

**Modifiers List - MDHHS and DWMHA Combined  
Effective 10-01-2018**

<b>Modifier</b>	<b>Type</b>	<b>Definition - See current "PHIP/CMHSP Reporting Cost Per Code and Code Chart" or DWMHA Bulletins for more information.</b>
95	MDHHS	95: ACT telepractice for psychiatric services only, effective 1/1/2018 per Jeffery Wieferich memorandum.; Pre-Admission Screening (T1023) and Assessment by non-physician (H0031) both effective 10/1/2018 per Jeffry Wieferich memorandum.
AB	DWMHA	Use with T2003 to identify consumer Transportation, non-emergency, in an ambulance, arranged by and funded through the COPE program.
AH	MDHHS	AH: Clinical Psychologist provider (must be used for ABA services when a <u>clinical psychologist</u> provides the service).
AJ	MDHHS	AJ: Clinical Social Worker provider (must be used for ABA services when a <u>clinical social worker</u> provides the service).
AM	MDHHS	AM: Family psycho-education provided as part of ACT activities.
BI	DWMHA	Use with H0031 to identify a Biopsychosocial assessment.
DE	DWMHA	Use with H0031 to identify DECA assessment for children (Devereux Early Childhood Assessment).
DU	DWMHA	Use with H2015 or T1016 to identify services provided by a non-certified Peer Recovery Coach. (Bulletin #15-007).
DW	DWMHA	Use with H2014 or H2023 to identify jobs that pay a wage less than minimum wage (i.e., a Deviated Wage).
EN	DWMHA	Use with 0100 - All Inclusive Inpatient for Enhanced Rate for High Acuity patients.
FA	DWMHA	Use with H0031 to identify Functional Behavioral Assessment for Children and Adults (Non-Autism).
FS	DWMHA	Use with H0031 to identify a Child and Adolescent Functional Assessment Scale (CAFAS) assessment.
GC	DWMHA	Use with 99221, 99222, 99223, 99231, 99232, and 99233 physician codes for residents providing services under the supervision of a preceptor. Part of the Training/Learning Initiative. (Bulletin #14-005)
GN	MDHHS	GN: Services delivered under an outpatient speech language pathology plan of care.
GO	MDHHS	GO: Services delivered under an outpatient occupational therapy plan of care.
GP	MDHHS	GP: Services delivered under an outpatient physical therapy plan of care.
GT	MDHHS	GT: Telemedicine was provided via video-conferencing face-to-face with the beneficiary. For ABA telepractice only for 0368T, 0369T, and 0370T pre-authorized by MDHHS.
H9	MDHHS	H9: Assisted Outpatient Treatment (AOT).
HA	MDHHS	HA: Parent Management Training Oregon model with Home-based, Family Training, and Mental Health therapies (Evidence Based Practice only).
HA	MDHHS	HA: Substance Use Disorder: Child – Adolescent Program (services designed for persons under the age of 18).
HA HV	MDHHS	HA HV: Individuals receiving one of the MYTIE EBP 16-17 years of age.
HB	MDHHS	HB: Adult Program – Non-Geriatric (services designed for persons age 18-64).
HB HV	MDHHS	HB HV: Individuals receiving one of the MYTIE EBP 18-21 years of age.
HC	MDHHS	HC: Geriatric Program (services designed for adults age 65 and older)

