

IDD SUG UPDATED 1/26/22

MI Health Link Service Type/Service Description (per Chapter III & PIHP)	HCPCS Codes	Modifier	Revenue Code	Reporting Code from HCPCS & CPT Manuals	Reporting Units	LEVEL 1	Level 2	Level 3	Level 4	Level 5	Comments	
						BASIC SERVICES	Counseling & Support	Habilitation & Behavior Supports	Intensive Supports & Services	Highest Level of Support: Residential		
						NO Restrictive Interventions	<90-97	98-105	106-115	116-<131		
Assessments	T1001			Nursing/Nutrition Assessments - RN	Encounter	1	1	1	1	1	1 ANNUALLY	
	90791 **			90791 Psychiatric diagnostic evaluation (no medical services)	Encounter	1	1	1	1	1	1 QUALIFIED PSYCHIATRIST	
	90792 **			90792 Psychiatric diagnostic evaluation (with medical services)	Encounter	1	1	1	1	1	1 90792 -Psychiatrist ONLY	
	96130 96131 (evaluation) & 96136, 96137 (testing & scoring)			Psychological Testing - -Use U5 for Autism Benefit Medicare covered -96130, 96131 (evaluation) & 96136, 96137 (testing & scoring)	Hour	*	*	*	*	*	*	*Prior Auth. required - for populations served
	96130, 96131 (evaluation) & 96138 & 96139 (testing & scoring)			Psychological Testing - by technician	Hour	*	*	*	*	*	*	*Prior Auth. required - for populations served
	96130, 96131			Psychological Testing -	Hour	*	*	*	*	*	*	*Prior Auth. required - for populations served
	96116			Neurobehavioral status exam	Hour	*	*	*	*	*	*	*Prior Auth. required - for populations served
	96132, 96133 (evaluation); -96136, 96137 (testing & scoring)			Neuropsychological testing battery (with qualified health care professional)	Hour	*	*	*	*	*	*	*Prior Auth. required - for populations served
	96146			Neuropsychological testing battery (administered by a computer)	Hour	*	*	*	*	*	*	*Prior Auth. required - for populations served
96110			Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc)	Encounter	*	*	*	*	*	*		

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96111			Developmental Testing: extended	Encounter	0	0	0	0	0	
96105			Assessment of Aphasia	Encounter	0	0	1 annually	1 annually	1 annually	
90887			Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc)	Encounter	*	*	*	*	*	
H0031	95-telepractice-use through 4/16/22 BI- Biopsychosocial DE-DECA FA-Functional Behav. Scale for Child & Adults (non-Autism) FS-Functional Assess Scale (CAFAS) WY-SIS JF-Juvenile Inventory		H0031: Assessment per non-physician Use ST when trauma assessment is performed as part of trauma-focused CBT. . H0031 - use also for on-site, face-to-face assessment per CPLS (Center for Positive Living Supports) H0031 – WY: Support Intensity Scale (SIS) Face-to-Face Assessment	Encounter	2 per year	2 per year	5 per year for H0031: *2 for WY	5 per year for H0031 *2 per year for WY	5 per year for H0031 *2 per year for WY	SIS (H0031 WY)- up to 2 per year for all Levels. ** Provide as needed and medically necessary As of 1/21/22, Prior Authorization Not Required
H0002			H0002: Brief screening to non-inpatient program	Encounter	as clinically indicated	as clinically indicated	as clinically indicated	as clinically indicated	as clinically indicated	Crisis Service - provided as needed -Authorized per COPE
T1023			T1023: Screening for inpatient program	Encounter	**	**	**	**	**	

