

SED Uninsured - Underinsured

Covered Services for Uninsured and Under Insured New Applicants and Existing Individuals		
Service Description	HCPCS & Revenue Codes	Reporting Code Description
Crisis Residential Services	H0018	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board per diem. Use for both child & adult services.
Community Psychiatric Inpatient	0100, 114, 0124, 0134, 0154	<b>0100</b> : All inclusive room and board plus ancillaries includes physician services * <b>0114, 0124, 0134, 0154</b> : ward size * does not include physician services
Outpatient Partial Hospitalization	0912, 0913	<b>0912: Outpatient Partial Hospitalization</b> <b>0913: Outpatient Partial Hospitalization</b>
Inpatient Psychiatric Hospital State Facility Admissions	0100, 0114, 0124, 0134, 0154	<b>0100</b> : All inclusive room and board plus ancillaries includes physician services * <b>0114, 0124, 0134, 0154</b> : ward size * does not include physician services
Institution for Mental Disease Inpatient Psychiatric Services	0100, 0114, 0124, 0134, 0154	<b>0100</b> : All inclusive room and board plus ancillaries includes physician services * <b>0114, 0124, 0134, 0154</b> : ward size * does not include physician services
Benefit Plan for Uninsured and Underinsured Using General Funds for <i>New and Existing Applicants</i>		
Service Description	HCPCS & Revenue Codes	Reporting Code Description
Assessments: Health Psychiatric Evaluation Psychological Testing Other Assessments, tests	T1001, <b>97802, 97803</b>	Nursing or nutrition assessments (refer to code descriptions)
	90791, 90792	<b>90791</b> : Psychiatric diagnostic evaluation (no medical services) <b>90792</b> : Psychiatric diagnostic evaluation (with medical services)
	H0031 BI, H0031 DE, H0031 FA, H0031 FS, H0031 PE, H0031 ST, H0031 VO, H0002, T1023	<b>H0031 BI</b> : Mental Health Assessment by a non physician (bio psychosocial) <b>H0031 DE</b> : Mental Health Assessment by nonphysician (DECA) <b>H0031 FA</b> : Mental Health Assessment by a non physician (FBA) <b>H0031 FS</b> : Mental Health Assessment by non physician (CAFAS) <b>H0031 PE</b> : Mental Health Assessment by a non physician (PECFAS) <b>H0031 ST</b> : Mental Health Assessment by nonphysician (Trauma-CBT) <b>H0031 VO</b> : Mental Health Assessment by non physician (Vocational) <b>H0002</b> : Brief screening to non-inpatient programs <b>T1023</b> : Screening for inpatient program by Crisis Service Vendor only *
Behavior Treatment Plan Review	H2000	Comprehensive multidisciplinary evaluation. Service does not require face-to-face with the individual for reporting. TS=monitoring activities for a behavior treatment plan.
Comprehensive Comm.	H2015	<b>Community Living Supports</b>
Crisis Intervention	H2011, 90839,90840	<b>H2011</b> : Crisis Intervention Service* <b>90839</b> : Psychotherapy for crisis, 1 <sup>st</sup> 60 min*. <b>90840</b> : Psychotherapy for crisis, each additional 30 min*.
Health Services	T1002	<b>T1002</b> : RN services up to 15 min
Home Based Services	H0036	<b>H0036</b> : Home Based Services
Home Care Training, Family	S5111	<b>S5111</b> : Family Skill Training/Support (PSP services)
Intensive Crisis Stabilization	S9484	<b>S9484</b> : Crisis intervention mental health services, per hour. MDHHS-approved program only.
Laboratory Services		<b>Related to Mental Health</b> Refer to HCPCS codes in 80000 range
Medication Administration	99506, 96372	Provided by physician, licensed PA, NP, RN or LPN assisting a licensed physician
Medication Review	99201-99215	<b>99201-99215: Psychiatric evaluation and medication management requires very specific MNC detailed documentation to support service utilization.</b>

**SED Uninsured - Underinsured**

<b>Peer Directed and Operated Support Services (MH or DD)</b>	H0023, H0038, H0046	<b>H0023:</b> Drop-in Center attendance, encounter * <b>H0038:</b> Mental Health Peer Specialist Services (YPSS) <b>H0046:</b> Peer mentor services provided by a DD Peer Mentor *
<b>Pharmacy (Drugs &amp; Biologicals)</b>		Required Approval by DWIHN Chief Medical Officer-NDC Codes for prescription drugs, using uninsured pharmacy formulary (TBD).
<b>Psychotherapy</b>	90832, 90834, 90837, 90846, 90847, 90849, 90853	<b>90832:</b> Therapy, Mental Health Child, 16-37 min <b>90834:</b> Therapy, Mental Health Child, 38-52 min <b>90837:</b> Therapy, Mental Health Child, 53+ min <b>90846:</b> Family Therapy, Mental Health w/o Child <b>90847:</b> Family Therapy, Mental Health w/ Child <b>90849:</b> Multi-family Group Therapy <b>90853:</b> Group Therapy
<b>Respite Care</b>	H0045, T1005	<b>H0045:</b> Respite Care, Out of Home, day <b>T1005:</b> Respite Care, 15 min
<b>Targeted Case Management</b>	T1017	<b>T1017:</b> Targeted Case management (8 units per month). NOTE: As of 10/1/21, Support Coordination activities should be reported using T1017
<b>Transportation</b>	A0427, A0425	<b>A0427:</b> Emergency <b>A0425:</b> Ground Mileage
<b>Treatment Planning</b>	H0032	Mental health service plan development by non-physician
<b>Wraparound Services</b>	H2021	Specialized Wraparound, 15 min
<p><b>Following the Access Center eligibility screening, individuals that are uninsured or underinsured may receive up to 90 days of services indicated above except for community psychiatric inpatient, crisis residential and outpatient partial hospitalization. These services are authorized as needed. During this time, individuals shall have an initial assessment &amp; be assisted with applying for Medicaid, Healthy Michigan, MI-Child or other entitlements. Children must be screened to determine program eligibility for the SED or Children's Waiver. All services must be approved by DWIHN</b></p>		

DWIHN expects the Service Providers to make diligent efforts to secure Medicaid, Health Michigan or other insurance coverage while an uninsured individual is using General Fund dollars to pay for services. Children that are uninsured and underinsured, may receive up to 90 days of services as indicated above. During this time, children and their families shall have an initial assessment, treatment planning services, and any medically necessary supports and services as authorized by the individual plan of service, and assistance with applying for Medicaid, Healthy Michigan, or other entitlements. All Children must be screened as requested to determine program eligibility for Medicaid, SED Waiver or Children Program Waiver services. After the initial 90 days, children who continue to require services (based on medical necessity and per the person centered planning process and their individual plan of service) and who despite provider efforts to obtain other entitlements, remain uninsured will continue to receive medically necessary supports and services through General Funds but notification of the type(s) of service(s) and amounts are required to DWIHN.