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<b>HD</b>	<b>MDHHS</b>	HD: Substance Use Disorder: Women’s Specialty Services – pregnant/parenting women program (services provided in a program that treats pregnant women or women with dependent children)
<b>HE</b>	<b>MDHHS</b>	HE: Certified Peer Specialist provided or assisted with a covered service such as (but not limited to) ACT, CLS, skill-building, and supported employment. (NOTE: HE modifiers are used only when a certified peer specialist or peer mentor provides or assists with a covered service to a beneficiary. Do not use these modifiers with the procedure codes for the activities performed by a peer under the coverage “Peer-Delivered.”)
<b>HF</b>	<b>MDHHS</b>	HF: With HCPCS or CPT code for any Substance Use Disorder Treatment service that has the same code as a Mental Health services
<b>HG</b>	<b>MDHHS</b>	HG: Substance Use Disorder: Opioid Addiction Treatment Program
<b>HH</b>	<b>MDHHS</b>	HH: Integrated service provided to an individual with co-occurring disorder (MH/SA) (See 2/16/07 Barrie/Allen memo for further instructions)
<b>HH TG</b>	<b>MDHHS</b>	HH TG: SAMHSA-approved Evidence Based Practice for Co-occurring Disorders: Integrated Dual Disorder Treatment is provided.
<b>HI</b>	<b>MDHHS</b>	HI: Peer Mentor provided or assisted with a covered service such as (but not limited to) CLS, skill-building and supported employment. (NOTE: HI modifiers are used only when a certified peer specialist or peer mentor provides or assists with a covered service to a beneficiary. Do not use these modifiers with the procedure codes for the activities performed by a peer under the coverage “Peer-Delivered.”)
<b>HJ</b>	<b>MDHHS</b>	HJ: Substance Use Disorder: Employee Assistance Program
<b>HK</b>	<b>MDHHS</b>	HK: Beneficiary is HSW enrolled and is receiving an HSW covered service
<b>HL</b>	<b>DWMHA</b>	Use with various codes to identify services provided by Clinical Student Learners under the supervision of appropriate, qualified clinician.
<b>HM</b>	<b>DWMHA</b>	Use with 0364T, 0365T, 0366T, 0367T, 0373T and 0374T to report Autism Benefit services provided by a <u>Behavioral Technician</u> without Certification or License, even if technician has a degree (formerly called ABA Aide).
<b>HM</b>	<b>DWMHA</b>	Use with H2015 or T1016 to identify services provided by a non-certified Parent Support Partner. (Bulletin #15-007).
<b>HM</b>	<b>MDHHS</b>	HM: With Family Training (S5111) when provided by a trained parent using the MDHHS endorsed curriculum
<b>HN</b>	<b>MDHHS</b>	HN: Bachelor’s degree level provider (For ABA services, only use modifier to identify a <u>BCaBA</u> professional) <del>No modifier for aide level/behavior technician (BT) providing ABA, even if a BT has a degree(s)</del>
<b>HO</b>	<b>MDHHS</b>	HO: Master’s degree level provider (For ABA services, use modifier to identify a <u>BCBA</u> or other qualified ABA supervising professional)
<b>HP</b>	<b>MDHHS</b>	HP: Doctoral degree level provider (For ABA services, use modifier to identify a <u>BCBA-D</u> or other qualified ABA supervising professional)
<b>HQ</b>	<b>MDHHS</b>	HQ: Substance Use Disorder: Group Setting (services provided to more than one client in a single treatment event, such that the clients have no particular relationship)
<b>HR</b>	<b>MDHHS</b>	HR: Substance Use Disorder: Family/Couple with Client Present
<b>HS</b>	<b>MDHHS</b>	HS: Family models when beneficiary is not present during the session but family is present

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<b>HW</b>	<b>MDHHS</b>	HW: With H0031 for Support Intensity Scale (SIS) face-to-face assessment
<b>IC</b>	DWMHA	Use with T2011 or H0031 U5 to identify a partially completed assessment for an individual receiving Level II Evaluation for Pre-Admission Screening or Annual Review for Nursing Home (Bulletin 15-006) or Autism ABA services.
<b>ID</b>	DWMHA	Use with H2015 or T1016 to identify services provided by a non-certified Peer Mentor. (Bulletin #15-007) or T2011 ID for Level II Evaluations for Pre-Admission or Annual Review for Nursing Home with members with I/DD disability
<b>IF</b>	DWMHA	Use with H0036 to identify Infant Mental Health services for Mothers and Infants & Children less than 48 months old.
<b>IH</b>	DWMHA	Use with H0038, H0038 TT, T1017, and 90853 to identify Integrated Healthcare. (Bulletin #14-007)
<b>IL</b>	DWMHA	Use with H2011 to identify Hospital Liaison services associated with Crisis Intervention or Stabilization services.
<b>IN</b>	DWMHA	Use with H2011 to identify Intensive Crisis Stabilization services provided by COPE program.
<b>IR</b>	DWMHA	Use with H2011 to identify Crisis Intervention services provided by COPE program.
<b>JF</b>	DWMHA	Use with H0031 to identify Juvenile Inventory for Functioning - Interviewer (JIFF)
<b>JJ</b>	DWMHA	Use with H0003 to identify drug screenings at Juvenile Assessment Center, CHOICES program.
<b>L1</b>	DWMHA	Use with H0043 (5 to 7 hrs), H2016 (5 to 7 hrs) and T1020 (1 hour or less) to indicate low level of intensity. (I/DD population only)
<b>L2</b>	DWMHA	Use with H0043 (8 to 10 hrs), H2016 (8 to 10 hrs) and T1020 (1 to 2 hours) to indicate medium-low level of intensity. (I/DD population only)
<b>L3</b>	DWMHA	Use with H0043 (11 to 14 hrs), H2016 (11 to 14 hrs) and T1020 (2 to 3 hours) to indicate medium level of intensity. (I/DD population only)
<b>L4</b>	DWMHA	Use with H0043 (15 to 20 hrs), H2016 (15 to 20 hrs) and T1020 (3 to 4 hours) to indicate high level of intensity. (I/DD population only)
<b>L5</b>	DWMHA	Use with H0043, H2016 and T1020 to indicate an alternative arrangement for residential services. (I/DD population only)
<b>LI</b>	DWMHA	Use with H2011 to report Hospital Liaison services related to Crisis Intervention.
<b>LO</b>	DWMHA	Use with H0031 to identify a Level of Care Utilization System (LOCUS) assessment.
<b>MI</b>	DWMHA	Use with H2015 or T1016 to identify services delivered by a non-certified Peer Support Specialist. (Bulletin #15-007) or T2011 for Level II Evaluations for Pre-Admission or Annual Review for Nursing Home with members with MI disability
<b>NA</b>	DWMHA	Use with T2003 to identify consumer Transportation, in an automobile driven by COPE Staff and provided by the COPE program.
<b>PE</b>	DWMHA	Use with H0031 to identify PECFAS assessment for children (Pre-School and Early Childhood Functional Assessment Scale).
<b>QJ</b>	<b>MDHHS</b>	QJ: Beneficiary received a service while incarcerated

