

Children's Long-Term Support (CLTS) Waiver Program Benefit Code Cross Walk

Updated: 06/30/2017

Benefit Category	From:	To:	HSRS SPC	HIPAA Code	POS	Type of Bill Code	Provider Type	Mod Req? Y/N	Modifier	Modifier Description	HIPAA Code Units Value	HIPAA Med/ Non-med	FC Y/N ?	WPP Y/N ?	CLTS Waiver Y/N ?	HIPAA Code Description / Workgroup Comments
Respite care, residential	09/01/10		103.22	H0045				Y	U8 52 22	U8 = Period units 52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	N	N	Y	Respite care, not in the home, per diem. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, residential	09/01/10		103.22	H0045				N			Day	N	N	N	Y	Respite care, not in the home, per diem. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, institutional	09/01/10		103.24	0660					52 22	52 = Reduced Services 22= Increased Procedural Services	Hour	M	N	N	Y	Respite care - general classification. Self-Directed services are designated by using the support indicator field with a value of "S"
Respite care, institutional	09/01/10		103.24	0661				bza	52 22	52 = Reduced Services 22= Increased Procedural Services	Hour	M	N	N	Y	Respite care, hourly charge - nursing. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, institutional	09/01/10		103.24	0662					52 22		Hour	M	N	N	Y	Respite care, hourly charge - aide / homemaker / companion. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, institutional	09/01/10		103.24	0663							Day	M	N	N	Y	Respite care - daily respite charge. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, home based	09/01/10		103.26	S9125	12			N	U1 - U 4 TV	U1 = Level 1 (mild) U2 = Level 2 (moderate) U3 = Level 3 (severe) U4 = Level 4 (intensive) TV = Special payment rates, holidays / weekends	Day	N	N	N	Y	Respite care, in the home, per diem. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, home based	11/01/12		103.26	T1005				N	52 22	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	N	N	Y	Respite care services, up to 15 minutes. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, other	09/01/10		103.99	0669					52 22	52 = Reduced Services 22= Increased Procedural Services	Hour	M	N	N	Y	Respite care - other. Self-Directed services are designated by using support indicator field with value of "S."
Respite Care, other	09/01/10		103.99	G0176				Y	EY	EY =No physician or licensed health care provider order for this item or service	Each	N	N	N	Y	Activity therapy, such as music, hippotherapy, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling al health problems, per session (45 minutes or more) No licensing requirement is required with the "EY" modifier. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, other	09/01/10		103.99	S5135				N	52 22	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	N	N	Y	Unskilled respite care; not hospice; per 15 minutes. Self-Directed services are designated by using support indicator field with value of "S."
Respite care, other	09/01/10		103.99	S5151				N			Day	N	N	N	Y	Unskilled respite care; not hospice; per diem. Self-Directed services are designated by using support indicator field with value of "S."
Respite Care, other	09/01/10		103.99	T2036				Y	EY	EY =No physician or licensed health care provider order for this item or service	Each	N	N	N	Y	Therapeutic camping, overnight, waiver; each session; Each unit equals a session. Self-Directed services are designated by using support indicator field with value of "S."
Respite Care, other	09/01/10		103.99	T2037				Y	EY	EY =No physician or licensed health care provider order for this item or service	Each	N	N	N	Y	Therapeutic camping, day, waiver; Self-Directed services are designated by using the support indicator field with a value of "S" Each unit equals a day.
Supportive Home Care - General Flat Fee (Daily)	01/01/03		104.10	99600				Y N	UD SE, U1 - U4	UD = unit of day SE = State and/or federally funded programs U1 - U4 modifiers used locally for various contract rates	Day	N	Y	Y	Y	Unlisted home visit service or procedure. Use for flat rate services negotiated with a vendor. For monthly, use the appropriate number of days. Use modifier UD for unit of Day. Self-Directed services are designated by using support indicator field with value of "S."

