

Benefit Category	Covered Benefit Start Date:	Covered Benefit End Date:	Standard Program Category (SPC) Code	Federal Revenue Code	Federal Procedure Code	Place of Service (POS)	Modifier Required? Y/N	Modifier	Modifier Description	Unit Value	Medical / Non-Medical	Federal Code Description	Rate-Setting Approach? Y/N (Refer to rate schedule.)	CLTS Coding Notes
Adaptive Aids - Vehicle	1/1/2004		112.57		T2039		N			Each	N	Vehicle modifications, waiver; per service	N	Self-Directed services are designated by using the support indicator field with a value of "S."
Adaptive Aids - Other	1/1/2004		112.99		T2028		N			Each	N	Specialized supply, not otherwise specified, waiver	N	Self-Directed services are designated by using the support indicator field with a value of "S."
Adult Family Home Placement, 1-2 beds	1/1/2004		202.01	0240	S5140**		N	U6, U4, U5	U6=1-2 bed U4=Outlier U5=Outlier-Access	Day	N	0240=Adult Family Home Placement S5140=Foster care, adult; per diem	Y	Residential care services only. May use outlier modifiers (U4, U5); requires DHS review. **Use Federal Procedure Code (column F) only when applying outlier modifier.
Adult Family Home Placement, 3-4 beds	1/1/2004		202.02	0241	S5140**		Y	U4, U5, U7	U4=Outlier U5=Outlier-Access U7=3-4 bed	Day	N	Adult Family Home Placement. (S5140=Foster care, adult; per diem)	Y	Residential care services only. May use outlier modifiers (U4, U5); requires DHS review. **Use the federal procedure code only when the outlier modifier is required (column F)
Case Management (Support & Service Coordination)	1/1/2004		604.00		T1016		N	U1, U2, U3, U4	U1=Assessment U2=Case planning U3=Ongoing monitoring & service coordination U4=Discharge planning	15 minutes	M	Case management, each 15 minutes	Y	Use modifiers U1-U3 to detail support and service coordination activities. Must use DHS Support and Service Coordination rate setting methodology.

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Communication Aids	1/1/2004		112.47		E1399		N	UD	UD = Communication Aids Miscellaneous	Each	M	Durable medical equipment, miscellaneous	N	Self-Directed services designated by using support indicator field with a value of "S." Additional codes in the ranges below may also be used: V5010-V5267 for hearing aids; V5268-V5274 for assistive listening devices (other than hearing aid). Miscellaneous for hearing aids.
Communication Aids Device	1/1/2004		112.47		E1902		N			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."
Community Integration Services-Tiers	4/1/2012		514.00		H2021		Y	HN, HO, U4, U5	HN=Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access	15 minutes	N	Community-based wrap-around services, per 15 minutes	Y	Self-Directed services are designated by using the support indicator field with a value of "S." Must use modifier to identify tier: Tier 1 = Bachelor's Level (HN); Tier 2 - Master's Level (HO). May use outlier modifiers (U4, U5), requires DHS review.
Community Integration Services-Tiers	4/1/2012	12/31/2019	514.00		H2022		Y	HN, HO, U4, U5	HN = Bachelor's Level HO=Master's level U4=Outlier U5=Outlier-Access	Day	N	Community-based wrap-around services per diem.	Y	Self-Directed services are designated by using the support indicator field with a value of "S." Must use modifier to identify tier: Tier 1 = Bachelor's Level (HN); Tier 2 = Master's Level (HO). May use outlier modifiers (U4, U5); requires DHS review.

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Consumer Education & Training	1/1/2004		113.00	S9445		N	UA-UD	UA-UD=Local agency use	Each	N	Patient education, not otherwise classified, non-physician provider, individual, per session	N	Self-Directed services are designated by using the support indicator field with a value of "S." May use modifiers UA-UD for local agency use.	
Consumer Education & Training	1/1/2004		113.00	S9445		N			Each	N	Patient education, not otherwise classified, non-physician provider, individual, per session.	N	Self-Directed services are designated by using the support indicator field with a value of "S."	
Consumer Education & Training	1/1/2004		113.00	S9445		Y	U8	U8=Period units	15 minutes	N	Patient education, not otherwise classified, non-physician provider, individual, per session.	N	Self-Directed services are designated by using the support indicator field with a value of "S." May use modifier U8 to describe period unit.	

