Children’s Long-Term Support (CLTS) Waiver Program
Interim Third Party Administration (TPA) Service Authorization Guidance for Statewide Uniform Rates

The Department of Health Services (DHS) developed the *CLTS Waiver Program Interim TPA Service Authorization Guidance* to provide county waiver agencies (CWAs) with coding instructions for implementing the statewide uniform rates for included services, as established by DHS and approved by the Centers for Medicare & Medicaid Services (CMS). The approved statewide uniform rates must be used for included services effective July 1, 2019.

At any time during the transition period, CWAs may begin using this interim guidance to authorize the statewide uniform rates for included services. This interim guidance must be used to authorize included services at statewide uniform rates for dates of services delivered by providers effective July 1, 2019 and after.

DHS is currently working to implement TPA system changes to support automated claim processing validation based on the statewide uniform rate schedule. Until the TPA system solution is fully implemented, this interim guidance provides instructions for applying the current TPA requirements to manually determine and authorize included services and pay provider claims based on the statewide uniform rates according to the *Children’s Long-Term Support Waiver Program Rate Schedule* (P-02184).

The current CLTS TPA authorization requirements remain the foundation for manually authorizing CLTS included services based on the approved statewide uniform rates. The revised CLTS Code Crosswalk includes several new mandatory modifiers that determine the correct rate for specified included services. These mandatory modifiers must be used when authorizing included services, and in some instances, supersedes the CWA’s ability to use the previous optional modifiers for their own local tracking purposes. Other than the mandatory modifiers, there are no changes to the current TPA mandatory and optional authorization fields. In addition, the TPA will continue to apply the current claims processing business rules, including if the provider’s claim is billed at a lower rate than the authorized statewide uniform rate, the TPA will pay the lower rate.

### Instructions for the Interim TPA Service Authorization Guidance

The *CLTS Waiver Program Interim TPA Service Authorization Guidance* is intended to be used in conjunction with the *Children’s Long-Term Support Waiver Program Rate Schedule* (P-02184) and the *Children’s Long-Term Support Waiver Program Benefit Code Crosswalk* (P-02283).

The guide below is organized into columns representing the mandatory TPA service authorization fields that have an impact on the uniform rates for included services. CWAs must follow the authorization coding instructions as detailed in order to implement the CLTS statewide uniform rates.

**Rate Type:** This column organizes the services in this guide similar to the CLTS statewide uniform rate schedule and categorizes rates by the established methodologies, including tiered, single unit, by provider type, Medicaid-fee-for service, child care, and care level and provider type.

<table>
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<tr>
<th>Rate Type</th>
<th>Description</th>
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<tr>
<td><strong>Tiered</strong></td>
<td>Services categorized by tier level.</td>
</tr>
<tr>
<td><strong>Single Unit</strong></td>
<td>Services categorized by single unit.</td>
</tr>
<tr>
<td><strong>By Provider Type</strong></td>
<td>Services categorized by specific provider types.</td>
</tr>
<tr>
<td><strong>Medicaid-fee-for service</strong></td>
<td>Services paid on a fee-for-service basis.</td>
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<tr>
<td><strong>Child care</strong></td>
<td>Services specifically related to child care.</td>
</tr>
<tr>
<td><strong>Care level and provider type</strong></td>
<td>Services categorized by care level and provider type combination.</td>
</tr>
</tbody>
</table>
**Service**: (Informational only—not used in authorization.) This column lists the CLTS Waiver Program service that corresponds to a standard program category (SPC) and the Healthcare Common Procedure Coding System (HCPCS) code description.

**SPC code**: (Informational only—not used in authorization.) This column includes a Wisconsin state-level numerical code that refers to the CLTS Waiver Program service type.

**Federal procedure code**: This column includes the health care procedure code for services based on the American Medical Association’s Current Procedural Terminology (CPT) and CMS Health Insurance Portability and Accountability Act of 1996 (HIPAA) coding procedures.

**Modifiers**: This column provides instruction on the modifiers used for each included service. The instructions indicate whether a modifier is required or optional and what it signifies. CWAs will continue to be limited in using up to four modifiers on one service authorization line. For maximum flexibility in processing authorizations and provider claim payments, the TPA will accept the modifiers in any placement order.

**Authorization method**: This column indicates the service authorization frequency that must be used for the included service.

**Provider qualifier**: This column provides instructions for the mandatory authorization provider qualifier field and code that identifies provider agencies (24, tax ID) or individual providers (34, Social Security number).

**Authorized rate determination**: (Authorized units and the rate per unit.) This column provides detailed rate instructions regarding how to apply the modifiers and manually determine the correct rate for the included service, as per the Children’s Long-Term Support Waiver Program Rate Schedule (P-02184).

