

Benefit Category	From:	To:	Wisconsin SPC Code	Federal Revenue Code	Federal Procedure Code	Place of Service (POS)	Modifier Required? Y/N	Modifier	Modifier Description	Unit Value	Medical or Non-Medical	Federal Code Description	Rate-Setting Approach? Y/N (Refer to rate schedule.)	CLTS Coding Notes
Respite care, residential	09/01/10		103.22		S5150		Y	U1-U3, U4, U5	U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access	15 Minutes	N	Unskilled respite care, not hospice, per 15 mins.	Y	Self-directed services designated by using support indicator field with value of S. Must indicate participant's care level (modifiers U1-U3). May use outlier modifiers (U4, U5), requires DHS approval.
Respite care, residential	09/01/10		103.22		S5151		Y	U1-U3, U4, U5	U1=Low, U2=Medium, U3=High, 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). May use outlier modifiers (U4, U5), requires DHS approval.
Respite care, institutional**	09/01/10		103.24	0662	S5150		N	U4, U5	U4=Outlier, U5=Outlier—access	15 Minutes	M	0662=Respite care, hourly charge; aide, homemaker or companion. S5150-Unskilled respite care, not hospice; per 15 mins.	Y	Self-directed services designated by using support indicator field with value of S. May use outlier modifiers (U4, U5), requires DHS approval. **Only use the federal procedure code (column F) when the outlier modifier is required.
Respite care, institutional**	09/01/10		103.24	0663	S5151		N	U4, U5	U4=Outlier, U5=Outlier—access	Day	M	0663=Respite care-daily respite charge. S5151=Respite care, not in the home, per diem	Y	Self-directed services designated by using support indicator field with value of S. May use outlier modifiers (U4, U5), requires DHS approval. **Only use the federal procedure code (column F) when the outlier modifier is required.

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Respite care, home-based	09/01/10		103.26		S9125		Y	U1-U3, U4, U5, TV	U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access, TV=Holiday	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). May use outlier modifiers (U4, U5), requires DHS approval.
Respite care, home-based	11/01/12		103.26		T1005		Y	U1-U3, U4, U5	U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access	15 mins.	N	Respite care services, up to 15 mins.	Y	Self-directed services designated by using support indicator field with value of S. Must indicate participant's care level (modifiers U1-U3). May use outlier modifiers (U4, U5), requires DHS approval.
Respite care, other	09/01/10		103.99		G0176		Y	EY, U1-U3, U4, U5	EY=No physician or licensed health care provider for this item or service, U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access	Each	N	Activity therapy, such as music, hippotherapy, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling health problems, per session (45 mins. or more)	Y	Self-directed services designated by using support indicator field with value of S. Must use EY modifier. Must indicate participant's care level (modifiers U1-U3). May use outlier modifiers (U4, U5), requires DHS approval.

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Respite care, other	09/01/10		103.99		S5150		Y	U1-U3, U4, U5	U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access	15 mins.	N	Unskilled respite care; not hospice; per 15 mins.	Y	Self-directed services designated by using support indicator field with value of S. Must indicate participant's care level (modifiers U1-U3). May use outlier modifiers (U4, U5), requires DHS approval.
Respite care, other	09/01/10		103.99		S5151		Y	U1-U3, U4, U5	U1=Low, U2=Medium, U3=High, 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). May use outlier modifiers (U4, U5), requires DHS approval.
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	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	09/01/10		103.99		T2037		Y	EY	EY=No physician or licensed health care provider order for this item or service	Day	N	Therapeutic camping, day, waiver	N	Each unit equals a day. Self-directed services designated by using support indicator field with value of S.
Supportive home care—daily	01/01/03		104.10		99600		Y	UD, U1-U3, U4, U5	UD=Unit of day, U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access	Day	N	Unlisted home visit service or procedure	Y	Must use UD modifier for unit of "Day." Self-directed services designated by using support indicator field with value of S. Must indicate participant's care level (modifiers U1-U3). May use outlier modifiers (U4, U5), requires DHS approval.