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Behavior Treatment Plan Review	H2000			Comprehensive multidisciplinary evaluation. Service does not require face-to-face with beneficiary for reporting. Modifier TS for monitoring activities associated with a behavior treatment plan	Encounter	0	requires prior authorization	requires prior authorization	2 per quarter	2 per quarter	As indicated in DWIHN policy & IPOS
Monitoring Activities	H2000	TS		Modifier TS for monitoring activities associated with a behavior treatment plan	Encounter	0	1 per month	1 per month	1 per month	1 per month	
Community Psychiatric Inpatient (local Psychiatric Hospital - Acute Community)	0100 ,0101, 0114,0124, 0134,0154			0100– All inclusive room and board plus ancillaries /0101– All inclusive room and board hospital care		*	*	*	*	*	Prior Auth. required
Community Living Supports	H2015			H2015- comprehensive Community Support Services per 15 min.	15 Minutes	0 per quarter	0 per quarter	0 per quaretr	0 per quaretr	0 per quarter	Prior Authorized Required
	H2016			H2016 – comprehensive Community Support Services per day in specialized residential settings	Per Diem	*	*	*	*	*	
	T2036			T2036 – therapeutic camping overnight, waiver each session (one night = one session)	Encounter/ Trip	*	*	*	*	*	
	T2037			T2037 therapeutic camping day, waiver, each session (one day/partial day = one session)	Encounter/ Trip	*	*	*	*	*	
Crisis Intervention	H2011			H2011: Crisis Intervention Service	15 minutes	as clinically indicated	as clinically indicated	as clinically indicated	as clinically indicated	as clinically indicated	***As clinically indicated - the Authority expects that these services are provided per the case manager, therapist or physician using these codes using therapy codes as clinically
	90839**			90839 psychotherapy for crisis, 1st 60 min.	Encounter	as clinically indicated	as clinically indicated	as clinically indicated			
	90840 **			90840 psychotherapy for crisis, each additional 30 min	Each Additional 30 Min.	as clinically indicated	as clinically indicated	as clinically indicated			

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Crisis Residential Services	H0018			Behavioral health; short-term residential (non-hospital resident treatment program) without room and board per diem. Use for both child & adult services.	Day	*	*	*	*	*	Prior Auth. required for 5 days initial request
Electroconvulsive Therapy (see Practitioner Manual)	90870			(90870- attending physician charges	Encounter	*	*	*	*	*	Prior Auth. required - codes use in combination
	00104			00104- anesthesia charges- Medicare-Inpt. Only)		*	*	*	*	*	
	0901			0901- ECT facility charges		*	*	*	*	*	
Enhanced Pharmacy	T1999			Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks". Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services	Item	*	*	*	*	*	requires Prior Auth.
Environmental Modifications	S5165			Home modifications, per service. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services	Service	*	*	*	*	*	
Family Training	S5111			Modifier HK (specialized mental health programs for high-risk populations) must be reported for	Encounter	6 per quarter					
Fiscal Intermediary Services	T2025			Financial Management, self-directed, waiver.	Per Month	1	1	1	1	1	

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		ST		Modifier ST when providing Trauma-focused Cognitive Behavioral Therapy when pre-approved per Modifier ST when providing Trauma-focused Cognitive Behavioral Therapy when pre-approved per MDCH**	15 Minutes	up to 144/quarter					
Housing Assistance	T2038			Community transition, waiver, per service	Month	*	*	*	*	*	requires Prior Auth. To be provided per Medicaid Provider Manual Description of Service
ICF/MR	0100			0100- All inclusive room and board plus ancillaries. Must use provider type PT 65 followed per the 7-digit Medicaid Provider ID number.	Day	*	*	*	*	*	
Inpatient Psychiatric Hospital State Facility Admissions	0100 ,0101, 0114,0124, 0134,0154			Room & Board Managed State Psychiatric Hospital Inpatient Days - Board Managed State 0100-	Day	*	*	*	*	*	Prior Authorized – coordinated per DWMHA State Hospital Liaison
Institution for Mental Disease Inpatient Psychiatric Services	0100 ,0101, 0114,0124, 0134,0154		PT68	0100– All inclusive room and board plus ancillaries 0101– All inclusive room and board () 0114, 0124, 0134 0154 – ward	Day	*	*	*	*	*	Initial -Prior Authorized up to 3 day per UM screening staff.
Intensive Crisis Stabilization	S9484			S9484: Crisis intervention mental health services, per hour. Use for the DCH-approved program only.	Hour	*	*	*	*	*	Initial -Prior Authorized up to 23 hours per UM screening staff.
Medication Administration	99506			Home Visit for intramuscular injection	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	Approved 6 units per quarter
	96372			Medication Administration	Hour	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
Medication Review = Psychiatric Evaluation and Medication Management	99201**			E &M 10 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	For use with 99xxxxcodes only
	99202-- 99205 **			99202-E & M 20 minutes , 99203-E &M 30 minutes, 99204- E&M 45 min., 99205- E&M 60 min.	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99211			Psychiatric evaluation and medication management	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99212			Office or other outpatient visits	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	