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Supportive Home Care - Attendant care services: per diem	09/01/10		104.10	S5126				N	UA, U1-U9, UF, UG, UH, UJ, TU, UB-UD	UA = Blended supportive home care services U1-U9 = modifiers used locally for various contracted rates UF = 6:00-11:59 am UG = Noon-5:59 pm UH = 6:00 - 11:59 pm UJ = Midnight-5:59 am TU = Special payment rate, overtime UB-UD = MCO defined modifiers	Day	N	Y	Y	Y	Attendant care services per diem. Use for blended rate pricing of supportive home care services. Use modifier UA for blended rate pricing. Self-Directed services are designated by using support indicator field with value of "S."
Supportive Home Care - Supervision Services	01/01/03		104.12	S5111				N			Each	N	Y	Y	Y	Federal code definition is "home care training, family; per session" however this has been mapped to "Supportive Home Care Supervision".
Supportive Home Care - General Flat Fee (Hourly)	01/01/03		104.20	99600				N	UA, SE, U1-U9, UF-UJ, TU, UB-UC 52 22	SE = State and/or federally funded programs UA = Blended supportive home care services U1-U9 = modifiers used locally for various contracted rates UF = 6:00-11:59 am UG = Noon-5:59 pm UH = 6:00 - 11:59 pm UJ = Midnight-5:59 am TU = Special payment rate, overtime UB-UC = MCO defined modifiers 52 = Reduced Services 22= Increased Procedural Services	1 hour	N	Y	Y	Y	Unlisted home visit service or procedure. For flat rate services negotiated with a vendor. Use modifier UA for blended rate pricing. Had to remove UD from MCO defined modifiers to remove conflict. Self-Directed services are designated by using support indicator field with value of "S."
Supportive Home Care - Blended rate pricing (15 minutes) - Attendant care services: per 15 minutes	09/01/10		104.20	S5125				N	UA, U1-U9, UF, UG, UH, UJ, TU, UB-UD 52 22	UA = Blended supportive home care services U1-U9 = modifiers used locally for various contracted rates 52 = Reduced Services UF = 6:00-11:59 am UG = Noon-5:59 pm UH = 6:00 - 11:59 pm UJ = Midnight-5:59 am TU = Special payment rate, overtime UB-UD = MCO defined modifiers 52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	Y	Y	Y	Attendant care services per 15 minutes. Use for blended rate pricing of supportive home care services. Use modifier UA for blended rate pricing. Self-Directed services are designated by using support indicator field with value of "S."
Supportive Home Care - Personal Care	07/01/02	06/30/11	104.21	T1019				N	HX, U1 - U5 52 22	HX = Funded by county/local agency U1 - U5 modifiers used locally for various contract rates 52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	Y	Y	Y	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). SPC codes that combine the supportive home care and personal care will be end dated for dates of service on and after July 1, 2011

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Supportive Home Care - Supervision Services	01/01/03		104.22	S5110				N	52 22	52 = Reduced Services 22= Increased Procedureal Services	15 minutes	N	Y	Y	Y	Federal code definition is "home care training, family; per session" however this has been mapped to "Supportive Home Care Supervision".
Supportive home care, worker room & board	09/01/10		104.88	S9976				N			Day	N	N	N	Y	Lodging, per diem, not otherwise classified. Self-Directed services are designated by using the support indicator field with a value of "S"
Relocation Services, Initial Utilities	06/01/16		106.03	T2038				Y	SE	SE = State and/or Federally funded programs/services	Each	N	Y	Y	Y	Community transition, waiver; per service. This includes initial utilities. Self-Directed services are designated by using the support indicator field with a value of "S"
Housing start-up	09/01/10		106.03	T2038				N			Each	N	N	N	Y	Community transition, waiver; per service. Self-Directed services are designated by using support indicator field with value of "S."
Specialized transportation & escort	09/01/10		107.30	T2003				N			1 trip	N	N	N	Y	Non-emergency transportation; encounter/trip. Self-Directed services are designated by using support indicator field with value of "S."
