

| 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 |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|----------------|--|------------|-----------------------|--|--|---|
| 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 | 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) |
| Case Management (Support & Service Coordination) | 1/1/2004 | | 604.00 | | T1016 | | N | U1, U2, U3, 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. |

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| Communication Aids | 1/1/2004 | | 112.47 | E1399 | | N | UD | UD = Communication Aids Miscellaneous | 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. | |
| Communication Aids Device | 1/1/2004 | | 112.47 | E1902 | | N | | | o | 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 | | Y | HN, HO, U4, 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 | 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. | |
| Community Integration Services-Tiers | 4/1/2012 | 12/31/2019 | 514.00 | H2022 | | Y | HN, HO, U4, 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. | |

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| 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 | S9445 | | Y | 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. | |

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| Counseling & Therapeutic Services | 1/1/2004 | | 507.03 | G0176 | | Y | U1-U3, U6-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 | 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. | |
| 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. | |

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| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019 | | 507.03 | 97166 | | Y | GO, U4, U5 | GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access | 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. | |
| 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 | 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. | |

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| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019 | | 507.03 | | 97535 | | Y | 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, U4, U5 | GP=Services delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access | Each | M | Physical therapy evaluation | Y | Each is defined as 1 Unit = date of service. May use outlier modifiers (U4, U5); requires DHS review. |

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| Counseling & Therapeutic Services-Physical Therapy | 1/1/2019 | | 507.03 | 97164 | | Y | GP, U4, U5 | GP=Services delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access | Each | M | Physical therapy reevaluation | Y | Each is defined as 1 Unit = date of service. 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, U4, U5 | GP=Services delivered under an outpatient occupational or physical therapy plan of care U4=Outlier U5=Outlier-Access | 15 Minutes | M | 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, U4, U5 | GP=Services delivered under an outpatient occupational or physical therapy plan of care U4=Outlier U5=Outlier-Access | 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. | |

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| 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 | 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. | |
| Counseling & Therapeutic Services-Speech & Language Therapy | 1/1/2019 | | 507.03 | 92507 | | Y | GN, U4, U5 | GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access | 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. | |
| Counseling & Therapeutic Services-Speech & Language Therapy | 1/1/2019 | | 507.03 | 92508 | | Y | GN, U4, U5 | GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access | 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. | |

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| Daily Living Skills Training | 1/1/2004 | | 110.00 | | T2013 | | N | HQ, U4, U5 | HQ=Group setting U4=Outlier U5=Outlier-Access | 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. |
| 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 | | Y | 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. |

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| Day Services, Children | 1/1/2004 | | 706.20 | | S5105 | | Y | U7, 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 | U7, U4, U5 | U7=each U4=Outlier U5=Outlier-Access | Each | N | 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 | U7, 22, U4, U5 | U7=Each 22= Increased Procedural Services U4=Outlier U5=Outlier-Access | Each | N | 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. 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. |

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| Financial Management Services; Rep Payee - Basic | 1/1/2004 | | 619.00 | | T2041 | | Y | U7, U4, U5 | 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 | 22, U7, U4, 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 | | Y | 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 |

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| 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 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 | KX | 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 | S5165 | | 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." | |

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| Mentoring Services | 4/1/2012 | | 513.00 | | H0038 | | N | HQ, U4, U5 | HQ=Group setting U4=Outlier U5=Outlier-Access | 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. |
| Mentoring Services | 4/1/2012 | | 513.00 | | H0038 | | Y | U7, UK | 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." |

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| 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 | | Y | SE | 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 | | Y | 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 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. |

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| Respite Care, Residential | 1/1/2004 | | 103.22 | S5151 | | Y | 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, TG, U4, U5 | 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 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. **Only use the federal procedure code when the outlier modifier is required (column F). | |

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| Respite Care, Home-Based | 1/1/2004 | | 103.26 | S9125 | | Y | U1-U3, HQ, U4, U5, | U1=Low U2=Medium U3=High HQ=Group setting 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. | |
| 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. | |

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| Respite Care, Other | 1/1/2004 | | 103.99 | G0176 | | Y | EY, 52, U1-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 | 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. | |

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|------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|--------------------|--|------------|-----------------------|--|--|---|
| Respite Care, Other | 1/1/2004 | | 103.99 | | S5151 | | Y | 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 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 | | Y | EY | 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, 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. |

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|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|----------------------------|---|----------------------|------------|--|--------------------------|---|-------------------|
| Specialized 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. | |
| Specialized Medical & Therapeutic Supplies | 1/1/2004 | | 112.55 | | A9999 | N | | | 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. | |
| Supported Employment - Individual | 4/1/2012 | | 615.01 | | T2018 | Y | U7, U1, U2, U3, U6, U4, U5 | U7=Each U1=Tier 1 U2=Tier 2 U3= Tier 3 U6=Tier 4 U4=Outlier U5=Outlier-Access | 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. | |

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|---|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|--------------------|---|------------|-----------------------|--|--|--|
| Supported Employment-Small Group | 6/1/2017 | | 615.02 | | T2019 | | Y | U7, UN, UP, 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 | N | Self-Directed services designated by using support indicator field with value of "S." |

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|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|-----------------------------------|---|------------|-----------------------|---|--|--|
| Supportive Home Care-Hourly | 1/1/2004 | | 104.20 | | 99600 | | Y | U1-U3, U4, U5, UF, UG, UH, UJ, HQ | 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 | | Y | 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 | | Y | 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 |

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|---|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|----------|--|------------|-----------------------|---|--|---|
| Supportive Home Care- Chore Services, per 15 minutes | 1/1/2004 | | 104.20 | | S5120 | | N | | | 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 | 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." |
| Training for Unpaid Caregiver/Family, per session | 6/1/2017 | | 113.2 | | S5111 | | Y | UK | 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. |

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|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|----------|--|------------|-----------------------|---|--|--|
| 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. |

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|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|------------------------|------------|---|------------|-----------------------|---|--|---|
| 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. |
| Therapeutic Supplies and Services | 1/1/2004 | | 507.04 | | T1999 | | N | UA-UD | UA-UD=Local agency use | 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." |