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99213			15 minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99214			25 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99215			40 minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99324			Assessment - Domiciliary Care, Rest Home Assisted Living Visits - New Patient - 20 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99325			Assessment - Domiciliary Care, Rest Home Assisted Living Visits - New Patient - 30 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99326			Assessment - Domiciliary Care, Rest Home Assisted Living Visits - New Patient - 45 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99327			Assessment - Domiciliary Care, Rest Home Assisted Living Visits - New Patient - 260Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99328			Assessment - Domiciliary Care, Rest Home Assisted Living Visits - New Patient - 75 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99334			Assessment - Domiciliary Care, Rest Home Assisted Living Visits - Established Patient - 15 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99335			Assessment - Domiciliary Care, Rest Home Assisted Living Visits - Established Patient - 25 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99336			Assessment - Domiciliary Care, Rest Home Assisted Living Visits -Established Patient - 45 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99337			Assessment - Domiciliary Care, Rest Home Assisted Living Visits -Established Patient - 60 Minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99341			Home Visits - New Patient - 20 minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>
99342			Home Visits - New Patient - 30 minutes	Encounter	<i>3 per quarter</i>	<i>3 per quarter</i>	<i>6 per quarter</i>	6 per quarter	<i>6 per quarter</i>

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	99343			Home Visits - New Patient - 45 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99344			Home Visits - New Patient - 60 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99345			Home Visits - New Patient - 75 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99347			Home Visits - Established Patient - 15 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99348			Home Visits - Established- 25 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99349			Home Visits - Established - 40 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	99350			Home Visits - Established -60 minutes	Encounter	3 per quarter	3 per quarter	6 per quarter	6 per quarter	6 per quarter	
	H2010			Comprehensive Medication Services . Please use only with Evidence Based Practice - Medication Algorithm	15 minutes	0	0	0	0	0	
Nursing Facility Mental Health Monitoring	T1017	SE-D/C as of 10/1/21; use place of service instead		Targeted Case Management (Face to Face) Use place of service to distinguish from case management	15 Minutes	*	*	*	*	*	Requires Prior Auth. To be provided per Medicaid Provider Manual Description of Service
Occupational Therapy	97165-Low complexity 97166-Moderate 97167-High			OT evaluation (Initial eval)	Encounter	1 annually* 3- Quarterly Reviews Must be based on behavioral health need	1 annually* 3- Quarterly Reviews Must be based on behavioral health need	1 annually* 3- Quarterly Reviews Must be based on behavioral health need	1 annually* 3- Quarterly Reviews Must be based on behavioral health need	1 annually* 3- Quarterly Reviews Must be based on behavioral health need	*Prior Authorized Service--Documentation required-- If therapy is related to a BH condition, the PIHP continues to be responsible for the service provision and payment. The ICO is responsible for Medicare therapies for non-BH related conditions.
	97110			Therapeutic procedure, one or more areas	15 Minutes						
	97112			Neuromuscular re-education of movement	15 Minutes						
	97113			Aquatic Therapy with therapeutic exercises	15 Minutes						
	97116			Gait training (includes stair climbing)	15 Minutes						
	97124			massage, including effleurage	15 Minutes						
	97140			Manual therapy techniques	15 Minutes						
	97150			OT group, per session	Encounter						
	97530			Therapeutic activities, direct	15 Minutes						