Transportation - Specialized - Multi-passenger vehicle	09/01/10		107.30	T2004				N			1 trip	N	N	N	Y	Non-emergency transport; commercial carrier, multi-pass. Note: Used by CLTS. This SPC is not to be used for Family Care; Family Care must use 107.20. Self-Directed services are designated by using support indicator field with value of "S."
Transportation - Specialized Transportation & Escort	01/01/07		107.40	S0215				N			Miles	N	N	N	Y	Non-emergency transportation; mileage, per mile. Code is also used with SPC 107.21. Can we remove this statement if CLTS cannot use SPC 107.21? Self-Directed services are designated by using support indicator field with value of "S."
Transportation - Specialized - Commercial Vehicle Pass - Bus	01/01/00		107.50	A0110				N	U1 - U5	U1 - U5 modifiers used locally for various contract rates	Each pass	N	N	N	Y	Non-emergency transportation and bus, intra or inter state carrier. Units refer to the pass itself, not number of uses on the pass. Self-Directed services are designated by using support indicator field with value of "S."
Specialized transportation	09/01/10		107.50	A0170				N			Each	N	N	N	Y	Transportation ancillary: parking fees, tolls, other. Self-Directed services are designated by using support indicator field with value of "S."
Daily Living Skills Training	10/01/03		110.00	T2012				N	U1 - U5	U1 - U5 modifiers used locally for various contract rates	Day	N	Y	Y	Y	Habilitation, educational; waiver, per diem. Self-Directed services are designated by using support indicator field with value of "S." For CLTS, this does not include services that are funded under IDEA and DVR
Daily Living Skills Training	10/01/03		110.00	T2013				N	U1 - U9, UA - UC 52 22	U* modifiers used locally for various contract rates U1-U9, UA-UC 52 = Reduced Services 22= Increased Procedureal Services	1 hour	N	Y	Y	Y	Habilitation, educational, waiver; per hour. For CLTS, this does not include services funded under IDEA and DVR. Self-Directed services are designated by using support indicator field with value of "S."
Daily Living Skills Training	09/01/10		110.00	T2017				N	52 22	52 = Reduced Services 22= Increased Procedureal Services	15 minutes	N	Y	Y	Y	Habilitation, residential, waiver; 15 minutes; Includes CLTS services. Self-Directed services are designated by using support indicator field with value of "S."
Personal Emergency Response System (PERS) - Installation & Testing	01/01/03		112.46	S5160				N			Each	N	Y	Y	Y	Emergency response system; installation and testing. Self-Directed services are designated by using support indicator field with value of "S."

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Personal Emergency Response Systems (PERS) - Monthly Service Fee	01/01/03		112.46	S5161				N	U1 - U9	U1 - U9 modifiers used locally for various contract rates	Month	N	Y	Y	Y	Emergency response system; service fee, per month (excludes installation and testing). Self-Directed services are designated by using support indicator field with value of "S."
Personal Emergency Response Systems (PERS) - Purchase	01/01/03		112.46	S5162				N			Each	N	Y	Y	Y	Emergency response system; purchase only. Self-Directed services are designated by using support indicator field with value of "S."
Communication Aids	09/01/10		112.47	E1399				N			Each	M	N	N	Y	Durable medical equipment, miscellaneous. Additional codes in the ranges below may also be used: - V5010 through V5267 for hearing aids- V5268 through V5274 for assistive listening devices (other than hearing aid). Self-Directed services are designated by using support indicator field with value of "S." - V5298 for miscellaneous hearing aid
Communication Aids	12/01/12		112.47	E1399				Y	UD	UD = communication aids miscellaneous for CLTS	Each	N	N	N	Y	Durable medical equipment, miscellaneous. Additional codes in the ranges below may also be used: - V5010 through V5267 for hearing aids- V5268 through V5274 for assistive listening devices (other than hearing aid). Self-Directed services are designated by using support indicator field with value of "S." - V5298 for miscellaneous hearing aid; Self-Directed services are designated by using the support indicator field with a value of "S"
Communication Aids Device	10/01/03		112.47	E1902				N	HX	HX = Funded by county/local agency	Each	N	Y	Y	Y	Communication board, non-electronic augmentative or alternative communication device.