### Interim Service Authorization Guide for CLTS Statewide Uniform Rates

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</table>
| Tiered    | Community integration services | 514.00 | H2021                     | Must use HN or HO to indicate appropriate tier | Must use MEMBER method | Must enter 24 or 34; however, does not affect rate for this service | Modifier HN = Tier 1: Bachelor Level  
Modifier HO = Tier 2: Master’s Level  
Authorized rate must match appropriate 15-minute tier rate based on the modifier used, per the CLTS rate schedule |
|           | Community integration services | 514.00 | H2022                     | Must use HN or HO to indicate appropriate tier | Must use MEMBER method | Must enter 24 or 34; however, does not affect rate for this service | Modifier HN = Tier 1 Bachelor Level  
Modifier HO = Tier 2 Master’s Level  
Must manually calculate authorized rate to match appropriate day tier rate based on the modifier used, per the day calculation notes in the CLTS rate schedule |
|           | Supported employment—Individual | 615.01 | T2018 | Must use U7 to identify “each” | Must use MEMBER method | Must enter 24 or 34; however, does not affect rate for this service | “Each” defined as per participant per month  
Must use correct modifier to indicate appropriate tier for hours worked (U1 = 10 hours) |
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<tr>
<td>Single Unit</td>
<td>Supported employment—group</td>
<td>615.02</td>
<td>T2019</td>
<td>• Must use U7 to identify &quot;each&quot;</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34; however, does not affect rate for this service&lt;br&gt;• &quot;Each&quot; defined as per participant per month&lt;br&gt;• Must use UN or UP to identify # of participants in the integrated groups&lt;br&gt;• Must use correct modifier to indicate appropriate tier for hours worked (U1 = 10 hours per week, U2 = 10 - &lt; 15 hours per week, U3 = 15 - &lt; 20 hours per week, U6 = 20+ hours per week), per CLTS rate schedule</td>
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<tr>
<td></td>
<td>Financial management services</td>
<td>619.00</td>
<td>T2040</td>
<td>• Must use U7 to identify &quot;each&quot;</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34; however, does not affect rate for this service&lt;br&gt;• &quot;Each&quot; defined as per participant per month&lt;br&gt;• Authorized rate must match tier rate Basic or Enhanced (use 22 modifier), per CLTS rate schedule</td>
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</tr>
<tr>
<td></td>
<td>Financial management services: rep payee</td>
<td>619.00</td>
<td>T2041</td>
<td>• Must use U7 to identify &quot;each&quot;</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34; however, does not affect rate for this service&lt;br&gt;• &quot;Each&quot; defined as per participant per month&lt;br&gt;• Authorized rate must match tier rate Basic or Enhanced (use 22 modifier), per CLTS rate schedule</td>
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<td></td>
<td>Transportation and escort</td>
<td>107.40</td>
<td>S0215</td>
<td>• May use U4, U5 for outlier</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34; however, does not affect rate for this service&lt;br&gt;• Authorized rate must match mileage rate per CLTS rate schedule</td>
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<td></td>
<td>Adult family home (1-2 bed)</td>
<td>202.01</td>
<td>0240 S5140**</td>
<td>• Must use U6 to identify 1-2 beds</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34; however, does not affect rate for this service&lt;br&gt;• Authorized rate must match the daily rate for 1-2 beds, per CLTS rate schedule&lt;br&gt;**Must use S5140 code only when an outlier modifier is required</td>
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<tr>
<td></td>
<td>Adult family home (3-4 bed)</td>
<td>202.02</td>
<td>0241 S5140**</td>
<td>• Must use U7 to identify 3-4 beds</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34; however, does not affect rate for this service&lt;br&gt;• Authorized rate must match the daily rate for 3-4 beds, per CLTS rate schedule&lt;br&gt;**Must use S5140 code only when an outlier modifier is required</td>
<td></td>
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</table>
|              | Counseling and therapeutic services          | 507.03   | G0176                     | • Must use U1, U2, U3 U6, U7, U8, U9 to identify therapy type<br>May use 52<br>May use U4, U5 for outlier<br>May use HQ for group setting | Must use MEMBER method | Must enter 24 or 34; however, does not affect rate for this service<br>• Must use U1, U2, U3 U6, U7, U8, U9 to identify therapy type<br>• Must manually calculate 85% of provider’s usual and customary rate, up to $170, per session, per CLTS rate schedule<br>• Use 52 modifier to authorize services when the session is less than the 45-minute
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|           |         |          |                           | • May use UA for assessment  
• May use UB for evaluation | Must use MEMBER method  
Must enter 24 or 34; however, does not affect rate for this service | Document description | session federal unit description |
| Day services | 706.20  | S5105   |                           | • May use U4, U5 for outlier | Must use MEMBER method  
Must enter 24 or 34; however, does not affect rate for this service | Document description | Authorized rate must match the daily rate per CLTS rate schedule |
| Day services | 706.20  | S5105   |                           | • For 15-minute units, must use U7 to identify “each”  