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

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Counseling & Therapeutic Services-Occupational Therapy	1/1/2019		507.03	97166		Y	GO, U4, U5	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access	Each	M	Occupational therapy evaluation	Y	Each is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review.	
Counseling & Therapeutic Services-Occupational Therapy	1/1/2019		507.03	97168		Y	GO, U4, U5	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access	Each	M	Reevaluation of occupational therapy	Y	"Each" is defined as 1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review.	

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Counseling & Therapeutic Services-Occupational Therapy	1/1/2019		507.03		97535		Y	GO, U4, U5	GO=Services delivered under outpatient occupational therapy of care U4=Outlier U5=Outlier-Access	15 Minutes	M	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Y	May use outlier modifiers (U4, U5), requires DHS review.
Counseling & Therapeutic Services-Physical Therapy	1/1/2019		507.03		97162		Y	GP, U4, U5	GP=Services delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access	Each	M	Physical therapy evaluation	Y	Each is defined as 1 Unit = date of service. May use outlier modifiers (U4, U5); requires DHS review.

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Counseling & Therapeutic Services-Physical Therapy	1/1/2019		507.03		97164		Y	GP, U4, U5	GP=Services delivered under an outpatient physical therapy plan of care U4=Outlier U5=Outlier-Access	Each	M	Physical therapy reevaluation	Y	Each is defined as 1 Unit = date of service. May use outlier modifiers (U4, U5), requires DHS review.
Counseling & Therapeutic Services-Occupational Therapy or Physical Therapy	1/1/2019		507.03		97110		Y	GP, U4, U5	GP=Services delivered under an outpatient occupational or physical therapy plan of care U4=Outlier U5=Outlier-Access	15 Minutes	M	Therapeutic procedure(s)(2 or more individuals)	Y	May use outlier modifiers (U4, U5), requires DHS review.
Counseling & Therapeutic Services-Occupational Therapy or Physical Therapy	1/1/2019		507.03		97150		Y	GP, U4, U5	GP=Services delivered under an outpatient occupational or physical therapy plan of care U4=Outlier U5=Outlier-Access	Each	M	Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, gait training	Y	Each defined as 1 Unit = date of service. May use outlier modifiers (U4, U5), requires DHS review.

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Counseling & Therapeutic Services-Speech & Language Therapy	1/1/2019		507.03	92523		Y	GN, U4, U5	GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access	Each	M	Evaluation of language comprehension and expression (e.g., receptive and expressive language)	Y	1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review.	
Counseling & Therapeutic Services-Speech & Language Therapy	1/1/2019		507.03	92507		Y	GN, U4, U5	GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access	Each	M	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Y	1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review.	
Counseling & Therapeutic Services-Speech & Language Therapy	1/1/2019		507.03	92508		Y	GN, U4, U5	GN=Service delivered under an outpatient speech language pathology plan of care U4=Outlier U5=Outlier-Access	Each	M	Treatment of speech, language, voice, communication, and/or auditory processing disorder; Group 2 or more	Y	1 Unit = 1 date of service. May use outlier modifiers (U4, U5), requires DHS review.	

