other 1/1/2004	103.99	S5150	Y	U4, U5	U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	15 minutes		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.

P-02283 (03/2021)														
Renefit Catedo	Consec	Benefit start Date.	Standard Standard	Profest Code Federa	Revenue Code	d Procedure Co	de d	a post produce a produce of the prod	Modifie De	scription Unit	alue me	dical Buonnedical Federal Code De	scription Rate Set	ting Approach The Little Little Approach Little Land Land Little Land Land Little Land Little Land Land Little Land Land Land Little Land Land Land Land Land Land Land Land
Respite Care, Other	1/1/2004		103.99		S5151		Y	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		Y		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		Υ		EY=No physician or licensed health care provider order for this item or service	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."
Specialized Child Care	6/1/2017		101.00		T2026		Y		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.

Specialized Child Care	Cavered 6/1/2017	Benefit Start Date:	spandard 101.00	Profise Cafe Cafe	Revenue Code  Redera	A Procedure Co.	de d	U4, U5	U1=Age 0-5 years U2=6-11 years U3=12+ Years U4=Outlier U5=Outlier Access	Unit 42	N N	Specialized child care, waiver; per 15 minutes	Rate Set	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.
Specialized Medical & Therapeutic Supplies	1/1/2004		112.55		A9999		N			Each	М	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.
Supported Employment - Individual	4/1/2012		615.01		T2018		Y			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.

P-02283 (03/2021)														
Benefit Categor	ch couete	J. Benefit Start Date:	Standard Standard	Arotisticate or Lederal	Revenue Code	Andre Brace	de de service	the Recuired Through	Modifie De	urit die	due me	ical hormedical Federal Code De	Scription Rate Set	the Approach The Life Coline notes
Supported Employment-Small Group	6/1/2017		615.02		T2019		Y	U4, U5	U7=Each UN=Group of 2 UP=Group, 3 to 8 U4=Outlier U5-Outlier-Access	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.
Supportive Home Care- Chore Services, per diem	1/1/2004		104.10		S5121		N			Day	N	Chore Services, per diem		Self-Directed services designated by using support indicator field with value of "S."

Benefit Category	Covered	Jenefit Start Date:	erent trad Date.	profight Code reserve Code	Procedure Code	e ROS LEGITE AT MONTH	e Modifie De	gription unit was	ile Me	ical horrinedical Federal Code De	scription Rate Set	Line Approach? VIN L. L. Coding notes
Supportive Home Care- Hourly	1/1/2004		104.20	99600	Y	U5, UF, UG,	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	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.
Supportive Home Care - Attendant care services; per 15 minutes	1/1/2004	12/31/2020	104.20	S5125		U1-U3, U4, U5, UF, UG, UH, UJ, HQ	U1=Low U2=Medium U3=High U4=Outlier U5=Outlier-Access	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
Supportive Home Care - Attendant care services; per 15 minutes	4/1/2021		104.20	99509			U1=Low U2=Medium U3=High U4=Outlier U5=Outlier-Access	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

P-02283 (03/2021)														
Benefit Categor	congree <sup>d</sup>	Benefit start Date:	Standard Standard	Program Category Lederal	Revenue Code	A Procedure Co.	de de de service	e 1905) Le Postifie de la constitución de la consti	Modifie De	Jrit V	alue ne	dical Monthedical Federal Code Do	Rate Set	ting Approach The Little Little Approach Little Land Land Little Land Land Little Land Little Land Land Little Land Land Land Little Land Land Land Land Land Land Land Land
Supportive Home Care- Chore Services, per 15 minutes	1/1/2004		104.20		S5120		Z			15 Minutes	N	Chore Services, per 15 minutes	N	Self-Directed services designated by using support indicator field with value of "S."
Supportive Home Care, Worker Room & Board			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."
Training for Unpaid Caregiver/Family, per session	6/1/2017		113.2		S5111		Y		UK=Services provided on behalf of participant to caregiver/family member	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.

P-02283 (03/2021)	rd covered	Benefit Start Date:	Standard Standard	Problem Category	Revenue Code	d Procedure Co	d'service un	e Prosi offer Required?	IN Modifier De	Scription Unit Wa	ine ine	dica I huor Medica eederal code of	Rate Set	ting approach? VIM E. T. C.1.5 Coding More's
Training for Unpaid Caregiver/Family	6/1/2017		113.2		S5110		Y	UK	UK=Services provided on behalf of participant to caregiver/family member	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.
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.
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.

Renefit Category Covere	Benefit Start Date: Standard	program Category  rede and Lederal Reserve Code  Federal Procedure	code post	Modified And Modified De	Scripton Unit Value	Medical Huon Medical Rederal Code Dr	section Rate S	Esting Approach? VIN CLTS Coding More's
Transportation & 1/1/2004 Escort	107.40	S0215	N U4, U	5 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	107.30	T2004	N 22, U	4, 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	N UA-U	D UA-UD=Local agency use	Each I	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."