• May use U4, U5 for outlier | Must use MEMBER method  
Must enter 24 or 34; however, does not affect rate for this service | Document description | “Each” is defined as 15 minutes  
Authorized rate must match the 15-minute rate, per CLTS rate schedule |
| Respite care, institutional | 103.24  | 0663 S5151** |                           | • May use U4, U5 for outlier | Must use MEMBER method  
Must enter 24 or 34; however, does not affect rate for this service | Document description | Authorized rate must match Department of Children and Families (DCF) approved rate for the group home or residential care center provider, per CLTS rate schedule instructions  
**Must use S5151 code only when an outlier modifier is required |
| Daily living skills training | 110.00  | T2013   |                           | • May use U4, U5 for outlier | Must use MEMBER method  
Must enter 24 or 34 to identify agency or individual provider rate for rate determination | Document description | Authorized rate must match hourly rate based on the provider qualifier type, per CLTS rate schedule |
| Daily living skills training | 110.00  | T2017   |                           | • May use U4, U5 for outlier | Must use MEMBER method  
Must enter 24 or 34 to identify agency or individual provider rate for rate determination | Document description | Authorized rate must match 15-minute rate based on the provider qualifier type, per CLTS rate schedule |
| Mentoring | 513.00  | H0038   |                           | • Must use UK when covering caregiver costs  
• May use U4, U5 for outlier | Must use MEMBER method  
Must enter 24 or 34 to identify agency or individual provider rate for rate determination | Document description | Authorized rate must match the rate based on the provider qualifier type, per CLTS rate schedule  
Use UK modifier to authorize costs of the caregiver associated with delivering mentoring services to participant (e.g., cost of caregiver’s ticket while attending movie) |
| Supportive home care—personal care | 104.21  | T1019   |                           | • May use U4, U5 for outlier  
• May use U6-U9 for local agency use | Must use MEMBER method  
Must enter 24 or 34; however does not affect rate for this service | Document description | Authorized rate must match the 15-minute rate, per CLTS rate schedule |
| Transportation and escort | 107.30  | T2003   |                           | • May use U4, U5 for outlier | Must use MEMBER method if applying trip rate  
Must enter 24 or 34; however does not affect rate for this service | Document description | Authorized rate must match the rate based on the provider qualifier type, per CLTS rate schedule |
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| Transportation—multi-passenger vehicle | 107.30                                      | T2004    |                           | • Must use 22 to identify transportation for accommodated wheelchair vehicle, to cover costs of both trip and miles  
• May use U4, U5 for outlier | • Must use MEMBER if applying trip rate  
• If modifier 22 is used, must use TOTAL method | Must enter 24 or 34; however does not affect rate for this service | • Authorized rate must match the rate, per CLTS rate schedule  
• Must manually calculate authorized rate if modifier 22 used to cover both trip and miles costs  
• Only 1 unit can be authorized when using modifier 22 under the TOTAL method to cover both trip and miles costs. |
| Counseling and therapeutic services—occupational therapy | 507.03                                      | 97166 97168 97535 |                           | • Must use GO for type of therapy  
• May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34; however does not affect rate for this service | Authorized rate must match appropriate unit rate, per CLTS rate schedule |
| Counseling and therapeutic services—physical therapy | 507.03                                      | 97162 97164 |                           | • Must use GP for type of therapy  
• May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34; however does not affect rate for this service | Authorized rate must match appropriate unit rate, per CLTS rate schedule |
| Counseling and therapeutic services—occupational or physical therapy | 507.03                                      | 97110 97150 |                           | • Must use GP for type of therapy  
• May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34; however does not affect rate for this service | Authorized rate must match appropriate unit rate, per CLTS rate schedule |
| Counseling and therapeutic services—speech therapy | 507.03                                      | 92507 92508 92523 |                           | • Use GN for type of therapy  
• May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34; however does not affect rate for this service | Authorized rate must match appropriate unit rate, per CLTS rate schedule |
| Nursing services—RN          | 710.00                                      | S9123    |                           | • May use UF, UG, UH and UJ for shift details identified on crosswalk  
• May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34; however does not affect rate for this service | Authorized rate must match hourly rate, per CLTS rate schedule |
| Nursing services—LPN         | 710.00                                      | S9124    |                           | • May use UF, UG, UH and UJ for shift schedule details identified on crosswalk  
• May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34; however does not affect rate for this service | Authorized rate must match hourly rate, per CLTS rate schedule |