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Daily Living Skills Training	1/1/2004		110.00		T2013	N	HQ, U4, U5	HQ=Group setting U4=Outlier U5=Outlier-Access	1 hour	N	Habilitation, educational, waiver; per hour	Y	Self-Directed services are designated by using the support indicator field with a value of "S." <b>Must use HQ modifier if services are delivered in a group setting.</b> May use outlier modifiers (U4, U5); requires DHS review.	
Daily Living Skills Training	1/1/2004		110.00		T2017	N	HQ, U4, U5	HQ=Group setting U4=Outlier U5=Outlier-Access	15 minutes	N	Habilitation, residential, waiver; 15 minutes	Y	Self-Directed services are designated by using the support indicator field with a value of "S." <b>Must use HQ modifier if services are delivered in a group setting.</b> May use outlier modifiers (U4, U5); requires DHS review.	
Day Services, Children	1/1/2004	12/31/2019	706.20		S5105	Y	U4, U5	U4=Outlier U5=Outlier-Access	Day	N	Day care services, center-based; services not included in program fee, per diem	Y	Self-Directed services designated by using support indicator field with value of "S." May use outlier modifiers (U4, U5); requires DHS review.	

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Day Services, Children	1/1/2004		706.20		S5105		Y	U7, U4, U5	U7=Each U4=Outlier U5=Outlier-Access	Each	N	Day care services, center-based; services not included in program fee, per diem	Y	Must use U7 modifier to change unit to "Each." "Each" is defined as 15 minutes. Self-Directed services designated by using support indicator field with value of "S." May use outlier modifiers (U4, U5); requires DHS review.
Financial Management Services-Basic	1/1/2004		619.00		T2040		N	U7, U4, U5	U7=each U4=Outlier U5=Outlier-Access	Each	N	Financial management, self-directed, waiver; per 15 minutes	Y	Must use U7 modifier to change unit to "Each." "Each" is defined as one participant per month. Self-Directed services are designated by using support indicator field with a value of "S." May use outlier modifiers (U4, U5); requires DHS review.
Financial Management Services-Enhanced	1/1/2004		619.00		T2040		Y	U7, 22, U4, U5	U7=Each 22= Increased Procedural Services U4=Outlier U5=Outlier-Access	Each	N	Financial management, self-directed, waiver; per 15 minutes.	Y	Must use U7 modifier to change unit to "Each." "Each" is defined as one participant per month. Must use 22 modifier to identify Tier 2: Enhanced FMS services. Self-Directed services are designated by using the support indicator field with a value of "S." For CLTS, this includes supports brokerage. May use outlier modifiers (U4, U5), requires DHS review.

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Financial Management Services; Rep Payee - Basic	1/1/2004		619.00		T2041		Y	U7, U4, U5	U7=Each U4=Outlier U5=Outlier-Access	Each	N	Supports brokerage, self-directed, waiver; per 15 minutes.	Y	Must use U7 modifier to change unit to "Each." "Each" is defined as one participant per month. Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5); requires DHS review.
Financial Management Services; Rep Payee - Enhanced	1/1/2004		619.00		T2041		Y	22, U7, U4, U5	22=Increased Procedural Services U7=Each U4=Outlier U5=Outlier-Access	Each	N	Supports brokerage, self-directed, waiver; per 15 minutes.	Y	Must use U7 modifier to change unit to "Each." "Each" is defined as one participant per month. Self-Directed services are designated by using the support indicator field with a value of "S." Must use 22 modifier to identify Tier 2: Enhanced services. May use outlier modifiers (U4, U5); requires DHS review.
Foster Care (services only)	1/1/2004		203.00		H0041		N			Day	N	Foster care, child, non-therapeutic, per diem	N	State Licensed Level 1-4 Foster Home
Foster Care (services only)	1/1/2004		203.00		H0042		N			Month	N	Foster care, child, non-therapeutic, per month	N	State Licensed Level 1-4 Foster Home
Foster Care (services only)	1/1/2004		203.00		S5145		Y	U3	U3=Administrative costs	Day	N	Foster care, therapeutic, child; per diem	N	Foster home administrative costs. Includes foster care home levels 1-5; must use U3 modifier