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	97533			Sensory Integration Techniques	15 Minutes						
	97535			Self-care / home management training	15 Minutes						
	97537			Communication / work reintegration training	15 Minutes						
	97542			Wheelchair management/propulsion training	15 Minutes						
	S8990			Physical or manipulative therapy performed for maintenance rather than restoration	Encounter						
	97750			Physical Performance Testing	15 Minutes						
	97755			Assistive technology assessment	15 Minutes						
	97760			Orthotic(s) management and training	15 Minutes						
	97763, G0515			Checkout for orthotic/prosthetic use , established patient	15 Minutes						
Out of Home Non Vocational Habilitation	H2014	As of 10/1/21, WZ- HAB Waiver, for use only with H2014 (Previously HK modifier)		Skills training and development - Modifier WZ (specialized mental health programs for high-risk populations) must be reported for HSW beneficiaries. Use UN, UP, UQ, UR or US modifiers when multiple consumers are served simultaneously	15 Minutes	6000 units annually	6000 units annually	6000 units annually	6000 units annually	6000 units annually	
Out of Home Prevocational Service	T2015			Habilitation, prevocational, waiver, per hour. Modifier WZ HSW beneficiaries.	Hour	*	*	*	*	*	
Outpatient Mental Health Services				Please see Therapy codes below**		<i>ICO instruction: The Medicare benefit would be primary unless provider qualifications cannot be met than service is provided per a Medicaid provider and reported as a Medicaid benefit. The PIHP must also consider travel distance and disruption of the existing relationship between the Medicaid provider and the enrollee when determining service provision. This service could also be provided in primary care office or FQHC.</i>					

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Personal Care - Licensed Specialized Residential Setting	T1020			Personal care services provided in AFC certified as Specialized Residential. No modifier for low need or low cost cases	Day	*	*	*	*	*	Prior Authorization required
	S5160			S5160- Emergency response system; installation and testing.	Encounter	*	*	*	*	*	
	S5161			S5161- (PERS) Service fee, per month (excludes installation and testing).	Month	*	*	*	*	*	
Physical Therapy	97161 - Low complexity 97162 - Mod complexity 97163- High complexity			PT Evaluation Physical Therapy	Encounter	0	0	0	0	0	If therapy is related to a BH condition, the PIHP continues to be responsible for the service provision and payment. The ICO is responsible for Medicare therapies for non-BH related conditions. Prior Authorization required- listed are guidelines for service request Requires physician perscription.
	97110			Therapeutic procedure, one or more areas	15 Minutes	Must be based on behavioral health need					
	97112			Neuromuscular re-education of movement	15 Minutes						
	97113			Aquatic Therapy with therapeutic exercises	15 Minutes						
	97116			Gait training (includes stair climbing)	15 Minutes						
	97124			massage, including effleurage	15 Minutes						
	97140			Manual therapy techniques	15 Minutes						
	97150			OT group, per session	15 Minutes						
	97530			Therapeutic activities, direct	15 Minutes						
	97533			Sensory Integration Techniques	15 Minutes						
	97535			Self-care / home management training	15 Minutes						
	97537			Communication / work reintegration training	15 Minutes						
	97542			Wheelchair management/propulsion training	15 Minutes						
	S8990			Physical or manipulative therapy performed for	Encounter						

Private Duty Nursing	S9123		0582	Private duty nursing, Habilitation Supports Waiver (individual nurse only) 21 years and over ONLY	Hour						
			TT	Additional Patient	Hour						
	S9124			Modifier WZ must be reported for Habilitation Supports Waiver beneficiaries. Modifiers UN-US – use for multiple beneficiaries in same setting	Hour						
			UN-US	Additional Patient	Hour	0	0	0	0	0	

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	T1000		Private duty nursing (Habilitation Supports Waiver) T1000 – private duty/independent nursing service(s), licensed. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. Modifier TD – registered nurse. Modifier TE – licensed practical nurse or licensed visiting nurse. Modifier UN-US – use for multiple beneficiaries in same setting.	Up to 15 Minutes	0	0*	0	0	0	
Respite	T1005	TD = RN TE = LPN HM=Less than Bachelor's level UN,UP, UQ,UR, US= Multiple Members	Respite care services, up to 15 minutes. No modifier = all providers (including unskilled, and Family Friend) except RN & LPN / TD modifier = RN only TE modifier = LPN only/ UN-US modifiers– use for multiple beneficiaries in same setting. No modifier is reported for Additional or “b3” Services	15 Minutes	96 per month					

			Respite care services, day in out-of-home setting Modifier WZ must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services.	Per Diem	*	*	*	*	*	
			Respite care per unskilled person, per 15 minutes (use also for "Family Friend" respite)	15 Minutes	*	*	*	*	*	
			Respite care, day, in-home Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services.	Per Diem	*	*	*	*	*	
			Respite care at camp T2036: camping overnight (one night = one session)	Encounter/ Trip	*	*	*	*	*	
			T2037 for day camp (one day/partial day = one session)	Encounter/ Trip	*	*	*	*	*	
Skill Building Assistance										
	UN-US; L1		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based. (Multiple Members served)	15 minute	6000 units annually					