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<b>RX</b>	<b>DWMHA</b>	Use with H2011, 90791, H0038 and H0038TT to identify crisis services provided in a Crisis Residential setting through a Dual Eligible contract when the provider also provides Mobile Crisis services through a COPE contract.
<b>SE</b>	<b>MDHHS</b>	SE: With T1017 for Nursing Facility Mental Health Monitoring to distinguish from targeted case management
<b>SP</b>	<b>DWMHA</b>	Use with 0100-All Inclusive Inpatient for I/DD Children served in a Separate Unit (aka SIP - Special Inpatient Program). - OR - Use with H2014 or H2023 to identify jobs in a segregated place of service.
<b>SR</b>	<b>DWMHA</b>	Use with 0100-All Inclusive Inpatient for special rate for I/DD Adults or Children.
<b>ST</b>	<b>MDHHS</b>	ST: With Home-based (H0036), mental health therapy, or trauma assessment when providing Trauma-focused Cognitive Behavioral Therapy or Child Parent Psychotherapy or family training using Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents Curriculum (pre-approved by MDHHS)
<b>TD</b>	<b>MDHHS</b>	TD: Registered nurse provided Respite
<b>TE</b>	<b>MDHHS</b>	TE: Licensed practical nurse provided Respite
<b>TF</b>	<b>MDHHS</b>	TF: With H0043 average 3-10 hours/day.
<b>TG</b>	<b>MDHHS</b>	TG: With Supported Employment (H2023) to designate evidence-based practice model; with H0043 more than an average 10 hours/day; with H0039 (ACT) when pre-admission screen is completed as part of an ACT service.
<b>TJ</b>	<b>DWMHA</b>	Use with 0100-All Inclusive Inpatient for special rate for SED Children.
<b>TJ</b>	<b>MDHHS</b>	TJ: Program Group, Child and/or Adolescent (group setting)
<b>TS</b>	<b>MDHHS</b>	TS: Monitoring treatment plans with codes for Behavior Treatment Plan Review (H2000) and Treatment Planning (H0032). Monitoring of behavior treatment (H2000) does not need to be face-to-face with consumer, monitoring of other clinical treatment (H0032) does.
<b>TT</b>	<b>MDHHS</b>	TT: Multiple people are served face-to-face simultaneously with codes for Community Living Supports (H2015 only), Home-based – multiple families (H0036), Out-of-home Non-voc/skill building (H2014), Private Duty Nursing (S9123, S9124, T1000), Dialectical Behavior Therapy (H2019), Peer Specialist (H0038), Peer Mentor H0046), Respite (T1005), and Supported Employment (H2023)
<b>TV</b>	<b>DWMHA</b>	Use with SED-Waiver codes H2015; H2015-TT; T1005 and T1005 to identify "Holiday Rates", per state SED-W rate sheet.
<b>TX</b>	<b>DWMHA</b>	Use with T2003 to identify consumer Transportation, in a Taxi Cab, arranged by and funded through the COPE program.
<b>U5</b>	<b>DWMHA</b>	Use with H0032 to identify Treatment Planning services funded by DWMHA and provided by a BCBA/BCaBA for an individual receiving Autism ABA services until 9/30/16. (Also a MDHHS modifier for Autism Benefit).
<b>U5</b>	<b>MDHHS</b>	U5: Modifier for ABA must be reported on all encounters covered by the EPSDT Autism Benefit (i.e., ASD diagnostic evaluations, ABA eligibility assessments, ABA CPT codes, and ABA re-evaluations)