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Foster Care (services only)	1/1/2004		203.00	S5146		Y	U3	U3=Administrative costs	Month	N	Foster care, therapeutic, child; per month	N	Foster home administrative costs. Includes foster home levels 1-5; must use U3 modifier	
Foster Care-Level 5 Home (services only)	1/1/2004		203.10	S5145		Y	KX	KX=Specified medical policy met	Day	N	Foster care, therapeutic, child; per diem	N	State Licensed Level 5 Foster Home	
Foster Care- Level 5 (services only)	1/1/2004		203.10	S5146		Y	KX	KX=Specified medical policy met	Month	N	Foster care, therapeutic, child; per month	N	State Licensed Level 5 Foster Home	
Home Modifications	1/1/2004		112.56	S5165		N	UA-UD	UA-UD=Local agency use	Each	N	Home modifications; per service	N	Self-Directed services designated by using support indicator field with a value of "S."	
Housing Counseling	1/1/2004		610.00	T2013		Y	UD	UD=Housing counseling	1 hour	N	Habilitation, educational, waiver; per hour	N	Self-Directed services are designated by using the support indicator field with a value of "S." Must use modifier UD to specify housing counseling.	
Housing Start-Up	1/1/2004		106.03	T2038		N			Each	N	Community transition, waiver; per service.	N	Self-Directed services are designated by using support indicator field with value of "S."	

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Mentoring Services	4/1/2012		513.00		H0038		N	HQ, U4, U5	HQ=Group setting U4=Outlier U5=Outlier-Access	15 minutes	N	Self-help/peer services, per 15 minutes	Y	Self-Directed services designated by using support indicator field with value of "S." Services to improve a child's ability to interact in their community in socially appropriate ways. <b>Must use HQ modifier when authorizing services delivered in a group setting.</b> May use outlier modifiers (U4, U5); requires DHS review.
Mentoring Services	4/1/2012		513.00		H0038		Y	U7, UK	U7=Each, UK=Caregiver services on behalf of member	Each	N	Self-help/peer services, per 15 minutes	N	Self-Directed services designated by using support indicator field with value of "S." Services to improve a child's ability to interact in their community in socially appropriate ways. Must use U7 modifier to change unit to "Each." Must use UK modifier to identify covered mentoring costs associated with the caregiver.

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Nursing Services (Independent, Private Duty Nursing, Skilled Nursing), RN	1/1/2004	6/30/2020	710.00		S9123		N	UF, UG, UH, UJ, U4, U5	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. U4=Outlier U5=Outlier-Access	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 scheduling modifiers (UF-UJ) to track scheduled nursing shifts. May use outlier modifiers (U4, U5), requires DHS review.
Nursing Services (Independent Private Duty Skilled Nursing), LPN	1/1/2010	6/30/2020	710.00		S9124		N	UF, UG, UH, UJ, U4, U5	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. U4=Outlier U5=Outlier-Access	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 scheduling modifiers (UF-UJ) to track scheduled nursing shifts. May use outlier modifiers (U4, U5), requires DHS review.
Personal Emergency Response System (PERS) - Installation & Testing	1/1/2004		112.46		S5160		N			Each	N	Emergency response system; installation and testing	N	Self-Directed services designated by using support indicator field with value of "S."

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Personal Emergency Response Systems (PERS) - Monthly Service Fee	1/1/2004		112.46		S5161		N	U1-U9	U1-U9=Local agency use	Month	N	Emergency response system; service fee, per month (excludes installation and testing)	N	Self-Directed services designated by using support indicator field with value of "S."
Personal Emergency Response Systems (PERS) - Purchase	1/1/2004		112.46		S5162		N			Each	N	Emergency response system; purchase only	N	Self-Directed services designated by using support indicator field with value of "S."
Relocation Services, Initial Utilities	6/1/2017		106.03		T2038		Y	SE	SE=State and/or Federally funded programs/services	Each	N	Community transition, waiver; per service	N	Self-Directed services designated by using support indicator field with value of "S." Use "SE" modifier to identify initial utilities
Respite Care, Residential	1/1/2004		103.22		S5150		Y	U1-U3, HQ, U4, U5	U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	15 Minutes	N	Unskilled respite care, not hospice, per 15 minutes	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Must use HQ modifier when authorizing group rates; authorize at a group of 2. May use outlier modifiers (U4, U5); requires DHS review.