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Supportive home care—attendant care services: per diem	09/01/10	104.10		S5126		Y	U1-U3, U4, U5, UF, UG, UH, UJ, TV, U6-U9	U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access, UF=6:00-11:59 a.m., UG=Noon-5:59 p.m., UH=6:00-11:59 p.m., UJ=Midnight-5:59 a.m., TV=Special payment rates, holidays or week-ends; U6-U9=Local agency use	Day	N	Attendant care services 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). May use outlier modifiers (U4, U5), requires DHS approval.	

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Supportive home care—houly	01/01/03	104.20		99600		Y	U1-U3, U4, U5, UF, UG, UH, UJ, U6-U9	U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access, UF=6:00-11:59 a.m., UG=Noon-5:59 p.m., UH=6:00-11:59 p.m., UJ=Midnight-5:59 a.m., TV=Special payment rates, holidays or week-ends; U6-U9=Local agency use	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 (modifiers U1-U3). May use outlier modifiers (U4, U5), requires DHS approval.	

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Supportive home care—attendant care services: per 15 mins.	09/01/10	104.20		S5125		Y	U1-U3, U4, U5, UF, UG, UH, UJ, U6-U9	U1=Low, U2=Medium, U3=High, U4=Outlier, U5=Outlier—access, UF=6:00-11:59 a.m., UG=Noon-5:59 p.m., UH=6:00-11:59 p.m., UJ=Midnight-5:59 a.m., TV=Special payment rates, holidays or week-ends; U6-U9=Local agency use	15 Minutes	N	Attendant care services per 15 mins.	Y	Self-directed services designated by using support indicator field with value of S. Must indicate participant's care level (modifiers U1-U3). May use outlier modifiers (U4, U5), requires DHS approval.	
Supportive home care—personal care	07/01/02	104.21		T1019		N	U4, U5, U6-U9	U4=Outlier, U5=Outlier—access, U6-U9=Local agency use	15 Minutes	N	Personal care services, per 15 mins., not for an inpatient or resident of a hospital, nursing facility, ICF/IDD 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)	Y	Self-directed services designated by using support indicator field with value of S. May use outlier modifiers (U4, U5), requires DHS approval.	

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Supportive home care—chore services, per 15	07/01/02		104.20		S5120		N			15 Minutes	N	Chore services, per 15 mins.	N	Self-directed services designated by using support indicator field with value of S.
Supportive home care—chore services, per	07/01/02		104.10		S5121		N			Day	N	Chore services, per diem	N	Self-directed services designated by using support indicator field with value of S.
Supportive home care, worker room and board	09/01/10		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.
Relocation services, initial utilities	06/01/16		106.03		T2038		Y	SE	SE=State and/or federally funded programs or services	Each	N	Community transition, waiver; per service	N	Self-directed services designated by using support indicator field with value of S. Use "SE" modifier to identify initial utilities.
Housing start-up	09/01/10		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.
Transportation and escort	09/01/10		107.30		T2003		N	U4, U5	U4=Outlier, U5=Outlier—access	1 trip	N	Non-emergency transportation; encounter or trip	Y	Self-directed services designated by using support indicator field with value of S. May use outlier modifiers (U4, U5), requires DHS approval.

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Transportation — multi-passenger vehicle	09/01/10		107.30		T2004	N	22, U4, U5	22=Increased procedural services, U4=Outlier, U5=Outlier—access	1 trip	N	Non-emergency transport; commercial carrier, multi-pass	Y	Self-directed services are designated by using the support indicator field with a value of S. May use 22 modifier to pay wheelchair-accommodated vehicle at both trip and mileage rates. May use outlier modifiers (U4, U5), requires DHS approval.	
Transportation and escort	01/01/07		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 approval.	
Transportation — commercial vehicle pass—bus	01/01/00		107.50		A0110	N		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 pass itself, not number of uses on the pass. Bus passes paid at market rate.	
Transportation	09/01/10		107.50		A0170	N			Each	N	Transportation ancillary: parking fees, tolls, other	N	Self-directed services are designated by using the support indicator field with a value of S. Parking fees, tolls, other expenses paid at market rate.	
Daily living skills training	10/01/03		110.00		T2013	N	U4, U5	U4=Outlier, U5=Outlier—access	1 hour	N	Habilitation, educational, waiver; per hour	Y	Self-directed services are designated by using the support indicator field with a value of S. May use outlier modifiers (U4, U5), requires DHS approval.	