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<b>UB</b>	<b>MDHHS</b>	UB: Modifier to be used in conjunction with either H0018:HF or H0019 to designated ASAM Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services, this adult only level of care offers 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu and group treatment for those with cognitive or other impairments who are unable to utilize traditional group services.
<b>UJ</b>	<b>DWMHA</b>	Use with T2025 to identify Montly Payroll fee.
<b>UL</b>	<b>DWMHA</b>	Use with T2025 to identify Background checks.
<b>UM</b>	<b>DWMHA</b>	Use with T2025 to identify Driver's License checks.
<b>UN</b>	<b>DWMHA</b>	Use with T2025 to identify Worker's Compensation Insurance premium payment.
<b>VO</b>	<b>DWMHA</b>	Use with H0031 to identify Vocational Assessment for adults.
<b>WS</b>	<b>DWMHA</b>	Use with 92507, 92610, 97110, 97530, 97533, S9445, and T1001 to identify services provided in the Member's home instead of the provider's office.
<b>YS</b>	<b>DWMHA</b>	Use with H2015 or T1016 to identify services delivered by a non-certified Youth Peer Speciaist. (Bulletin #15-007)
<b>ZA</b>	<b>DWMHA</b>	Use with H0031 to identify an American Society of Addiction Medecine (ASAM) assessment. [Is this related to the SBRIT screening tool (Screening, Brief Intervention and Referral to Treatment)?]
<b>ZD</b>	<b>DWMHA</b>	Use with H0015 to identify SUD Intensive Out-Patient (IOP II), 4hrs per day, 4 days per week, Maximum = 48 days per client.
<b>ZE</b>	<b>DWMHA</b>	Use with S9976 to identify SUD Room & Board, per day, for State Disability approved residents, Maximum equivalent to residential treatment services used.
<b>ZF</b>	<b>DWMHA</b>	Use with S9976 to identify SUD Recovery Support, per day, (for No State Disability) Maximum equivalent to residential treatment services used.
<b>ZG</b>	<b>DWMHA</b>	Use with H0033 to identify SUD Vivitrol (Medication) injection, Maximum=1 dose per month for 6 months.
<b>ZH</b>	<b>DWMHA</b>	Use with H0033 to identify SUD Suboxone 8mg, Maximum=31 doses per month.
<b>ZI</b>	<b>DWMHA</b>	Use with H0033 to identify SUD Suboxone 2mg, Maximum=62 doses per month.
<b>ZJ</b>	<b>DWMHA</b>	Use with H0033 to identify SUD Buprenorphine 2mg, Maximum=31 doses per month.
<b>ZK</b>	<b>DWMHA</b>	Use with H0015 to identify SUD Intensive Out-Patient (IOP III), 4-5hrs per day, 5 days per week, Maximum = 20 days per client.
<b>ZL</b>	<b>DWMHA</b>	Use with H0015 to identify SUD Intensive Out-Patient (IOP I (WIOP)), 4-5hrs per day, 5 days per week, Maximum = 36 days per client.
<b>ZM</b>	<b>DWMHA</b>	Use with H0015 to identify SUD Intensive Out-Patient (IOP I), 3hrs per day, 3 days per week, Maximum = 36 days per client.
<b>ZN</b>	<b>DWMHA</b>	Use with H0015 to identify SUD Day Treatment, 6hrs per day, Maximum = 72 days per client.
<b>ZO</b>	<b>DWMHA</b>	Use with H0010 to identify SUD Sub-Acute Detox Level II-D (Methadone) (Detoxification Treatment Rate), Maximum=14 days per client
<b>ZP</b>	<b>DWMHA</b>	Use with H0010 to identify SUD Sub-Acute Detox Level II-D (Detoxification Treatment Rate), Maximum=5 days per client

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<b>ZQ</b>	DWMHA	Use with H0005 to identify SUD Group Therapy 90 minutes, Maximum=6 units per authorization
<b>ZR</b>	DWMHA	Use with H0005 to identify SUD Group Therapy 60 minutes, Maximum=6 units per authorization
<b>ZS</b>	DWMHA	Use with H0005 to identify SUD Group Health Didactic 90 minutes (Didactic Group), Maximum=6 units per authorization.
<b>ZT</b>	DWMHA	Use with H0005 to identify SUD Group Health Didactic 60 minutes (Didactic Group), Maximum=6 units per authorization.
<b>ZV</b>	DWMHA	Use with H0001 to identify SUD Initial Assessment/Intake/Provider Assessment, Maximum=1 unit per Year.
<b>ZW</b>	DWMHA	Use with 90853-HF to identify SUD Group Therapy, 90 minutes (Full Group Therapy), Maximum=6 units per authorization.
<b>ZX</b>	DWMHA	Use with 90853-HF to identify SUD Group Therapy, 60 minutes, Maximum=6 units per authorization.
<b>ZY</b>	DWMHA	Use with 90837-HF to identify SUD Individual Therapy, 60 minutes unit, Maximum=6 units per authorization.
<b>ZZ</b>	DWMHA	Use with 90837-HF to identify SUD In-Home Therapy (Older Adult), 60 minutes unit, Maximum=2 units per week.

End.