Specialized Medical & Therapeutic Supplies	09/01/10		112.55	A9999				N			Each	M	N	N	Y	Miscellaneous DME supply or accessory, not otherwise specified. Additional codes in the ranges below may also be used: - A4000 through A9999 for miscellaneous medical and surgical supplies - B4000 through B9999 for enteral and parenteral therapy supp
Home Modifications	01/01/03		112.56	S5165				N	U1 - U5	U1 - U5 modifiers used locally for various contract rates	Each	N	Y	Y	Y	Home modifications; per service. Self-Directed services are designated by using support indicator field with value of "S."
Adaptive Aids - Vehicle	10/01/03		112.57	T2039				N			Each	N	Y	Y	Y	Vehicle modifications, waiver; per service. Self-Directed services are designated by using support indicator field with value of "S."
Adaptive Aids - Other	10/01/03		112.99	T2028				N			Each	N	Y	Y	Y	Specialized supply, not otherwise specified, waiver. For FC: adaptive equipment, appliances, not DME. Self-Directed services are designated by using support indicator field with value of "S."
Consumer Education & Training	01/01/02		113.00	S9445				N	U1 - U5, UA - UD	U* modifiers used locally for various contract rates	Each	N	Y	Y	Y	Patient education, not otherwise classified, non-physician provider, individual, per session. Self-Directed services are designated by using support indicator field with value of "S."
Consumer Education & Training	01/01/02		113.00	S9445				Y	HB	Search project	Each	N	Y	Y	Y	Patient education, not otherwise classified, non-physician provider, individual, per session. Self-Directed services are designated by using support indicator field with value of "S."
Consumer Education & Training	10/01/11		113.00	S9445				Y	U8 52 22	U8 = Period units 52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	Y	Y	Y	Patient education, not otherwise classified, non-physician provider, individual, per session. Self-Directed services are designated by using support indicator field with value of "S."

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Residential Services (residential care services only) - AFH Placement, 1-2 beds	09/01/11		202.01	0240		086x					Day	N	N	N	Y	Adult Family Home Placement
Residential Services (residential care services only) - AFH Placement, 3-4 beds	01/01/07		202.02	0241		086x		N			Day	N	N	N	Y	Adult Family Home Placement.
Foster Care; Children's Foster / Level 5 (services only)	01/01/06		203.00	H0041				N	U1 - U5	U1 - U5 modifiers used to identify five levels of care	Day	N	Y	Y	Y	Foster care, child, non-therapeutic, per diem. Includes transition from waiver to managed care for continuity of services. Includes county certified family foster care.
Foster Care; Children's foster / Level 5 foster home (services only)	09/01/10		203.00	H0042				N	U1 - U5	U1 - U5 modifiers used to identify five levels of care	Month	N	Y	Y	Y	Foster care, child, non-therapeutic, per month, includes county certified family foster care. Self-Directed services are designated by using support indicator field with value of "S."
Foster Care; Children's foster / Level 5 home (services only)	04/01/12		203.00	S5145				N	U3	U3 = Administrative costs	Day	?	N	N	Y	Foster care, therapeutic, child; per diem County contracted agency treatment foster home Modifier U3 is optional
Foster Care; Children's Foster / Level 5 Treatment Home (services only)	04/01/12		203.00	S5146				N	U3	U3 = Administrative costs	Month	?	N	N	Y	Foster care, therapeutic, child; per month County contracted agency treatment foster home Modifier U3 is optional
Foster Care; Children's Foster / Level 5 Treatment Home (services only)	04/01/12		203.10	S5145				Y	KX	KX = Specified medical policy met.	Day	?	N	N	Y	Foster care, therapeutic, child; per diem State Licensed Level 5 Treatment Foster Home Modifier KX must be used.