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Respite Care, Residential	1/1/2004		103.22	S5151		Y	U1-U3, HQ, U4, U5	U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	Day	N	Unskilled respite care, not hospice, per diem	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Use the HQ modifier for respite services authorized at the day rate in a group setting; authorize rate at a group of 2. May use outlier modifiers (U4, U5); requires DHS review.	
Respite Care, Institutional	1/1/2004		103.24	0663	S5151**	N	TF, TG, U4, U5	TF=Intermediate level of care TG=Complex / high tech level of care, U4=Outlier U5=Outlier-Access	Day	M	0663=Respite care - daily respite charge. S5151=Respite care, not in the home, per diem.	Y	Self-Directed services designated by using support indicator field with value of "S." Must use TF modifier for respite services delivered in a group home. Must use TG modifier for respite services delivered in a residential care center (RCC). May use outlier modifiers (U4, U5), requires DHS review. **Only use the federal procedure code when the outlier modifier is required (column F).	

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Respite Care, Home-Based	1/1/2004		103.26		S9125		Y	U1-U3, HQ, U4, U5,	U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	Day	N	Respite care, in the home, per diem.	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). <b>Use the HQ modifier for respite services authorized at the day rate in a group setting; authorize rate at a group of 2.</b> May use outlier modifiers (U4, U5); requires DHS review.
Respite Care, Home-Based	1/1/2004		103.26		T1005		Y	U1-U3, HQ, U4, U5	U1=Low, U2=Medium, U3=High, HQ=Group setting, U4=Outlier, U5=Outlier-Access	15 minutes	N	Respite care services, up to 15 minutes.	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). <b>Must use HQ modifier when authorizing group rates; authorize rate at a group of 2.</b> May use outlier modifiers (U4, U5); requires DHS review.

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Respite Care, Other	1/1/2004		103.99		G0176	Y	EY, 52, U1-U3, HQ, U4, U5	EY=No physician or licensed health care provider for this item or service 52=Reduced services U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	Each	N	Activity therapy, such as music, hippotherapy, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling health problems, per session (45 minutes or more).	Y	"Each" unit value defined as one session (45 minutes or more). Must use EY modifier to indicate service delivered by unlicensed provider. Self-Directed services designated by using support indicator field with value of "S." May use 52 modifier to identify sessions shorter than 45 minutes. Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). <b>Must use HQ when authorizing group rates; authorize rate at group of 2.</b> May use outlier modifiers (U4, U5); requires DHS review.	
Respite Care, Other	1/1/2004		103.99		S5150	Y	U1-U3, HQ, U4, U5	U1=Low U2=Medium U3=High HQ=Group setting U4=Outlier U5=Outlier-Access	15 minutes	N	Unskilled respite care; not hospice; per 15 minutes.	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). <b>Must use HQ modifier when authorizing group rates; authorize at group of 2.</b> May use outlier modifiers (U4, U5); requires DHS review.	

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Respite Care, Other	1/1/2004		103.99		S5151		Y	U1-U3, HQ, U4, U5	U1=Low U2=Medium U3=High HQ=Group Setting U4=Outlier U5=Outlier-Access	Day	N	Unskilled respite care; not hospice; per diem.	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifiers (U1-U3). Use the HQ modifier for respite services authorized at the day rate in a group setting; authorize at group of 2. May use outlier modifiers (U4, U5); requires DHS review.
Respite Care, Other	1/1/2004		103.99		T2036		Y	EY	EY=No physician or licensed health care provider order for this item or service	Each	N	Therapeutic camping, overnight, waiver; each session	N	Each unit equals a session. Self-Directed services designated by using support indicator field with value of "S."
Respite Care, Other	1/1/2004		103.99		T2037		Y	EY	EY=No physician or licensed health care provider order for this item or service	Day	N	Therapeutic camping, day, waiver	N	"Each" unit equals a day. Self-Directed services designated by using support indicator field with value of "S."
Specialized Child Care	6/1/2017		101.00		T2026		Y	U1, U2, U3, U4, U5	U1=Age 0-5 years U2=6-11 years U3=12+ Years U4=Outlier U5=Outlier Access	Day	N	Specialized childcare, waiver; per diem	Y	Self-Directed services designated by using support indicator field with value of "S." Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5); requires DHS review.

