

| Benefit Category                      | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)         | Modifier Required? Y/N | Modifier   | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description  | Rate-Setting Approach? Y/N (Refer to rate schedule.) | CLTS Coding Notes  |
|---------------------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|------------|---|------------|-----------------------|---|--|--|
| Adult Family Home Placement, 1-2 beds | 1/1/2004                    |                           | 202.01                               | 0240                 | S5140**                |                                | N                      | U6, U4, U5 | U6=1-2 bed U4=Outlier U5=Outlier-Access   | Day        | N                     | 0240=Adult Family Home Placement (S5140=Foster care, adult; per diem) | Y  | Residential care services only. May use outlier modifiers (U4, U5); requires DHS review. **Use Federal Procedure Code (column F) only when applying outlier modifier.  |
| Adult Family Home Placement, 3-4 beds | 1/1/2004                    |                           | 202.02                               | 0241                 | S5140**                |                                | Y                      | U4, U5, U7 | U4=Outlier U5=Outlier-Access U7=3-4 bed   | Day        | N                     | Adult Family Home Placement. (S5140=Foster care, adult; per diem)     | Y  | Residential care services only. May use outlier modifiers (U4, U5); requires DHS review. **Use the federal procedure code only when the outlier modifier is required (column F)  |
| Assistive Technology                  | 1/1/2022                    |                           | 112.99                               |                      | T2028                  | 02 for Remote Service Delivery | N                      | GT         | GT=Remote Service Delivery  | Each       | N                     | Specialized supply, not otherwise specified, waiver                   | N  | Includes items, pieces of equipment, software or application. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Assistive Technology                  | 1/1/2022                    |                           | 112.99                               |                      | T2028                  | 02 for Remote Service Delivery | Y                      | UA, GT     | UA=Medicaid Level of Care 1, as defined by each state<br>GT=Remote Service Delivery | Each       | N                     | Specialized supply, not otherwise specified, waiver                   | N  | Must use "UA" modifier to identify assistive technology services when authorizing service animals. May include initial purchase of a service animal, training and veterinary costs. The provider enters the 02_place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

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| Case Management (Support & Service Coordination) | 1/1/2004                    |                           | 604.00                               | T1016                | 02 for Remote Service Delivery | N                      | U1, U2, U3, U4, GT     | U1=Assessment<br>U2=Case planning<br>U3=Ongoing monitoring & service coordination<br>U4=Discharge planning<br>GT=Remote Service Delivery | 15 minutes           | M          | Case management, each 15 minutes               | Y                        | Use modifiers U1-U3 to detail support and service coordination activities. Must use DHS Support and Service Coordination rate setting methodology. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Child Care                                       | 6/1/2017                    |                           | 101.00                               | T2026                |                                | Y                      | U1, U2, U3, U4, U5     | U1=Age 0-5 years<br>U2=6-11 years<br>U3=12+ Years<br>U4=Outlier<br>U5=Outlier Access   | Day                  | N          | Specialized childcare, waiver; per diem        | Y                        | Self-Directed services designated by using support indicator field with value of "S." Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5); requires DHS review.  |                   |
| Child Care                                       | 6/1/2017                    |                           | 101.00                               | T2027                |                                | Y                      | U1, U2, U3, U4, U5     | U1=Age 0-5 years<br>U2=6-11 years<br>U3=12+ Years<br>U4=Outlier<br>U5=Outlier Access   | 15 minutes           | N          | Specialized child care, waiver; per 15 minutes | Y                        | Self-Directed services designated by using support indicator field with value of "S." Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5); requires DHS review.  |                   |
| Child Foster Care (services only)                | 1/1/2004                    |                           | 203.00                               | H0041                |                                | N                      |                        |  | Day                  | N          | Foster care, child, non-therapeutic, per diem  | N                        | State Licensed Level 1-4 Foster Home  |                   |
| Child 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  |                   |
| Child Foster Care (services only)                | 1/1/2004                    |                           | 203.00                               | S5145                |                                | Y                      | U3                     | U3=Administrative costs  | Day                  | N          | Foster care, therapeutic, child; per diem      | N                        | Foster home administrative costs. Includes foster care home levels 1-5; must use U3 modifier  |                   |
| Child Foster Care (services only)                | 1/1/2004                    |                           | 203.00                               | S5146                |                                | Y                      | U3                     | U3=Administrative costs  | Month                | N          | Foster care, therapeutic, child; per month     | N                        | Foster home administrative costs. Includes foster home levels 1-5; must use U3 modifier   |                   |
| Child Foster Care-Level 5 Home (services only)   | 1/1/2004                    |                           | 203.10                               | S5145                |                                | Y                      | KX                     | KX=Specified medical policy met  | Day                  | N          | Foster care, therapeutic, child; per diem      | N                        | State Licensed Level 5 Foster Home  |                   |

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| Child Foster Care-Level 5 (services only)  | 1/1/2004                    |                           | 203.10                               | S5146                |                                | Y                      | KX                     | KX=Specified medical policy met                                   | Month                | N          | Foster care, therapeutic, child; per month                  | N                        | State Licensed Level 5 Foster Home  |                   |
| Communication Assistance for Community Inclusion (formerly titled Communication Aid) | 1/1/2004                    |                           | 112.47                               | E1399                | 02 for Remote Service Delivery | N                      | UD, GT                 | UD=Communication Aids Miscellaneous<br>GT=Remote Service Delivery | Each                 | M          | Durable medical equipment, miscellaneous                    | N                        | Self-Directed services designated by using support indicator field with a value of "S." Additional codes in the ranges below may also be used: V5010-V5267 for hearing aids; V5268-V5274 for assistive listening devices (other than hearing aids). When authorizing hearing aids use the "UD" modifier to identify "Communication Aids Miscellaneous." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. Effective 1/1/2022, communication aids devices are no longer a separate service, and are now authorized under communication assistance for community inclusion services (E1399). |                   |
| Communication Assistance for Community Inclusion (formerly titled Communication Aid) | 1/1/2004                    |                           | 112.47                               | T1013                | 02 for Remote Service Delivery | N                      | UD, GT                 | GT=Remote Service Delivery  | 15 minutes           | M          | Sign language or oral interpretive services, per 15 minutes | N                        | Self-Directed services designated by using support indicator field with a value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. Effective 1/1/2022, this service includes translation and interpretation services for individuals with Limited English Proficiency skills.   |                   |