Foster Care; Children's Foster / Level 5 Treatment Home (services only)	04/01/12		203.10	S5146				Y	KX	KX = Specified medical policy met.	Month	?	N	N	Y	Foster care, therapeutic, child; per month State Licensed Level 5 Treatment Foster Home (SSTFH) Modifier KX must be used.
Counseling & Therapeutic Services	09/01/10		507.03	G0176				N			Each	N	N	N	Y	Activity therapy, such as music, hippotherapy, 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). Self-Directed services are designated by using support indicator field with
Counseling & Therapeutic Services	09/01/10		507.03	T2036				N			Each	N	N	N	Y	Therapeutic camping, overnight, waiver; each session Each unit equals a session. Self-Directed services are designated by using support indicator field with value of "S."
Counseling & Therapeutic Services	09/01/10		507.03	T2037				N			Each	N	N	N	Y	Therapeutic camping, day, waiver; each unit equals a day. Self-Directed services are designated by using support indicator field with value of "S."
Counseling & therapeutic resources	09/01/10		507.04	T1999				N	U1 - U9, UA - UD	U* modifiers used locally for various contract rates	Each	N	N	N	Y	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks." Self-Directed services are designated by using support indicator field with value of "S."
Mentoring Services	04/01/12		513.00	H0038				N	52 22	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	N	N	Y	Self help / peer services per 15 minutes. Services to improve a child's ability to interact in their community in socially appropriate ways . Self-Directed services are designated by using support indicator field with value of "S."
Mentoring Services	12/01/12		513.00	H0038				Y	U7	U7 = each	Each	N	N	N	Y	Self help / peer services per 15 minutes. Services to improve a child's ability to interact in their community in socially appropriate ways . Self-Directed services are designated by using support indicator field with value of "S."

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Community Integration Services	04/01/12		514.00	H2021				N	52 22	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	N	N	Y	Community based wrap-around services per 15 minutes. Does not include services funded through Community wrap-around programs, Integrated Service Projects (ISP), Coordinated Services Team (CST), the Comprehensive Community Services Program (CCS), Child Welfare and Juvenile Justice programs. Self-Directed services are designated by using support indicator field with value of "S."
Community Integration Services	04/01/12		514.00	H2022				N			Day	N	N	N	Y	Community-based wrap-around services per diem. Does not include services funded through Community Wrap-around programs, Integrated Service; Projects (ISP), Coordinated Services Team (CST), the Comprehensive Community Services Program (CCS), Child Welfare and Juvenile Justice programs. Self-Directed services are designated by using the support indicator field with a value of "S"
Case Management (Support & Service Coordination)	01/01/12		604.00	T1016				N	U1, U2, U3, U4 52 22	U1 = assessment U2 = case planning U3 = ongoing monitoring & service coordination U4 = Discharge Planning 52 = Reduced Services 22= Increased Procedural Services	15 minutes	M	N	N	Y	Case management, each 15 minutes.
Housing Counseling	09/01/10		610.00	T2013				Y	UD 52 22	UD = Housing Counseling 52 = Reduced Services 22= Increased Procedural Services	1 hour	N	Y	Y	Y	Habilitation, educational, waiver; per hour. Note: Modifier UD is used to specify housing counseling. Self-Directed services are designated by using the support indicator field with a value of "S"
Supported Employment - Individual	01/01/12		615.01	T2018				Y	UN or UP	UN = 1 to 2, Integrated UP = 3 to 8, Group	Day	N	Y	Y	Y	Habilitation, supported employment, waiver; per diem; primary & secondary modifiers to identify OIE "service types" ; Self-Directed services are designated by using the support indicator field with a value of "S"
Supported Employment	01/01/12		615.00	T2018				Y	UN or UP	UN = 1 to 2, Integrated UP = 3 to 8, Group	Each	N	Y	Y	Y	Self-Directed services are designated by using the support indicator field with a value of "S"
Supported Employment - Small Group	06/01/17		615.02	T2019				Y	UN, UP 52 = Reduced Services 22= Increased Procedural Services	UN = 1 to 2, Integrated; UP = 3 to 8, Group; U6 = Work Incentive Benefit Counseling; U7 = Secondary modifier for Each Added U6 = Work Incentive 52 = Reduced Services 22= Increased Procedural	15 minutes	N	Y	Y	Y	Habilitation, supported employment, waiver; per 15 minutes, entity OIE "service types." Self-Directed services are designated by using support indicator field with value of "S."