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		L1		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based. (Individual)	15 minute	6000 units annually					
		UN-US, DW, L1		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based with Deviated Wage. (Effective 01-01-2019) (Multiple Members served)	15 minute	6000 units annually					
		DW, L1		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based with Deviated Wage. (Effective 01-01-2019) (Individual)	15 minute	6000 units annually					
		UN-US, L2		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based. (Multiple Members served)	15 minute	*	*	*	*	*	
		L2		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based. (Individual)	15 minute	*	*	*	*	*	
		UN-US, L3		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based with Wheelchair. (Multiple Members served)	15 minute	*	*	*	*	*	

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		L3		Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based with Wheelchair. (Individual)	15 minute	*	*	*	*	*	
Speech & Language Therapy	92506			S & L - Evaluation	Encounter	0 - Must be based on behavioral health need	0- Must be based on behavioral health need	0- Must be based on behavioral health need	0- Must be based on behavioral health need	0- Must be based on behavioral health need	
	92507			S & L – individual, per session	Encounter						
	92508			S & L – group , per session	Encounter						
	92521			Evaluation of Speech Fluency (e.g. Stuttering)	Encounter						
	92522			Evaluation of speech sound production	Encounter						
	92523			Evaluation of speech sound production with language comprehension and expression	Encounter						
	92524			Behavioral and qualitative analysis of voice and sound	Encounter						
	92526			Speech & Language Therapy - Individual	Encounter						
	92610			Speech & Language - Evaluation of swallowing function	Encounter						
Supported Employment	H2023			HSW Modifier not required for this service as of 10/1/21. Use Modifiers UN,UP, UQ, UR or US to indicate multiple members are served	15 Minutes	0	0	0	0	0	Prior authorization required

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Targeted Case Management	T1017			Targeted Case management (Face to Face)	15 Minutes	24 units per quarter	36 units per quarter	36 units per quarter	48 per quarter	48 per quarter	Prior Authorization Required- Supports Coordination code (T1016) retired as of 10/1/21. Supports Coordination activities should be reported using T1017.
Therapy (mental health) Child & Adult, Individual, Family, Group	90837			Individual therapy, adult or child, 60 minutes	60 Minutes	6- units per quarter	6- units per quarter	6 - units per quarter	6 - units per quarter	6 - units per quarter	Up to 24 visits per year
	90832			Individual therapy, adult or child, 30 minutes	30 Minutes						
	90834			Individual therapy, adult or child, 45 minutes	45 Minutes						
	90833			Add on code with evaluation management & psychotherapy	30 Minutes						
	90836			Add on code with evaluation management & psychotherapy	45 Minutes						
	90838			Add on code with evaluation management & psychotherapy	60 Minutes						
	90853			Group therapy, adult or child, per session Modifier HA: Parent Management Training Oregon model 90853 - Includes MOM Power	Encounter						
	90846			Family therapy, per session. Modifier HS: consumer was not present during activity with family	Encounter						
	90847			Family Psychotherapy (conjoint psychotherapy) - with consumer present	Encounter						

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	90849		Family Therapy with consumer present only (EBP Model Only)	Encounter						
		HA	Family Therapy with consumer present only (EBP Model Only) Use modifier HA with 90849 when reporting Parent Management Training Oregon model (PTC Group)	Encounter						
	H2019		Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) provided per staff trained and certified per MDCH. Add UN-US modifiers for group skills training.	15 minutes	0	0	0	0	0	Prior Authorization required
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215 T2001-T2005		Non-emergency transportation services. Refer to code descriptions. Do not report transportation as a separate Habilitation Supports Waiver service, or when provided to transport the beneficiary to skill-building, clubhouse, supported employment, or community living activities		*	*	*	*	*	
Treatment Planning	H0032		Mental health service plan development per non-physician	Encounter	4 per quarter					