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| Community / Competitive Integrated Employment - Individual (formerly Supported Employment - Individual) | 4/1/2012                    |                           | 615.01                               |                      | T2018                  | 02 for Remote Service Delivery | Y                      | U7, U1, U2, U3, U6, U4, U5, GT | U7=Each<br>U1=Tier 1<br>U2=Tier 2<br>U3= Tier 3<br>U6=Tier 4<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each       | N                     | Habilitation, supported employment, waiver; per diem       | Y  | Must apply U7 modifier to define "Each." "Each" is defined as 1 month. Use modifiers (U1, U2, U3, U6) to identify appropriate tier level services. Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Community / Competitive Integrated Employment - Small Group (formerly Supported Employment-Small Group) | 6/1/2017                    |                           | 615.02                               |                      | T2019                  | 02 for Remote Service Delivery | Y                      | U7, UN, UP, U4, U5, GT         | U7=Each<br>UN=Group of 2<br>UP=Group, 3 to 8<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                 | Each       | N                     | Habilitation, supported employment, waiver; per 15 minutes | Y  | Must apply U7 modifier to define "Each" "Each" is defined as 1 month. Self-Directed services designated by using support indicator field with value of "S." Must apply UN modifier to define 2 participants receiving this service, or UP modifier for 3 - 8 participants for the tiered rates. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

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| Community Integration Services-Tiers | 4/1/2012                    |                           | 514.00                               |                      | H2021                  | 02 for Remote Service Delivery | Y                      | HN, HO, U4, U5, GT | HN=Bachelor's Level<br>HO=Master's level<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery     | 15 minutes | N                     | Community-based wrap-around services, per 15 minutes | Y  | Self-Directed services are designated by using the support indicator field with a value of "S." Must use modifier to identify tier: Tier 1 = Bachelor's Level (HN); Tier 2 - Master's Level (HO). May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Community Integration Services-Tiers | 4/1/2012                    | 12/31/2019                | 514.00                               |                      | H2022                  | 02 for Remote Service Delivery | Y                      | HN, HO, U4, U5, GT | HN = Bachelor's Level<br>HO=Master's level<br>U4=Outlier<br>U5=Outlier-Access<br>GT = Remote Service Delivery | Day        | N                     | Community-based wrap-around services per diem.       | Y  | Self-Directed services are designated by using the support indicator field with a value of "S." Must use modifier to identify tier: Tier 1 = Bachelor's Level (HN); Tier 2 = Master's Level (HO). May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

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| Counseling & Therapeutic Services | 1/1/2004                    |                           | 507.03                               | G0176                | 02 for Remote Service Delivery | Y                      | U1-U3, U6-U9, U4, U5; 52, UA; UB; UC, HQ, GT | U1=Music<br>U2=Hippotherapy<br>U3=Equine Assisted<br>U6=Massage<br>U7=Dance<br>U8=Art<br>U9=Other<br>U4=Outlier<br>U5=Outlier-Access<br>52=Reduced services<br>UA=Assessment<br>UB=Evaluation<br>UC=Reevaluation<br>HQ=Group setting<br>GT=Remote Service Delivery | 45 minute session    | N          | Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | Y                        | Self-Directed services are designated by using the support indicator field with a value of "S." Must use appropriate U modifiers to identify specific authorized alternative therapy services. May use modifier 52 to authorize sessions scheduled for less than 45 minutes. May use modifiers to detail assessment, evaluation and reevaluation (UA, UB, UC). May use HQ modifier to detail services delivered in a group setting. May use outlier modifiers (U4, U5); requires DHS review.<br>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Counseling & Therapeutic Services | 1/1/2004                    |                           | 507.03                               | T2036                |                                | N                      |  |  | Each                 | N          | Therapeutic camping, overnight, waiver; each session.   | N                        | Self-Directed services designated by using support indicator field with value of "S." Each unit equals a session.  |                   |
| Counseling & Therapeutic Services | 1/1/2004                    |                           | 507.03                               | T2037                | 02 for Remote Service Delivery | N                      | GT   | GT=Remote Service Delivery   | Each                 | N          | Therapeutic camping, day, waiver; each session  | N                        | Self-Directed services are designated by using the support indicator field with value of "S." Each session equals a day.<br>The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |                   |

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| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019                    |                           | 507.03                               | 97166                | 02 for Remote Service Delivery | Y                      | GO, U4, U5, GT         | GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery | Each                 | M          | Occupational therapy evaluation   | Y                        | Each is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |                   |
| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019                    |                           | 507.03                               | 97168                | 02 for Remote Service Delivery | Y                      | GO, U4, U5, GT         | GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery | Each                 | M          | Reevaluation of occupational therapy  | Y                        | "Each" is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Counseling & Therapeutic Services-Occupational Therapy | 1/1/2019                    |                           | 507.03                               | 97535                | 02 for Remote Service Delivery | Y                      | GO, U4, U5, GT         | GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access GT=Remote Service Delivery | 15 Minutes           | M          | Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes | Y                        | May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |                   |