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Specialized Child Care	6/1/2017		101.00		T2027	Y	U1, U2, U3, U4, U5	U1=Age 0-5 years U2=6-11 years U3=12+ Years U4=Outlier U5=Outlier Access	15 minutes	N	Specialized child care, waiver; per 15 minutes	Y	Self-Directed services designated by using support indicator field with value of "S." Must use modifiers U1-U3 to identify age category of child. May use outlier modifiers (U4, U5); requires DHS review.	
Specialized Medical & Therapeutic Supplies	1/1/2004		112.55		A9999	N			Each	M	Miscellaneous DME supply or accessory, not otherwise specified	N	Self-Directed services designated by using the support indicator field with a value of "S." Codes in the ranges below may also be used: A4000-A9999 for miscellaneous medical and surgical supplies; B4000-B9999 for enteral and parenteral therapy supplies.	
Supported Employment - Individual	4/1/2012		615.01		T2018	Y	U7, U1, U2, U3, U6, U4, U5	U7=Each U1=Tier 1 U2=Tier 2 U3= Tier 3 U6=Tier 4 U4=Outlier U5=Outlier-Access	Each	N	Habilitation, supported employment, waiver; per diem	Y	Must apply U7 modifier to define "Each." "Each" is defined as 1 month. Use modifiers (U1, U2, U3, U6) to identify appropriate tier level services. Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5); requires DHS review.	

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Supported Employment-Small Group	6/1/2017		615.02		T2019		Y	U7, UN, UP, U4, U5	U7=Each UN=Group of 2 UP=Group, 3 to 8 U4=Outlier U5=Outlier-Access	Each	N	Habilitation, supported employment, waiver; per 15 minutes	Y	Must apply U7 modifier to define "Each" "Each" is defined as 1 month. Self-Directed services designated by using support indicator field with value of "S." <b>Must apply UN modifier to define 2 participants receiving this service, or UP modifier for 3 - 8 participants for the tiered rates.</b> May use outlier modifiers (U4, U5); requires DHS review.
Supportive Home Care -Daily	1/1/2004	12/31/19	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 modifier (U1-U3). May use outlier modifiers (U4, U5); requires DHS review.

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Supportive Home Care- Attendant Care Services: per diem	1/1/2004	12/31/2019	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 modifier (U1-U3). Must use TV modifier when authorizing holiday or overtime rates. May use outlier modifiers (U4, U5); requires DHS review.
Supportive Home Care- Chore Services, per diem	1/1/2004		104.10		S5121		N			Day	N	Chore Services, per diem	N	Self-Directed services designated by using support indicator field with value of "S."

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Supportive Home Care-Hourly	1/1/2004		104.20		99600		Y	U1-U3, U4, U5, UF, UG, UH, UJ, HQ	U1=Low U2=Medium U3=High U4=Outlier U5=Outlier-Access UF=6:00-11:59 a.m. UG=Noon-5:59 p.m. UH=6:00-11:59 p.m. UJ=Midnight-5:59 a.m. HQ=Group setting	1 hour	N	Unlisted home visit service or procedure.	Y	Self-Directed services designated by using support indicator field with value of "S." Must indicate participant's care level modifier (U1-U3). <b>Must use HQ modifier when authorizing group rates.</b> May use outlier modifiers (U4, U5); requires DHS review.