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Daily living skills training	09/01/10		110.00		T2017	N	U4, U5	U4=Outlier, U5=Outlier—access	15 mins.	N	Habilitation, residential, waiver; 15 mins.	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 approval.	
Personal emergency response system (PERS)—installation and testing	01/01/03		112.46		S5160	N			Each	N	Emergency response system; installation and testing	N	Self-directed services designated by using support indicator field with value of S.	
Personal emergency response systems (PERS)—monthly service fee	01/01/03		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	01/01/03		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.	

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Communication aids	09/01/10		112.47		E1399		N	UD	UD=Communication aids, miscellaneous	Each	M	Durable medical equipment, miscellaneous	N	Self-directed services designated by using support indicator field with a value of S. May use UD modifier. Additional codes in the ranges below may also be used: V5010-V5267 for hearing aids; V5268-V5274 for assistive listening devices (other than hearing aid). Miscellaneous for hearing aids.
Communication aids device	10/01/03		112.47		E1902		N			Each	N	Communication board, non-electronic augmentative or alternative communication device	N	Self-directed services are designated by using the support indicator field with a value of S.
Specialized medical and therapeutic supplies	09/01/10		112.55		A9999		N			Each	M	Miscellaneous DME supply or accessory, not otherwise specified	N	Self-directed services designated by using the support indicator field with a value of S. Codes in the ranges below may also be used: A4000-A9999 for miscellaneous medical and surgical supplies; B4000-B9999 for enteral and parenteral therapy supplies.
Home modifications	01/01/03		112.56		S5165		N	UA-UD	UA-UD=Local agency use	Each	N	Home modifications; per service	N	Self-directed services designated by using support indicator field with a value of S.

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Adaptive aids—vehicle	10/01/03		112.57		T2039		N			Each	N	Vehicle modifications, waiver; per service	N	Self-directed services are designated by using the support indicator field with a value of S.
Adaptive aids—other	10/01/03		112.99		T2028		N			Each	N	Specialized supply, not otherwise specified, waiver	N	Self-directed services are designated by using the support indicator field with a value of S.
Consumer Education and Training	01/01/02		113.00		S9445		N	UA-UD	UA-UD=Local agency use	Each	N	Patient education, not otherwise classified, non-physician provider, individual, per session	N	Self-directed services are designated by using the support indicator field with a value of S. May use U modifier codes.
Consumer education and training	01/01/02		113.00		S9445		N			Each	N	Patient education, not otherwise classified, non-physician provider, individual, per session.	N	Self-directed services are designated by using the support indicator field with a value of S.
Consumer education and training	10/01/11		113.00		S9445		Y	U8	U8=Period units	15 mins.	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.
Adult family home placement, 1-2 beds**	09/01/11		202.01	0240	S5140		N	U4, U5, U6	U4=Outlier, U5=Outlier—access; U6=1-2 bed	Day	N	0240=Adult family home placement S5140=Foster care, adult; per diem	Y	Residential care services only. Self-directed services are designated by using the support indicator field with a value of S. May use outlier modifiers (U4, U5), requires DHS approval. **Use federal procedure code (column F) only when applying outlier modifier.

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Adult family home placement, 3-4 beds**	01/01/07		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. Self-directed services are designated by using the support indicator field with a value of S. May use outlier modifiers (U4, U5), requires DHS approval. **Use the federal procedure code (column F) only when the outlier modifier is required.
Foster care (services only)	01/01/06		203.00		H0041		N			Day	N	Foster care, child, non-therapeutic, per diem	N	State licensed levels 1-4 foster home
Foster care (services only)	09/01/10		203.00		H0042		N			Month	N	Foster care, child, non-therapeutic, per month	N	State licensed levels 1-4 foster home
Foster care (services only)	04/01/12		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
Foster care (services only)	04/01/12		203.00		S5146		Y	U3	U3=Administrative costs	Month	N	Foster care, therapeutic, child; per month	N	Foster home administrative costs. Includes foster home levels 1-5; must use U3 modifier
Foster care—level 5 home (services only)	04/01/12		203.10		S5145		Y	KX	KX=Specified medical policy met	Day	≠ N	Foster care, therapeutic, child; per diem	N	State licensed level 5 foster home
Foster care—level 5 (services only)	04/01/12		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