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| Counseling & Therapeutic Services-Physical Therapy                         | 1/1/2019                    |                           | 507.03                               |                      | 97162                  | 02 for Remote Service Delivery | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient physical therapy plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                 | Each       | M                     | Physical therapy evaluation                     | Y  | Each is defined as 1 Unit = date of service. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Counseling & Therapeutic Services-Physical Therapy                         | 1/1/2019                    |                           | 507.03                               |                      | 97164                  | 02 for Remote Service Delivery | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient physical therapy plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                 | Each       | M                     | Physical therapy reevaluation                   | Y  | Each is defined as 1 Unit = date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Counseling & Therapeutic Services-Occupational Therapy or Physical Therapy | 1/1/2019                    |                           | 507.03                               |                      | 97110                  | 02 for Remote Service Delivery | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient occupational or physical therapy plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | 15 Minutes | M                     | Therapeutic procedure(s)(2 or more individuals) | Y  | May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |

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| Counseling & Therapeutic Services-Occupational Therapy or Physical Therapy | 1/1/2019                    |                           | 507.03                               |                      | 97150                  | 02 for Remote Service Delivery | Y                      | GP, U4, U5, GT | GP=Services delivered under an outpatient occupational or physical therapy plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each       | M                     | Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, gait training | Y  | Each defined as 1 Unit = date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Counseling & Therapeutic Services-Speech & Language Therapy                | 1/1/2019                    |                           | 507.03                               |                      | 92523                  | 02 for Remote Service Delivery | Y                      | GN, U4, U5, GT | GN=Service delivered under an outpatient speech language pathology plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery         | Each       | M                     | Evaluation of language comprehension and expression (e.g., receptive and expressive language)                                     | Y  | 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.               |
| Counseling & Therapeutic Services-Speech & Language Therapy                | 1/1/2019                    | 12/31/2023                | 507.03                               |                      | 92507                  | 02 for Remote Service Delivery | Y                      | GN, U4, U5, GT | GN=Service delivered under an outpatient speech language pathology plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery         | Each       | M                     | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual                              | Y  | 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.               |

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| Counseling & Therapeutic Services-Speech & Language Therapy | 1/1/2019                    |                           | 507.03                               | 92508                | 02 for Remote Service Delivery | Y                      | GN, U4, U5, GT         | GN=Service delivered under an outpatient speech language pathology plan of care<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each                 | M          | Treatment of speech, language, voice, communication, and/or auditory processing disorder; Group 2 or more | Y                        | 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |

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| Daily Living Skills Training | 1/1/2004                    |                           | 110.00                               | T2013                | 02 for Remote Service Delivery | N                      | HQ, UN, UP, U4, U5, GT | HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | 1 hour               | N          | Habilitation, educational, waiver; per hour   | Y                        | Self-Directed services are designated by using the support indicator field with a value of "S." Must use HQ modifier if services are delivered in a group setting. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Daily Living Skills Training | 1/1/2004                    |                           | 110.00                               | T2017                | 02 for Remote Service Delivery | N                      | HQ, U4, U5, UN, UP, GT | U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants | 15 minutes           | N          | Habilitation, residential, waiver; 15 minutes | Y                        | Self-Directed services are designated by using the support indicator field with a value of "S." Must use HQ modifier if services are delivered in a group setting. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |

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| Daily Living Skills Training | 1/1/2004                    |                           | 110.00                               |                      | T2017                  | 02 for Remote Service Delivery | Y                      | GT, U7         | GT=Remote Service Delivery<br>U7=Each                                    | Each       | N                     | Habilitation, residential, waiver; 15 minutes                                   | N  | Self-Directed services are designated by using the support indicator field with a value of "S." Must use the "U7" modifier to change unit to "Each" if authorizing items such as adaptive driving courses at market rate. "Each" is defined as 1 unit of service (class) per participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Day Services, Children       | 1/1/2004                    | 12/31/2019                | 706.20                               |                      | S5105                  | 02 for Remote Service Delivery | Y                      | U4, U5, GT     | U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery            | Day        | N                     | Day care services, center-based; services not included in program fee, per diem | Y  | Self-Directed services designated by using support indicator field with value of "S." May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Day Services, Children       | 1/1/2004                    |                           | 706.20                               |                      | S5105                  | 02 for Remote Service Delivery | Y                      | U7, U4, U5, GT | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each       | N                     | Day care services, center-based; services not included in program fee, per diem | Y  | Must use U7 modifier to change unit to "Each." "Each" is defined as 15 minutes. Self-Directed services designated by using support indicator field with value of "S." May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |

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|---|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|------------------------|---|------------|-----------------------|---|--|--|
| Discovery & Career Planning   | 1/1/2022                    |                           | 108.10                               |                      | T2014                  | 02 for Remote Service Delivery | Y                      | U7                     | U7=Each   | Each       | N                     | Habilitation, prevocational, waiver; per diem   | N  | Self-Directed services are designated by using the support indicator field with a value of "S." Must use "U7" modifier to change unit to "Each" when authorizing goods or services at market rates. "Each" is defined as 1 unit (item) per participant.  |
| Discovery & Career Planning   | 1/1/2022                    |                           | 108.10                               |                      | T2015                  | 02 for Remote Service Delivery | N                      | U4, U5, GT, HQ, UN, UP | U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery<br>HQ=Group Setting<br>UN=2 Participants<br>UP=3 Participants | 1 hour     | N                     | Habilitation, prevocational, waiver; per hour   | Y  | Self-Directed services are designated by using the support indicator field with a value of "S." Use the HQ modifier for services authorized in a group setting; authorize the rate at a group of 2.  |
| Empowerment and Self-Determination Supports (formerly titled Consumer Education & Training) | 1/1/2004                    |                           | 113.00                               |                      | S9445                  | 02 for Remote Service Delivery | Y                      | U8, GT                 | U8=Period units<br>GT=Remote Service Delivery   | 15 minutes | N                     | Patient education, not otherwise classified, non-physician provider, individual, per session. | N  | Self-Directed services are designated by using the support indicator field with a value of "S." May use modifier U8 to describe period unit. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Empowerment and Self-Determination Supports (formerly titled Consumer Education & Training) | 1/1/2004                    |                           | 113.00                               |                      | S9445                  | 02 for Remote Service Delivery | Y                      | U7, GT                 | U7=Each<br>GT=Remote Service Delivery   | Each       | N                     | Patient education, not otherwise classified, non-physician provider, individual, per session. | N  | Self-Directed services are designated by using the support indicator field with a value of "S." Must use U7 modifier U7 to change unit to "Each" when authorizing services, such as conferences or training sessions at market rates. "Each" is defined as 1 unit (item) per participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