Financial Mgmt Services; Rep Payee - Follow-up Services, Annual Review	01/01/05		619.00	99499				N	TS, U1 - U4	TS = Follow-up service U1 - U4 modifiers used locally for various contract rates	Each	N	Y	Y	Y	Unlisted evaluation and management service. Self-Directed services are designated by using the support indicator field with a value of "S"
Financial Mgmt Services	01/01/05		619.00	T2040				N	52 = Reduced Services 22= Increased Procedural Services	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	Y	N	Y	Financial management, self-directed, waiver; per 15 minutes. For CLTS, this includes supports brokerage. Self-Directed services are designated by using the support indicator field with a value of "S"
Financial Mgmt Services; Rep Payee	01/01/05		619.00	T2041				N	52 = Reduced Services 22= Increased Procedural Services	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	Y	Y	Y	Supports brokerage, self-directed, waiver; per 15 minutes. Self-Directed services are designated by using the support indicator field with a value of "S." e is also used with SPC 406.00.

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Day Services, Children	09/01/10		706.20	S5105				N	52 = Reduced Services 22= Increased Procedural Services	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	N	N	Y	Day care services, center-based services not included in program fee, per diem. Self-Directed services are designated by using the support indicator field with a value of "S"
Independent/Private Duty Nursing - Skilled Nursing, RN	10/01/03		710.00	S9123				N	UF, UG, UH, UJ 52 = Reduced Services 22= Increased Procedural Services	UF = 6:00-11:59am UG = Noon-5:59pm UH = 6:00-11:59pm UJ = Midnight-5:59am 52 = Reduced Services 22= Increased Procedural Services	1 hour	M	Y	Y	Y	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used). Self-directed services are designated by using the support indicator field with a value of "S."
Independent/Private Duty Nursing - Skilled Nursing, LPN	10/01/03		710.00	S9124				N	UF, UG, UH, UJ 52 = Reduced Services 22= Increased Procedural Services	UF = 6:00-11:59am UG = Noon-5:59pm UH = 6:00-11:59pm UJ = Midnight-5:59am 52 = Reduced Services 22= Increased Procedural Services	1 hour	M	Y	Y	Y	Nursing care, in the home; by licensed practical nurse, per hour. Also used by SPC 105.23. Self-Directed services are designated by using the support indicator field with a value of "S."
Specialized Child Care, per diem	6/1/2017		101	T2026				N		52 = Reduced Services 22= Increased Procedural Services	Each	N	N	N	Y	Self-Directed services are designated by using support indicator field with a value of "S."
Specialized Child Care, per 15 minutes	06/01/17		101.00	T2027				N	52 = Reduced Services 22= Increased Procedural Services	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	N	N	Y	Self-Directed services are designated by using the support indicator field with a value of "S"
Training for Unpaid Caregiver, family, per 15 minutes	6/1/2017		113.2	S5110				N	UK 52 = Reduced Services 22= Increased Procedural Services	52 = Reduced Services 22= Increased Procedural Services	15 minutes	N	Y	N	Y	Self-Directed services are designated by using support indicator field with a value of "S."
Training for Unpaid Caregiver, family, per session	6/1/2017		113.2	S5111				N	UK		Each	N	Y	N	Y	Self-Directed services are designated by using support indicator field with a value of "S."