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Counseling and therapeutic services	09/01/10		507.03		G0176		Y	U1-U3, U6-U9, U4, U5; 52, HQ; UA; UB; UC	U1=Music, U2=Hippotherapy, U3=Equine Assisted, U6=Massage, U7=Dance, U8=Art, U9=other, U4=Outlier, U5=Outlier—access, 52=Decreased procedure; HQ=Group setting, UA=Assessment; UB=Evaluation; UC=Reevaluation	Each	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 mins. or more)	Y	Self-directed services are designated by using the support indicator field with a value of S. Must use appropriate U modifier to identify specific authorized alternative therapy services. May use 52 modifier for sessions less than 45 mins. May use outlier modifiers (U4, U5), requires DHS approval.
Counseling and therapeutic services	09/01/10		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 and therapeutic services	09/01/10		507.03		T2037		N			Each	N	Therapeutic camping, day, waiver; each session	N	Self-directed services are designated by using the support indicator field with value of S. Each session equals a day.

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Counseling and therapeutic services—occupational therapy	09/10/10		507.03		97166		Y	GO, U4, U5	GO=services delivered under outpatient occupational therapy of care, U4=Outlier, U5=Outlier—access	Each	M	Occupational therapy evaluation	Y	1 Unit=1 date of service. May use outlier modifiers (U4, U5), requires DHS approval.
Counseling and therapeutic services—occupational therapy	09/10/10		507.03		97168		Y	GO, U4, U5	GO=services delivered under outpatient occupational therapy of care, U4=Outlier, U5=Outlier—access	Each	M	Reevaluation of occupational therapy	Y	1 Unit=1 date of service. May use outlier modifiers (U4, U5), requires DHS approval.
Counseling and therapeutic services—occupational therapy	09/01/10		507.03		97535		Y	GO, U4, U5	GO=services delivered under outpatient occupational therapy of care, U4=Outlier, U5=Outlier—access	15 Minutes	M	Self-care and/or 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 and/or adaptive equipment) direct one-on-one contact, each 15 mins.	Y	May use outlier modifiers (U4, U5), requires DHS approval.

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Counseling and therapeutic services—physical therapy	09/01/10		507.03		97162		Y	GP, U4, U5	GP=Services delivered under an outpatient physical therapy plan of care, U4=Outlier, U5=Outlier—access	Each	M	Physical therapy evaluation	Y	1 Unit=date of service. May use outlier modifiers (U4, U5), requires DHS approval.
Counseling and therapeutic services—physical therapy	09/01/10		507.03		97164		Y	GP, U4, U5	GP=services delivered under an outpatient physical therapy plan of care, U4=Outlier, U5=Outlier—access	Each	M	Physical therapy reevaluation	Y	May use outlier modifiers (U4, U5), requires DHS approval.
Counseling and therapeutic services—occupational therapy or physical therapy	09/01/10		507.03		97110		Y	GP, U4, U5	GP=services delivered under an outpatient occupational or physical therapy plan of care, U4=Outlier, U5=Outlier—access	15 Minutes	M	Therapeutic procedure(s)(2 or more individuals)	Y	May use outlier modifiers (U4, U5), requires DHS approval.

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Counseling and therapeutic services—occupational therapy or physical therapy	09/01/10		507.03		97150		Y	GP, U4, U5	GP=services delivered under an outpatient occupational or physical therapy plan of care, U4=Outlier, U5=Outlier—access	Each	M	Therapeutic procedure, one or more areas, each 15 mins., therapeutic exercises to develop strength and endurance, gait training	Y	May use outlier modifiers (U4, U5), requires DHS approval.
Counseling and therapeutic services—speech and language therapy	09/01/10		507.03		92523		Y	GN, U4, U5	GN=Service delivered under an outpatient speech language pathology plan of care, U4=Outlier, U5=Outlier—access	Each	M	Evaluation of language comprehension and expression (e.g., receptive and expressive language)	Y	Each Unit=1 date of service. May use outlier modifiers (U4, U5), requires DHS approval.
Counseling and therapeutic services—speech and language therapy	09/01/10		507.03		92507		Y	GN, U4, U5	GN=Service delivered under an outpatient speech language pathology plan of care, U4=Outlier, U5=Outlier—access	Each	M	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Y	Each Unit=1 date of service. May use outlier modifiers (U4, U5), requires DHS approval.