| 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   |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|----------------|--|------------|-----------------------|---|--|---|
| Family/Unpaid Caregiver Supports and Services, per session (formerly Training for Unpaid Caregiver/Family) | 6/1/2017                    |                           | 113.2                                |                      | S5111                  | 02 for Remote Service Delivery | Y                      | UK, GT         | UK=Services provided on behalf of participant to caregiver/family member<br>GT=Remote Service Delivery | Each       | N                     | Home care training, family; per session                     | N  | Self-Directed services designated by using support indicator field with value of "S." Must use UK modifier to indicated services delivered to caregiver/family on behalf of participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |
| Family/Unpaid Caregiver Supports and Service (formerly Training for Unpaid Caregiver/Family)               | 6/1/2017                    |                           | 113.2                                |                      | S5110                  | 02 for Remote Service Delivery | Y                      | UK, GT         | UK=Services provided on behalf of participant to caregiver/family member<br>GT=Remote Service Delivery | 15 minutes | N                     | Home care training, family; per 15 minutes                  | N  | Self-Directed services designated by using support indicator field with value of "S." Must use UK modifier to indicate services delivered to caregiver/family on behalf of participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |
| Financial Management Services-Basic  | 1/1/2004                    |                           | 619.00                               |                      | T2040                  | 02 for Remote Service Delivery | N                      | U7, U4, U5, GT | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                               | Each       | N                     | Financial management, self-directed, waiver; per 15 minutes | Y  | Must use U7 modifier to change unit to "Each." "Each" unit is defined as one participant per month. Self-Directed services are designated by using support indicator field with a value of "S." May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |

| Benefit Category                                 | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)         | Modifier Required? Y/N | Modifier           | Modifier Description   | Unit Value | Medical / Non-Medical | Federal Code Description                                     | Rate-Setting Approach? Y/N (Refer to rate schedule.) | CLTS Coding Notes   |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|--------------------|--|------------|-----------------------|--|--|---|
| Financial Management Services-Enhanced           | 1/1/2004                    |                           | 619.00                               |                      | T2040                  | 02 for Remote Service Delivery | Y                      | U7, 22, U4, U5, GT | U7=Each<br>22=Increased Procedural Services<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each       | N                     | Financial management, self-directed, waiver; per 15 minutes. | Y  | Must use U7 modifier to change unit to "Each." "Each" unit is defined as one participant per month. Must use 22 modifier to identify Tier 2: Enhanced FMS services. Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5), requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Financial Management Services; Rep Payee - Basic | 1/1/2004                    |                           | 619.00                               |                      | T2041                  | 02 for Remote Service Delivery | Y                      | U7, U4, U5, GT     | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                                     | Each       | N                     | Supports brokerage, self-directed, waiver; per 15 minutes    | Y  | Must use U7 modifier to change unit to "Each." "Each" is defined as one participant per month. Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |

| Benefit Category                                    | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code         | Place of Service (POS) | Modifier Required? Y/N | Modifier   | Modifier Description | Unit Value | Medical / Non-Medical                                      | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)  | CLTS Coding Notes |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|------------------------|--|----------------------|------------|--|--------------------------|---|-------------------|
| Financial Management Services; Rep Payee - Enhanced | 1/1/2004                    |                           | 619.00                               | T2041                | 02 for Remote Service Delivery | Y                      | 22, U7, U4, U5, GT     | 22=Increased Procedural Services<br>U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each                 | N          | Supports brokerage, self-directed, waiver; per 15 minutes. | Y                        | Must use "U7" modifier to change unit to "Each." "Each" is defined as one participant per month. Must use 22 modifier to identify FMS-Rep Payee, Tier 2: Enhanced services. May use outlier modifiers (U4, U5); requires DHS review. Self-Directed services are designated by using the support indicator field with a value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |                   |
| Grief & Bereavement Counseling, Tier 1              | 1/1/2022                    |                           | 507.02                               | H0046                | 02 for Remote Service Delivery | Y                      | U1, U4, U5, GT         | U1=Level of Care (defined by state)<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery         | 45 minute session    | M          | Mental health services, not otherwise specified            | Y                        | Grief and Bereavement Counseling services must be both authorized and claimed by the provider while the participant is enrolled in the CLTS Waiver Program, but may continue to be delivered for a period of up to 12 months after the participant's death. Use the "U1" modifier for Tier 1 services delivered by a provider that is not licensed or credentialed. A one-time claim for the service must be billed by the provider prior to the child's death. Self-Directed services designated by using support indicator field with a value of "S." |                   |