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		TS		Modifier TS for clinician monitoring of treatment H0032TS – use also for on-site, face-to-face monitoring of treatment per CPLS (Center for Positive Living Supports)	Encounter	4 per quarter					
WRAPAROUND SERVICES - H2021 (Youth 0-21)						96 per quarter	Youth (0-21yrs.) with an I/DD Designation can now receive Wraparound - 96 Units per quarter, 384 per year				

** Services that may be provided in ER/ED or Crisis - prior to completion of standardized assessment, i.e. LOCUS, SIS, or Biopsychosocial

Supports Intensity Scale (SIS) Criteria -A-2015

The levels of care criteria provide a framework for the authorization of mnc to adults and children with Intellectual/ Developmental Disabilities (I/DD) diagnoses and who meet state-defined eligibility requirements for I/DD.

Level 1 - BASIC SERVICES - Basic services are designed to prevent the need for more restrictive interventions. These services may be developed for individual or community application, and are generally carried out in a variety of community settings. These services will be available to all members of the community determined eligible for I/DD services. Many of the individuals who require this level of service may be connected with naturally occurring, unpaid services existing within their community. **No restrictive interventions**

Level 2 - Counseling & Support SIS Score: <90-97 Persons in this level can safely stay alone (unsupervised) for roughly 16 hours or more on most days. Persons can do all or most self-help and daily living skills independently or mostly independently with minimal prompts/reminders. Age appropriate assistance in planning activities is only required for special activities. The individual may need other services (i.e., ST/PT/OT, Dietician, and Audiologist) less often than once a week, or not at all. The person does not have a need for any mental health service or only requires counseling for a temporary condition (i.e. grief counseling, weight loss counseling, etc.). The person has no significant maladaptive behaviors. The person requires no direct intervention for maladaptive behaviors.

Level 3 - Habilitation & Behavior Interventions SIS Score: 98 -105 This level of care provides treatment to clients who need ongoing habilitative and/or behavioral services, but who are living either independently, semi-independently, in boarding homes, with their families or with other minimal supports in the community. Treatment and habilitative service needs do not require intense supervision or frequent contact. Persons in this level can stay alone for any extended period (at least 8 hours) most days. Persons can do some self-help and daily living skills independently but require verbal prompts or gestures for many skills. Most or all activities must be planned for the person. The individual has one or more chronic health care concerns that require monitoring up to four times a year. If medical needs are present, the individual requires nursing care once a month. The person may have a need for an ongoing mental health intervention. The person may exhibit behaviors that are disruptive to the extent that they cause inter-personal conflict or interfere with adaptive functioning. The behavior requires routine intervention such as redirection or interruption of the behavior

Level 4 - Intensive Supports & Services SIS Score: 106-115 This level of care provides services to clients who need intensive support and treatment, but who are living either in group homes, structured apartment programs, other licensed residential options or in their own homes. Service needs do not require daily supervision, but treatment needs require contact several times per week. Persons in this level typically require 24-hour supervision daily but typically do not require awake staff during sleeping hours. Persons can do portions of self-help and daily living skills or with reminders, but need hands on assistance to complete most self-help. The person's daily activities must be both planned and initiated by another person. The individual has one or more chronic health care concerns that require monitoring up to four times a year. If medical needs are present, the individual requires nursing care once a week. If mental health needs are present, the person's behavior is severe enough to warrant a formal, written, behavior intervention plan developed and monitored by a licensed psychologist. The person exhibits behaviors that are injurious to self and/or to others or behaviors that are extremely threatening. The prescribed behavior intervention requires behavioral interventions to protect the individual from self-injury or injury to others.

Level 5 - Highest Level of Support Including Residential à CLS & PCS SIS Score: 116- >131 This level of care refers to services provided to clients living in the community either in supportive or group living settings, but whose treatment needs require intensive management by a multi-disciplinary treatment team. Services, which would be included in this level of care, have traditionally been described as group homes. Alternative Family Living Arrangements or the person's family's home. Persons in this level typically require 24-hour, awake supervision. Individuals with an index score of 80 and above have traditionally been provided services in State Developmental Centers, ICFs MR/DD, and other free standing residential facilities based in the community or in facility-based crisis stabilization units. In some cases, nursing homes or similar facilities may be included at this level. Due to the extreme nature of the behavioral difficulty, the person requires at least one-to-one supervision 24-hours a day in order to implement the prescribed intervention procedure.