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Counseling and therapeutic services—speech and language therapy	09/01/10		507.03		92508		Y	GN, U4, U5	GN=Service delivered under an outpatient speech language pathology plan of care, U4=Outlier, U5=Outlier—access	Each	M	Treatment of speech, language, voice, communication, and/or auditory processing disorder; Group 2 or more	Y	Each Unit=1 date of service. May use outlier modifiers (U4, U5), requires DHS approval.
Therapeutic supplies and services	09/01/10		507.04		T1999		N	UA-UD	UA-UD=Local agency use	Each	N	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	N	Self-directed services designated by using support indicator field with value of S.
Mentoring services	04/01/12		513.00		H0038		N	UK, U4, U5	UK=caregiver services on behalf of member, U4=Outlier, U5=Outlier—access	15 mins.	N	Self-help or peer services, per 15 mins.	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. May use outlier modifiers (U4, U5), requires DHS approval.
Mentoring services	12/01/12		513.00		H0038		Y	U7	U7=each	Each	N	Self-help or peer services, per 15 mins.	N	Self-directed services are designated by using the support indicator field with a value of S. Must use U7 modifier to change 15 minute unit to "Each."

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Community integration services—tiers	04/01/12		514.00		H2021		Y	HN, HO, U4, U5	HN=Bachelor's level, HO=Master's level, U4=Outlier, U5=Outlier—access	15 mins.	N	Community-based wrap-around services, per 15 mins.	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 approval.
Community integration services—tiers	04/01/12		514.00		H2022		Y	HN, HO, U4, U5	HN=Bachelor's level, HO=Master's level, U4=Outlier, U5=Outlier—access	Day	N	Community-based wrap-around services per diem	Y	Self-directed services are designated by using the support indicator field with a value of S. Must use modifier to identify tier: Tier 1=Bachelor's level (HN); Tier 2=Master's level (HO). May use outlier modifiers (U4, U5), requires DHS approval.
Case management (support and service coordination)	01/01/12		604.00		T1016		N	U1, U2, U3, U4	U1=Assessment, U2=Case planning, U3=Ongoing monitoring and service coordination, U4=Discharge planning	15 mins.	M	Case management, each 15 mins.	Y	Self-directed services are designated by using the support indicator field with a value of S. Must use DHS Support and Service Coordination rate setting methodology.
Housing counseling	09/01/10		610.00		T2013		Y	UD	UD=Housing counseling	1 hour	N	Habilitation, educational, waiver; per hour	N	Self-directed services are designated by using the support indicator field with a value of S. Must use modifier UD to specify housing counseling.

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Supported employment—in individual	01/01/12		615.01		T2018		Y	U7, U1, U2, U3, U6, U4, U5	U7=Each, U1=Tier 1, U2=Tier 2, U3= Tier 3, U6=Tier 4, U4=Outlier, U5=Outlier—access	Day	N	Habilitation, supported employment, waiver; per diem	Y	Self-directed services are designated by using the support indicator field with a value of S. Must apply U7 modifier first for tiered monthly rates. May use outlier modifiers (U4, U5), requires DHS approval.
Supported employment—small group	06/01/17		615.02		T2019		Y	UN, UP, U4, U5	UN=1 to 2, Integrated; UP=Group, 3 to 8; U4=Outlier, U5=Outlier—access	15 mins.	N	Habilitation, supported employment, waiver; per 15 mins.	Y	Self-directed services designated by using support indicator field with value of S. Entity OIE "service types." Must apply UN or UP modifier first for tiered rates. May use outlier modifiers (U4, U5), requires DHS approval.
Financial management services—basic	01/01/05		619.00		T2040		N	U7, U4, U5	U7=Each U4=Outlier U5=Outlier—access	Each	N	Financial management, self-directed, waiver; per 15 mins.	Y	Self-directed services are designated by using the support indicator field with a value of S. Must use U7 modifier to change 15 minute unit to "Each," defined as per member per month. Tier 1: Basic FMS services. May use outlier modifiers (U4, U5), requires DHS approval.