| Benefit Category                       | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code         | Place of Service (POS) | Modifier Required? Y/N | Modifier  | Modifier Description | Unit Value | Medical / Non-Medical                           | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)  | CLTS Coding Notes |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|------------------------|---|----------------------|------------|---|--------------------------|---|-------------------|
| Grief & Bereavement Counseling, Tier 2 | 1/1/2022                    |                           | 507.02                               | H0046                | 02 for Remote Service Delivery | Y                      | U2, U4, U5, GT         | U2=Level of Care (defined by state)<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                        | 45 minute session    | M          | Mental health services, not otherwise specified | Y                        | Grief and Bereavement Counseling services must be both authorized and claimed by the provider while the participant is enrolled in the CLTS Waiver Program, but may continue to be delivered for a period of up to 12 months after the participant's death. Use the "U2" modifier for Tier 2 services delivered by a provider with a master's degree. A one-time claim for the service must be billed by the provider prior to the child's death. Self-Directed services designated by using support indicator field with a value of "S." |                   |
| Grief & Bereavement Counseling, Tier 3 | 1/1/2022                    |                           | 507.02                               | H0046                | 02 for Remote Service Delivery | Y                      | U3, U4, U5, GT         | U3=Level of Care (defined by state)<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery                        | 45 minute session    | M          | Mental health services, not otherwise specified | Y                        | Grief and Bereavement Counseling services must be both authorized and claimed by the provider while the participant is enrolled in the CLTS Waiver Program, but may continue to be delivered for a period of up to 12 months after the participant's death. Use the "U3" modifier for Tier 3 services delivered by a provider with a doctoral degree. A one-time claim for the service must be billed by the provider prior to the child's death. Self-Directed services designated by using support indicator field with a value of "S." |                   |
| Health & Wellness                      | 1/1/2022                    |                           | 609.30                               | S5190                | 02 for Remote Service Delivery | N                      | U4, U5, GT, HQ, UN, UP | U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery<br>HQ=Group Setting<br>UN=2 Participants<br>UP=3 Participants | 15 minutes           | N          | Wellness assessment, performed by non-physician | Y                        | Use the "HQ" modifier for services authorized in a group setting; authorize the rate at a group of 2. Self-Directed services designated by using support indicator field with a value of "S."   |                   |

| 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 |
|--------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|------------------------|--|----------------------|------------|---|--------------------------|---|-------------------|
| Health & Wellness        | 1/1/2022                    |                           | 609.30                               | S5190                | 02 for Remote Service Delivery | Y                      | U7, U4, U5, GT         | U7=Each<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each                 | N          | Wellness assessment, performed by non-physician | N                        | Must use U7 if authorizing services for a class (for example a swimming class) or membership fee at market rate. "Each" is defined as 1 unit (class or fee) per participant. Self-Directed services designated by using support indicator field with a value of "S."  |                   |
| Home Modifications       | 1/1/2004                    |                           | 112.56                               | S5165                | 02 for Remote Service Delivery | N                      | UA-UD, GT              | UA-UD=Local agency use<br>GT=Remote Service Delivery                     | Each                 | N          | Home modifications; per service                 | N                        | Self-Directed services designated by using support indicator field with a value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.  |                   |
| Housing Support Services | 1/1/2004                    |                           | 610.00                               | T2013                | 02 for Remote Service Delivery | Y                      | UD, GT                 | UD=Housing Support Services<br>GT=Remote Service Delivery                | 1 hour               | N          | Habilitation, educational, waiver; per hour     | N                        | Must use modifier UD to specify Housing Support Services. Housing support services include services such as searching for housing, housing application processes, requesting reasonable accommodations, and reviewing the lease, home ownership documents, or other related documents, including property rules, prior to signing. This service also includes planning, guidance and assistance in accessing resources related to homeownership, financing, accessibility and architectural services and consultation, as well as health and safety evaluations of physical property. |                   |

| Benefit Category                                 | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)         | Modifier Required? Y/N | Modifier               | Modifier Description  | Unit Value | Medical / Non-Medical | Federal Code Description                | Rate-Setting Approach? Y/N (Refer to rate schedule.) | CLTS Coding Notes  |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|------------------------|---|------------|-----------------------|---|--|--|
| Mentoring Services                               | 4/1/2012                    |                           | 513.00                               |                      | H0038                  | 02 for Remote Service Delivery | N                      | HQ, UN, UP, U4, U5, GT | HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | 15 minutes | N                     | Self-help/peer services, per 15 minutes | Y  | Self-Directed services designated by using support indicator field with value of "S." Services to improve a child's ability to interact in their community in socially appropriate ways. Must use HQ modifier when authorizing services delivered in a group setting. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.                                    |
| Mentoring Services                               | 4/1/2012                    |                           | 513.00                               |                      | H0038                  | 02 for Remote Service Delivery | Y                      | U7, UK, GT             | U7=Each, UK=Caregiver services on behalf of member<br>GT=Remote Service Delivery  | Each       | N                     | Self-help/peer services, per 15 minutes | N  | Must use U7 to modify unit to "Each." "Each" is defined as 1 unit per participant. Must use "UK" modified to identify covered mentoring costs associated with the caregiver. Self-Directed services designated by using support indicator field with value of "S." Services to improve a child's ability to interact in their community in socially appropriate ways. Provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Participant & Family Directed Goods and Services | 1/1/2022                    |                           | 109.00                               |                      | T5999                  | 02 for Remote Service Delivery | N                      | GT                     | GT=Remote Service Delivery  | Each       | N                     | Supply, not otherwise specified         | N  | Self-Directed services designated by using support indicator field with value of "S."  |

| 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 |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|------------------------|---|----------------------|------------|---|--------------------------|--|-------------------|
| Participant & Family Directed Broker Services   | 1/1/2022                    |                           | 619.01                               | T2041                | 02 for Remote Service Delivery | N                      | U4, U5, GT             | U4=Outlier<br>U5=Outlier Access<br>GT=Remote Service Delivery | 15 minutes           | N          | Supports brokerage, self-directed, waiver; per 15 minutes                             | Y                        | Self-Directed services designated by using support indicator field with value of "S."  |                   |
| Personal Emergency Response System (PERS) - Installation & Testing                                    | 1/1/2004                    |                           | 112.46                               | S5160                | 02 for Remote Service Delivery | N                      | GT                     | GT=Remote Service Delivery                                    | Each                 | N          | Emergency response system; installation and testing                                   | N                        | Self-Directed services designated by using support indicator field with value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Personal Emergency Response Systems (PERS) - Monthly Service Fee                                      | 1/1/2004                    |                           | 112.46                               | S5161                |                                | N                      | U1-U9                  | U1-U9=Local agency use  | Month                | N          | Emergency response system; service fee, per month (excludes installation and testing) | N                        | Self-Directed services designated by using support indicator field with value of "S."  |                   |
| Personal Emergency Response Systems (PERS) - Purchase   | 1/1/2004                    |                           | 112.46                               | S5162                |                                | N                      |                        |   | Each                 | N          | Emergency response system; purchase only  | N                        | Self-Directed services designated by using support indicator field with value of "S."  |                   |
| Personal Supports - Chore Services, per diem (formerly Supportive Home Care-Chore Services, per diem) | 1/1/2004                    |                           | 104.10                               | S5121                | 02 for Remote Service Delivery | N                      | GT                     | GT=Remote Service Delivery                                    | Day                  | N          | Chore Services, per diem  | N                        | Self-Directed services designated by using support indicator field with value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |

