



Detroit Wayne Integrated Health Network

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BULLETIN NUMBER: 25-004
ISSUED/REVISED: 1/7/2025
EFFECTIVE: 10/1/24
SUBJECT: Home Based Services
SERVICE AFFECTED: H0036 - Home Based Services and ancillary services
(Any Children’s Services Provider providing Home Based Services)

BACKGROUND:

Historically Children Providers have billed each home-based service (H0036) separately. Refer to previous Home-Based Bulletin 23-001 for updates to H0036 cpt code and H0031 Assessment Replacement Bulletin 24-009 v2.

PROCEDURE:

Effective 10/1/2022 any home-based service rendered after the initial Integrated Biopsychosocial Assessment has been completed is to be billed using the H0036 cpt code. Per bulletin 19-004 Infant Mental Health Providers (IMH) to also use the IF modifier in addition to other modifiers listed in chart below as needed.

- Home Based Services (Ages 0 to 5 – day prior to 6th birthday) = H0036 IF
- Home Based Services (Ages 6 to 20 – day prior to 21st Birthday) = H0036

Effective 1/1/2025 according to Michigan Medicaid Provider Manual: Section 22 – Home Based Services, age categories are from birth to age 5 and age 6 to 20 years old. Current 6-year-old children receiving Infant Mental Health and Early Childhood services can continue to receive these services and or have the option to transition to the age 6 to 20 home based program. However, any *new* 6 year old children starting services are not eligible for the Infant Mental Health and Early Childhood program.

Refer to chart below for additional modifiers to use as needed.

AUTHORIZATION / CLAIMS:

H0036 requires prior authorization. When filing claims please ensure both the code and appropriate modifiers along with staff credentialing modifiers are submitted. *Refer to the Reference section below for additional information.*

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Service	Former CPT Code	New CPT Code	Requires Authorization
ASSESSMENTS			
Initial Biopsychosocial Assessment	H0031 BI	90791 BI	No
Annual Biopsychosocial Assessment	H0031 BI	H0036 AN	Yes
Reassessment	H0031 PS	H0036 PS	Yes
MichiCANS Comprehensive	NA	96110 CN	No
MichiCANS Comprehensive (Home Based) <i>Use for members in the Home Based Program</i>	NA	H0036 CN	Yes
DECA – Age 0 to 18 months (Infant) <i>(Document in Progress Note)</i>	H0031 DE	H0036 DE	Yes
DECA – Age 18 to 36 months (Toddler) <i>(Document in Progress Note)</i>	H0031 DT	H0036 DT	Yes
DECA – Age 37 to 47 months (Clinical) <i>(Document in Progress Note)</i>	H0031 DC	H0036 DC	Yes
LOCUS – Age 18 and older as needed <i>(Document in Progress Note)</i>	H0031 LO	H0036 WX	Yes
PECFAS – Age 4 to 6 <i>(Document in Progress Note)</i> <i>*PECFAS – ONLY for SEDW and 1915i SPA services</i>	H0031 PE	H0036 PE	Yes
CAFAS – Age 7 to 21 <i>(Document in Progress Note)</i> <i>*CAFAS – ONLY for SEDW and 1915i SPA services</i>	H0031 FS	H0036 FS	Yes
PERSON CENTERED PLANNING			
Initial Individual Plan of Service (IPOS)	H0032	H0036	Yes
Annual Individual Plan of Service (IPOS)	H0032	H0036	Yes
Treatment Planning (Periodic Reviews)	H0032	H0036	Yes
Treatment Planning (Addendums)	H0032	H0036	Yes
CRISIS SERVICES			
Crisis Planning	H0032	H0036	Yes
Crisis Intervention	H2011	H0036	Yes
CLINICAL SERVICES			
Home Based Therapy	H0036	H0036	Yes
Group Therapy (with Home-based Group Facilitator)	90853	H0036	Yes
Evidenced Based Practice (EBP) Therapy <i>(Continue to use appropriate modifier per EBP. Refer to EBP Bulletin)</i>	H0036	H0036	Yes

REFERENCES:

MDHHS Website: SFY 2025 Behavioral Health and Provider Qualifications

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/SFY_2025_BH_Code_Charts_and_Provider_Qualifications.xlsx?rev=34ce036c903d4ed998746338ef4eea09

DWIHN Rate Charts

<https://www.dwihn.org/rate-charts>

DWIHN Coding Manual Bulletins

<https://www.dwihn.org/billig-coding-bulletins>

DWIHN Service Utilization Guidelines

<https://www.dwihn.org/resources/upload/5264/DWIHN%20MASTER%20SUG%20LIST%20UPDATED%209-22-23.xlsx>

Policy Stat:

<https://www.dwihn.org/policies>

Michigan Medicaid Provider Manual:

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual>

If there are any additional questions and or concerns, please contact: procedure.coding@dwihn.org