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| Child Care | Specialized child care | 101.00 | T2026 | • Must use U1, U2, U3 to identify participant’s age range  
May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34 to identify agency or individual provider for rate determination | • Authorized rate must match daily rate based on agency or individual provider qualifier type  
• Authorized rate must match participant’s age range (U1 = 0-5, U2 = 6-11, U3 = 12 and older), per CLTS rate schedule  
• Authorized rate must match 15-minute rate based on agency or individual provider qualifier type  
• Authorized rate must match participant’s age range (U1 = 0-5, U2 = 6-11, U3 = 12 and older), per CLTS rate schedule |
| | Specialized child care | 101.00 | T2027 | • Must use U1, U2, U3 to identify participant’s age range  
May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34 to identify agency or individual provider for rate determination | |
| | Respite care, residential | 103.22 | S5150 | • Must use U1, U2, U3 as appropriate  
May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34 to identify agency or individual provider for rate determination | • Authorized rate must match 15-minute rate for agency or individual provider qualifier type  
• Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per CLTS rate schedule |
| | Respite care, residential | 103.22 | S5151 | • Must use U1, U2, U3 as appropriate  
May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34 to identify agency or individual provider for rate determination | |
| | Respite care, home-based | 103.26 | T1005 | • Must use U1, U2, U3 as appropriate  
May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34 to identify agency or individual provider for rate determination | • Authorized rate must match the 15-minute rate for agency or individual provider qualifier type  
• Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per CLTS rate schedule |
| | Respite care, home-based | 103.26 | S9125 | • Must use U1, U2, U3, as appropriate  
May use TV for holiday and overtime rates  
May use U4, U5 for outlier | Must use MEMBER method | Must enter 24 or 34 to identify Agency or Individual provider for rate determination | • Authorized rate must match rate for agency or individual provider qualifier type  
• Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per the CLTS rate schedule  
• Use TV to calculate holiday, overtime rates |
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<tr>
<td>Respite care, other</td>
<td>103.99</td>
<td>G0176</td>
<td>• Must use EY modifier to identify unlicensed service provider  • Must use U1, U2, U3, as appropriate  • May use 52 if session under 45 minutes  • May use U4, U5 for outlier</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34 to identify agency or individual provider for rate determination</td>
<td>• Use G0176 and EY for activity therapy by unlicensed provider.  • Authorized rate must match rate for agency or individual provider qualifier type  • Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per CLTS rate schedule</td>
<td></td>
</tr>
<tr>
<td>Respite care, other</td>
<td>103.99</td>
<td>S5150</td>
<td>• Must use U1, U2, U3, as appropriate  • May use U4, U5 for outlier</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34 to identify agency or individual provider for rate determination</td>
<td>• Authorized rate must match rate for agency or individual provider qualifier type  • Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per CLTS rate schedule</td>
<td></td>
</tr>
<tr>
<td>Supportive home care—daily</td>
<td>104.10</td>
<td>99600</td>
<td>• Must use UD for day  • Must use U1, U2, U3, as appropriate  • May use U4, U5 for outlier</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34 to identify agency or individual provider for rate determination</td>
<td>• Authorized rate must match day rate for agency or individual provider qualifier type  • Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per CLTS rate schedule</td>
<td></td>
</tr>
<tr>
<td>Supportive home care—attendant care per diem</td>
<td>104.10</td>
<td>S5126</td>
<td>• Must use U1, U2, U3, as appropriate  • May use TV for holiday, overtime rates  • May use U4, U5 for outlier</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34 to identify agency or individual provider for rate determination</td>
<td>• Authorized rate must match day rate for agency or individual provider qualifier type  • Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per CLTS rate schedule</td>
<td></td>
</tr>
<tr>
<td>Supportive home care—hourly</td>
<td>104.20</td>
<td>99600</td>
<td>• Must use U1, U2, U3, as appropriate  • May use TV for holiday, overtime rates  • May use U4, U5 for outlier</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34 to identify agency or individual provider for rate determination</td>
<td>• Authorized rate must match hourly rate for agency or individual provider qualifier type  • Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate), per CLTS rate schedule</td>
<td></td>
</tr>
<tr>
<td>Supportive home care—attendant care services</td>
<td>104.20</td>
<td>S5125</td>
<td>• Must use U1, U2, U3, as appropriate  • May use U4, U5 for outlier</td>
<td>Must use MEMBER method</td>
<td>Must enter 24 or 34 to identify agency or individual provider for rate determination</td>
<td>• Authorized rate must match 15-minute rate for agency or individual provider qualifier type  • Must complete Care Level Classification Form (use U1 = Low, U2 = Medium, U3 = High, as appropriate)</td>
<td></td>
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