| Benefit Category  | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS)         | Modifier Required? Y/N | Modifier  | Modifier Description   | Unit Value | Medical / Non-Medical | Federal Code Description                            | Rate-Setting Approach? Y/N (Refer to rate schedule.) | CLTS Coding Notes   |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|---|--|------------|-----------------------|---|--|---|
| Personal Supports - Hourly (formerly Supportive Home Care-Hourly) | 1/1/2004                    | 12/31/2023                | 104.20                               |                      | 99600                  | 02 for Remote Service Delivery | Y                      | U1-U3, U4, U5, UF, UG, UH, UJ, HQ, GT             | U1=Low<br>U2=Medium<br>U3=High<br>U4=Outlier<br>U5=Outlier-Access<br>UF=6:00-11:59 a.m.<br>UG=Noon-5:59 p.m.<br>UH=6:00-11:59 p.m.<br>UJ=Midnight-5:59 a.m.<br>HQ=Group setting<br>GT=Remote Service Delivery  | 1 hour     | N                     | Unlisted home visit service or procedure.           | Y  | Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ modifier when authorizing group rates. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Personal Supports - Hourly (formerly Supportive Home Care-Hourly) | 1/1/2024                    |                           | 104.20                               |                      | S5109                  | 02 for Remote Service Delivery | Y                      | U1-U3, U4, U5, U7, UF, UG, UH, UJ, HQ, UN, UP, GT | U1=Low<br>U2=Medium<br>U3=High<br>U4=Outlier<br>U5=Outlier-Access<br>U7=Each<br>UF=6:00-11:59 a.m.<br>UG=Noon-5:59 p.m.<br>UH=6:00-11:59 p.m.<br>UJ=Midnight-5:59 a.m.<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>GT=Remote Service Delivery | 1 hour     | N                     | Home care training to home care client, per session | Y  | Must use U7 modifier to change unit to "Each." "Each" is defined as one hour. Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.           |

| Benefit Category  | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code         | Place of Service (POS) | Modifier Required? Y/N                | Modifier  | Modifier Description | Unit Value | Medical / Non-Medical                  | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)   | CLTS Coding Notes |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|---------------------------------------|---|----------------------|------------|--|--------------------------|--|-------------------|
| Personal Supports - Attendant care services; per 15 minutes (formerly Supportive Home Care-Attendant care services; per 15 minutes) | 1/1/2004                    | 12/31/2020                | 104.20                               | S5125                | 02 for Remote Service Delivery | Y                      | U1-U3, U4, U5, UF, UG, UH, UJ, HQ, GT | U1=Low<br>U2=Medium<br>U3=High<br>U4=Outlier<br>U5=Outlier-Access<br>UF=6:00-11:59 a.m.<br>UG=Noon-5:59 p.m.<br>UH=6:00-11:59 p.m.<br>UJ=Midnight-5:59 a.m.<br>HQ=Group setting<br>GT=Remote Service Delivery | 15 Minutes           | N          | Attendant care services per 15 minutes | Y                        | Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. May use modifiers to track attendant care worker schedules (UF-UJ). May use outlier modifier (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Personal Supports-Attendant care services; per 15 minutes (formerly Supportive Home Care-Attendant care services; per 15 minutes)   | 4/1/2021                    | 12/31/2023                | 104.20                               | 99509                | 02 for Remote Service Delivery | Y                      | U1-U3, U4, U5, UF, UG, UH, UJ, HQ, GT | U1=Low<br>U2=Medium<br>U3=High<br>U4=Outlier<br>U5=Outlier-Access<br>UF=6:00-11:59 a.m.<br>UG=Noon-5:59 p.m.<br>UH=6:00-11:59 p.m.<br>UJ=Midnight-5:59 a.m.<br>HQ=Group setting<br>GT=Remote Service Delivery | 15 Minutes           | N          | Attendant care services per 15 minutes | Y                        | Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. May use modifiers to track attendant care worker schedules (UF-UJ). May use outlier modifier (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |

| Benefit Category  | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code         | Place of Service (POS) | Modifier Required? Y/N                        | Modifier  | Modifier Description | Unit Value | Medical / Non-Medical                                  | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)   | CLTS Coding Notes |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|---|---|----------------------|------------|--|--------------------------|--|-------------------|
| Personal Supports-<br>Attendant care services; per 15 minutes (formerly Supportive Home Care-<br>Attendant care services; per 15 minutes) | 1/1/2024                    |                           | 104.20                               | S5108                | 02 for Remote Service Delivery | Y                      | U1-U3, U4, U5, UF, UG, UH, UJ, HQ, UN, UP, GT | U1=Low<br>U2=Medium<br>U3=High<br>U4=Outlier<br>U5=Outlier-Access<br>UF=6:00-11:59 a.m.<br>UG=Noon-5:59 p.m.<br>UH=6:00-11:59 p.m.<br>UJ=Midnight-5:59 a.m.<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>GT=Remote Service Delivery | 15 Minutes           | N          | Home care training to home care client, per 15 minutes | Y                        | Must indicate participant's care level modifier (U1-U3). Must use HQ modifier if authorizing group rates. May use modifiers to track attendant care worker schedules (UF-UJ). May use outlier modifier (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Personal Supports-<br>Chore Services, per 15 minutes (formerly Supportive Home Care-<br>Chore Services, per 15 minutes)                   | 1/1/2004                    |                           | 104.20                               | S5120                | 02 for Remote Service Delivery | N                      | GT  | GT=Remote Service Delivery  | 15 Minutes           | N          | Chore Services, per 15 minutes                         | N                        | Self-Directed services designated by using support indicator field with value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |                   |
| Personal Supports,<br>Worker Room & Board (formerly Supportive Home Care, Worker Room & Board)  | 1/1/2004                    |                           | 104.88                               | S9976                |                                | N                      |   |   | Day                  | N          | Lodging, per diem, not otherwise classified            | N                        | Self-Directed services designated by using support indicator field with value of "S."  |                   |