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Supportive Home Care- Attendant care services; per 15 minutes	1/1/2004		104.20		S5125		Y	U1-U3, U4, U5, UF, UG, UH, UJ, HQ, <del>U6-U9</del>	U1=Low U2=Medium U3=High U4=Outlier U5=Outlier-Access UF=6:00-11:59 a.m. UG=Noon-5:59 p.m. UH=6:00-11:59 p.m. UJ=Midnight-5:59 a.m. HQ=Group setting <del>U6-U9=Local agency use</del>	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). <b>Must use HQ modifier if authorizing group rates.</b> May use modifiers to track attendant care worker schedules (UF-UJ). May use outlier modifier (U4, U5); requires DHS review.
Supportive Home Care- Chore Services, per 15 minutes	1/1/2004		104.20		S5120		N			15 Minutes	N	Chore Services, per 15 minutes	N	Self-Directed services designated by using support indicator field with value of "S."

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Supportive Home Care- Personal Care	1/1/2004	6/30/2020	104.21		T1019	N	U4, U5,	U4=Outlier U5=Outlier-Access	15 Minutes	N	Personal care services, per 15 minutes, 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 review.	
Supportive Home Care, Worker Room & Board	1/1/2004		104.88		S9976	N			Day	N	Lodging, per diem, not otherwise classified	N	Self-Directed services designated by using support indicator field with value of "S."	
Training for Unpaid Caregiver/Family, per session	6/1/2017		113.2		S5111	Y	UK	UK=Services provided on behalf of participant to caregiver/family member	Each	N	Home care training, family; per session	N	Self-Directed services designated by using support indicator field with value of "S." Must use UK modifier to indicated services delivered to caregiver/family on behalf of participant.	

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Training for Unpaid Caregiver/Family	6/1/2017		113.2	S5110		Y	UK	UK=Services provided on behalf of participant to caregiver/family member	15 minutes	N	Home care training, family; per 15 minutes	N	Self-Directed services designated by using support indicator field with value of "S." Must use UK modifier to indicate services delivered to caregiver/family on behalf of participant.	
Transportation	1/1/2004		107.50	A0170		N			Each	N	Transportation ancillary: parking fees, tolls, other	N	Self-Directed services are designated by using the support indicator field with a value of "S." Parking fees, tolls, other expenses paid at market rate.	
Transportation - Commercial Vehicle Pass - Bus	1/1/2004		107.50	A0110		N	U1-U3	U1-U3=Local agency use	Each	N	Non-emergency transportation and bus, intra or inter state carrier.	N	Self-Directed services are designated by using the support indicator field with a value of "S." Units refer to the transportation pass itself, not number of uses on the pass. Bus passes paid at market rate.	
Transportation & Escort	1/1/2004		107.30	T2003		N	U4, U5	U4=Outlier U5=Outlier Access	1 trip	N	Non-emergency transportation; encounter/trip	Y	Self-Directed services designated by using support indicator field with value of "S." May use outlier modifiers (U4, U5), requires DHS review.	

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Transportation & Escort	1/1/2004		107.40		S0215		N	U4, U5	U4=Outlier U5=Outlier Access	Miles	N	Non-emergency transportation; mileage, per mile	Y	Self-Directed services are designated by using the support indicator field with a value of "S." May use outlier modifiers (U4, U5), requires DHS review.
Transportation - Multi-Passenger Vehicle	1/1/2004		107.30		T2004		N	22, U4, U5	22=Increased Procedural Services U4=Outlier U5=Outlier-Access	1 trip	N	Non-emergency transport; commercial carrier, multi-pass	Y	Self-Directed services are designated by using the support indicator field with a value of "S." May use 22 modifier to pay wheelchair accommodated vehicle at both trip and mileage rates. May use outlier modifiers (U4, U5), requires DHS review.
Therapeutic Supplies and Services	1/1/2004		507.04		T1999		N	UA-UD	UA-UD=Local agency use	Each	N	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	N	Self-Directed services designated by using support indicator field with value of "S."