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Financial management services—enhanced	01/01/05		619.00		T2040		Y	U7, 22, U4, U5	U7=Each, 22=Increased procedural services U4=Outlier U5=Outlier—access	Each	N	Financial management, self-directed, waiver; per 15 mins.	Y	Self-directed services are designated by using the support indicator field with a value of S. For CLTS, this includes supports brokerage. Must use U7 modifier to change 15 minute unit to "Each," defined as per member per month. Must use 22 modifier to identify Tier 2: Enhanced FMS services. May use outlier modifiers (U4, U5), requires DHS approval.
Financial management services; rep payee—basic	01/01/05		619.00		T2041		Y	U7, U4, U5	U7=Each, U4=Outlier, U5=Outlier—access	Each	N	Supports brokerage, self-directed, waiver; per 15 mins.	Y	Self-directed services are designated by using the support indicator field with a value of S. Must use U7 modifier to change 15 minute unit to "Each," defined as per member per month. May use outlier modifiers (U4, U5), requires DHS approval.
Financial management services; rep payee—enhanced	01/01/05		619.00		T2041		Y	22, U7, U4, U5	22= Increased procedural services, U7=Each, U4=Outlier, U5=Outlier—access	Each	N	Supports brokerage, self-directed, waiver; per 15 mins.	Y	Self-directed services are designated by using the support indicator field with a value of S. Must use 22 modifier to identify Tier 2: Enhanced services. Must use U7 modifier to change 15 minute unit to "each," defined as per member per month. May use outlier modifiers (U4, U5), requires DHS approval.

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Day services, children	09/01/10		706.20		S5105		Y	U7, U4, U5	U7=15 mins., U4=Outlier, U5=Outlier—access	Day	N	Day care services, center-based; services not included in program fee, per diem	Y	Self-directed services designated by using support indicator field with value of S. Must use U7 modifier to change "Each" from per diem to 15 mins. May use outlier modifiers (U4, U5), requires DHS approval.
Nursing services (independent, private duty nursing, skilled nursing), RN	10/01/03		710.00		S9123		N	U4, U5 UF, UG, UH, UJ	U4=Outlier, U5=Outlier—access, UF=6:00-11:59 a.m., UG=Noon-5:59 p.m., UH=6:00-11:59 p.m., UJ=Midnight-5:59 a.m.	1 hour	M	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)	Y	Self-directed services designated by using support indicator field with value of S. May use outlier modifiers (U4, U5), requires DHS approval.
Nursing services (independent private duty skilled nursing), LPN	10/01/03		710.00		S9124		N	U4, U5 UF, UG, UH, UJ	U4=Outlier, U5=Outlier—access, UF=6:00-11:59 a.m., UG=Noon-5:59 p.m., UH=6:00-11:59 p.m., UJ=Midnight-5:59 a.m.	1 hour	M	Nursing care, in the home; by licensed practical nurse, per hour	Y	Self-directed services designated by using support indicator field with value of S. May use outlier modifiers (U4, U5), requires DHS approval.
Specialized child care	6/1/2017		101.00		T2026		Y	U1, U2, U3, U4, U5	U1=Age 0-5 years, U2=6-11 years, U3=12+ years, U4=Outlier, U5=Outlier—access	Day	N	Specialized childcare, waiver; per diem	Y	Self-directed services designated by using support indicator field with value of S. Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5), requires DHS approval.

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Specialized child care	06/01/17		101.00		T2027	Y	U1, U2, U3, U4, U5	U1=Age 0-5 years, U2=6-11 years, U3=12+ years, U4=Outlier, U5=Outlier—access	15 mins.	N	Specialized childcare, waiver; per 15 mins.	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 approval.	
Training for unpaid caregiver/family	6/1/2017		113.2		S5110	Y	UK	UK=services provided on behalf of participant to caregiver or family	15 mins.	N	Home care training, family; per 15 mins.	N	Self-directed services designated by using support indicator field with value of S. Must use UK modifier.	
Training for unpaid caregiver/family, per session	6/1/2017		113.2		S5111	Y	UK	UK=services provided on behalf of participant to caregiver or family member	Each	N	Home care training, family; per session	N	Self-directed services designated by using support indicator field with value of S. Must use UK modifier.	