| 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   |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|---------------------------|---|----------------------|------------|-----------------------|---|--|---|
| Relocation Services, Housing Start-Up  | 1/1/2004                    |                           | 106.03                               | T2038                |                        | N                      |                           |   |                      | Each       | N                     | Community transition, waiver; per service           | N  | Self-Directed services are designated by using support indicator field with value of "S." Service includes supports and essential items needed to establish a community living arrangement for participants who are relocating from an institution, foster home or who are moving out of the family home to a less restrictive or independent setting, such as: household furnishings, phones, cooking utensils, household supplies, etc. |
| Relocation Services, Initial Utilities | 6/1/2017                    |                           | 106.03                               | T2038                |                        | Y                      | SE                        | SE=State and/or Federally funded programs/services  |                      | Each       | N                     | Community transition, waiver; per service           | N  | Must use "SE" modifier to identify initial utilities for relocation services. Self-Directed services designated by using support indicator field with value of "S."   |
| Respite Care, Residential              | 1/1/2004                    |                           | 103.22                               | S5150                |                        | Y                      | U1-U3, HQ, UN, UP, U4, U5 | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>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.  |
| Respite Care, Residential              | 1/1/2004                    |                           | 103.22                               | S5151                |                        | Y                      | U1-U3, HQ, UN, UP, U4, U5 | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>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.  |

| Benefit Category            | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code | Place of Service (POS) | Modifier Required? Y/N     | Modifier  | Modifier Description | Unit Value | Medical / Non-Medical                    | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)   | CLTS Coding Notes |
|-----------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|------------------------|----------------------------|---|----------------------|------------|--|--------------------------|--|-------------------|
| Respite Care, Institutional | 1/1/2004                    |                           | 103.24                               | S5151                |                        | Y                      | TF, TG, U4, U5             | TF=Intermediate level of care<br>TG=Complex / high tech level of care<br>U4=Outlier<br>U5=Outlier-Access                        | Day                  | M          | Respite care, not in the home, per diem. | Y                        | Self-Directed services designated by using support indicator field with value of "S." Must use TF modifier for respite services delivered in a group home. Must use TG modifier for respite services delivered in a residential care center (RCC). May use outlier modifiers (U4, U5), requires DHS review.                      |                   |
| Respite Care, Institutional | 1/1/2004                    |                           | 103.24                               | 0663                 |                        | N                      |                            |   | Day                  | M          | Respite care - daily respite charge.     | Y                        | Must use Revenue Code 0663 for institutional respite care services delivered in settings other than a group home or residential care center.   |                   |
| Respite Care, Home-Based    | 1/1/2004                    |                           | 103.26                               | S9125                |                        | Y                      | U1-U3, HQ, UN, UP, U4, U5, | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>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, UN, UP, U4, U5  | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>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.                                      |                   |

| Benefit Category    | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code         | Place of Service (POS) | Modifier Required? Y/N                | Modifier  | Modifier Description | Unit Value | Medical / Non-Medical   | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)   | CLTS Coding Notes |
|---------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|---------------------------------------|---|----------------------|------------|---|--------------------------|--|-------------------|
| Respite Care, Other | 1/1/2004                    |                           | 103.99                               | G0176                | 02 for Remote Service Delivery | Y                      | EY, 52, U1-U3, HQ, UN, UP, U4, U5, GT | EY=No physician or licensed health care provider for this item or service<br>52=Reduced services<br>U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>U5=Outlier-Access<br>GT=Remote Service Delivery | Each                 | N          | Activity therapy, such as music, hippotherapy, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling health problems, per session (45 minutes or more). | Y                        | "Each" unit value defined as one session (45 minutes or more). Must use EY modifier to indicate service delivered by unlicensed provider. Self-Directed services designated by using support indicator field with value of "S." May use 52 modifier to identify sessions shorter than 45 minutes. Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). Must use HQ when authorizing group rates; authorize rate at group of 2. May use outlier modifiers (U4, U5); requires DHS review. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Respite Care, Other | 1/1/2004                    |                           | 103.99                               | S5150                |                                | Y                      | U1-U3, HQ, UN, UP, U4, U5             | U1=Low<br>U2=Medium<br>U3=High<br>HQ=Group setting<br>UN=2 Participants<br>UP=3 Participants<br>U4=Outlier<br>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.  |                   |

| Benefit Category             | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code         | Place of Service (POS) | Modifier Required? Y/N    | Modifier   | Modifier Description | Unit Value | Medical / Non-Medical                                | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)   | CLTS Coding Notes |
|------------------------------|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|---------------------------|--|----------------------|------------|--|--------------------------|--|-------------------|
| Respite Care, Other          | 1/1/2004                    |                           | 103.99                               | S5151                |                                | Y                      | U1-U3, HQ, UN, UP, U4, U5 | U1=Low U2=Medium U3=High HQ=Group Setting UN=2 Participants UP=3 Participants U4=Outlier U5=Outlier-Access | Day                  | N          | Unskilled respite care; not hospice; per diem.       | Y                        | Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Use the HQ modifier for respite services authorized at the day rate in a group setting; authorize at group of 2. May use outlier modifiers (U4, U5); requires DHS review.        |                   |
| Respite Care, Other          | 1/1/2004                    |                           | 103.99                               | T2036                |                                | Y                      | EY                        | EY=No physician or licensed health care provider order for this item or service                            | Each                 | N          | Therapeutic camping, overnight, waiver; each session | N                        | Each unit equals a session. Self-Directed services designated by using support indicator field with value of "S."  |                   |
| Respite Care, Other          | 1/1/2004                    |                           | 103.99                               | T2037                | 02 for Remote Service Delivery | Y                      | EY, GT                    | EY=No physician or licensed health care provider order for this item or service GT=Remote Service Delivery | Day                  | N          | Therapeutic camping, day, waiver                     | N                        | "Each" unit equals a day. Self-Directed services designated by using support indicator field with value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |                   |
| Safety Planning & Prevention | 1/1/2022                    |                           | 609.40                               | E0700                | 02 for Remote Service Delivery | N                      | U4, U5, GT                | U4=Outlier U5=Outlier Access GT=Remote Service Delivery  | 15 minutes           | N          | Safety equipment, device or accessory, any type      | Y                        | Self-Directed services designated by using support indicator field with value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.                           |                   |

| Benefit Category                           | Covered Benefit Start Date: | Covered Benefit End Date: | Standard Program Category (SPC) Code | Federal Revenue Code | Federal Procedure Code         | Place of Service (POS) | Modifier Required? Y/N | Modifier                              | Modifier Description | Unit Value | Medical / Non-Medical  | Federal Code Description | Rate-Setting Approach? Y/N (Refer to rate schedule.)  | CLTS Coding Notes |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|--------------------------------|------------------------|------------------------|---------------------------------------|----------------------|------------|--|--------------------------|---|-------------------|
| Safety Planning & Prevention               | 1/1/2022                    |                           | 609.40                               | E0700                | 02 for Remote Service Delivery | Y                      | U7, GT                 | U7=Each<br>GT=Remote Service Delivery | Each                 | N          | Safety equipment, device or accessory, any type                | N                        | Self-Directed services designated by using support indicator field with value of "S." Must use the "U7" modifier to change the unit to "Each" when authorizing goods, supplies, or safety training sessions, such as a CPR class, at market rates. "Each" is defined as 1 unit (item) per participant. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization.   |                   |
| Specialized Medical & Therapeutic Supplies | 1/1/2004                    |                           | 112.55                               | A9999                | 02 for Remote Service Delivery | N                      | GT                     | GT=Remote Service Delivery            | Each                 | M          | Miscellaneous DME supply or accessory, not otherwise specified | N                        | Self-Directed services designated by using the support indicator field with a value of "S." Codes in the ranges below may also be used: A4000-A9999 for miscellaneous medical and surgical supplies; B4000-B9999 for enteral and parenteral therapy supplies. The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. Effective 1/1/2022, this service includes adaptive aid services, with the exception of service animals and vehicle modifications. Service animals are now listed under Assistive Technology and Vehicle Modifications is listed as a new service category (T2039). |                   |

| 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  |
|---|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|-----------|--|------------|-----------------------|---|--|--|
| Therapeutic Supplies and Services                                     | 1/1/2004                    | 6/30/2022                 | 507.04                               |                      | T1999                  | 02 for Remote Service Delivery | N                      | UA-UD, GT | UA-UD=Local agency use<br>GT=Remote Service Delivery | Each       | N                     | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" | N  | Self-Directed services designated by using support indicator field with value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Specialized Medical & Therapeutic Supplies and Services - Non medical | 7/1/2022                    |                           | 112.55                               |                      | T1999                  | 02 for Remote Service Delivery | N                      | UA-UD, GT | UA-UD=Local agency use<br>GT=Remote Service Delivery | Each       | N                     | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" | N  | Self-Directed services designated by using support indicator field with value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Transportation-Commercial Vehicle Pass-Bus                            | 1/1/2004                    |                           | 107.50                               |                      | A0110                  |                                | N                      | U1-U3     | U1-U3=Local agency use                               | Each       | N                     | Non-emergency transportation and bus, intra or inter state carrier.   | N  | Self-Directed services are designated by using the support indicator field with a value of "S." Units refer to the transportation pass itself, not number of uses on the pass. Bus passes paid at market rate.   |
| Transportation & Escort   | 1/1/2004                    |                           | 107.30                               |                      | T2003                  |                                | N                      | U4, U5    | U4=Outlier<br>U5=Outlier Access                      | 1 trip     | N                     | Non-emergency transportation; encounter/trip  | Y  | Self-Directed services designated by using support indicator field with value of "S." May use outlier modifiers (U4, U5), requires DHS review.   |
| Transportation & Escort   | 1/1/2004                    |                           | 107.40                               |                      | S0215                  |                                | N                      | U4, U5    | U4=Outlier U5=Outlier Access                         | Miles      | N                     | Non-emergency transportation; mileage, per mile   | Y  | Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5), requires DHS review.   |

| 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  |
|--|-----------------------------|---------------------------|--------------------------------------|----------------------|------------------------|--------------------------------|------------------------|------------|---|------------|-----------------------|---|--|--|
| Transportation - Multi-Passenger Vehicle | 1/1/2004                    |                           | 107.30                               |                      | T2004                  |                                | N                      | 22, U4, U5 | 22=Increased Procedural Services<br>U4=Outlier<br>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.  |
| Vehicle Modifications                    | 1/1/2022                    |                           | 112.57                               |                      | T2039                  | 02 for Remote Service Delivery | N                      | GT         | GT=Remote Service Delivery  | Each       |                       | Vehicle modifications, waiver; per service              | N  | Self-Directed services are designated by using the support indicator field with a value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |
| Virtual Equipment & Supports             | 1/1/2022                    |                           | 609.50                               |                      | G2012                  | 02 for Remote Service Delivery | N                      | GT         | GT=Remote Service Delivery  | Each       |                       | Brief communication technology-based service            | N  | Self-Directed services are designated by using the support indicator field with a value of "S." The provider enters the 02 place code and GT modifier for remote service delivery on the claim for service. Do not include the place code and modifier for remote service delivery on the service authorization. |