

**Uninsured and Underinsured**

Covered Services for Uninsured and Under Insured New Applicants and Existing Individuals					
Service Description	HCPCS & Revenue Codes	Reporting Code Description	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.	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, 0114, 0124, 0134, 0154	0100 : All inclusive room and board plus ancillaries includes physician services * 0114, 0124, 0134, 0154: ward size * does not include physician services	Community Psychiatric Inpatient	0100, 0114, 0124, 0134, 0154	0100 : All inclusive room and board plus ancillaries * 0114, 0124, 0134, 0154: ward size * does not include physician services
Outpatient Partial Hospitalization	0912, 0913	0912: Outpatient Partial Hospitalization 0913: Outpatient Partial Hospitalization	Outpatient Partial Hospitalization	0912, 0913	0912: Outpatient Partial Hospitalization 0913: Outpatient Partial Hospitalization
Inpatient Psychiatric Hospital State Facility Admissions	0100, 0114, 0124, 0134, 0154	0100 : All inclusive room and board plus ancillaries includes physician services * 0114, 0124, 0134, 0154: ward size * does not include physician services	Inpatient Psychiatric Hospital State Facility Admissions	0100, 0114, 0124, 0134, 0154	0100 : All inclusive room and board plus ancillaries includes physician services * 0114, 0124, 0134, 0154: ward size * does not include physician services
Institution for Mental Disease Inpatient Psychiatric Services	0100, 0114, 0124, 0134, 0154	0100 : All inclusive room and board plus ancillaries includes physician services * 0114, 0124, 0134, 0154: ward size * does not include physician services	Institution for Mental Disease Inpatient Psychiatric Services	0100, 0114, 0124, 0134, 0154	0100: All inclusive room and board plus ancillaries. 0114, 0124, 0134, 0154: ward size *does not include physician services
<b>Benefit Plan for Uninsured and Underinsured Using General Funds for <i>New Applicants</i></b>			<b>Benefit Plan for Uninsured and Underinsured Using General Funds for <i>Existing Individuals</i></b>		
Service Description	HCPCS & Revenue Codes	Reporting Code Description	Service Description	HCPCS & Revenue Codes	Reporting Code Description
Assessments: Health	T1001, 97802, 97803	Nursing or nutrition assessments (refer to code descriptions)	Assessments: Health	T1001, 97802, 97803	Nursing or nutrition assessments (refer to code descriptions)
Psychiatric Evaluation	90791, 90792	90791: Psychiatric diagnostic evaluation (no medical services) 90792: Psychiatric diagnostic evaluation (with medical services)	Psychiatric Evaluation	90791, 90792	90791: Psychiatric diagnostic evaluation (no medical services) 90792: Psychiatric diagnostic evaluation (with medical services)
Psychological Testing Other Assessments, tests	T1023	H0031 BI: Mental Health Assessment by a non physician (bio psychosocial) H0031 WX: Mental Health Assessment by non physician (locus) H0002: Brief screening to non-inpatient programs T1023: Screening for inpatient program by Crisis Service Vendor only *	Psychological Testing Other Assessments, tests	T1023	H0031 BI: Mental Health Assessment by non-physician (bio psychosocial) H0031 WX:Mental Health Assessment by non-physician (locus) T1023: Screening for inpatient program by Crisis Service Vendor only*
Crisis Intervention	H2011, 90839,90840	H2011: Crisis Intervention Service* 90839: Psychotherapy for crisis, 1 <sup>st</sup> 60 min*. 90840: Psychotherapy for crisis, each additional 30 min*.	Crisis Intervention	H2011, 90839,90840,	H2011: Crisis Intervention Service* 90839: Psychotherapy for crisis, 1 <sup>st</sup> 60 min*. 90840: Psychotherapy for crisis, each additional 30 min*.
Health Services	T1002	T1002: RN services up to 15 min	Health Services	T1002	T1002: RN services up to 15 min.
Intensive Crisis Stabilization	S9484	S9484: Crisis intervention mental health services, per hour. MDHHS-approved program only.	Intensive Crisis Stabilization	S9484	S9484: Crisis intervention mental health services, per hour. MDHHS-approved program only.
Laboratory Services		Related to Mental Health Refer to HCPCS codes in 80000 range	Laboratory Services		Related to Mental Health 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 Administration	99506, 96372	Provided by physician, licensed PA, NP, RN or LPN assisting a licensed physician
Medication Review	99201-99215	99201-99215: Psychiatric evaluation and medication management requires very specific MNC detailed documentation to support service utilization.	Medication Review	99201-99215	99201-99215: Psychiatric evaluation and medication management requires very specific MNC detailed documentation to support service utilization.
Peer Directed and Operated Support Services (MH or DD)	H0023, H0038, H0046	H0023: Drop-in Center attendance, encounter * H0038: Mental Health Peer specialist services provided by CPS, 15 min. * H0046: Peer mentor services provided by a DD Peer Mentor *	Personal Care in Licensed Specialized Residential Setting	T1020	Personal care services provided in AFC certified as Specialized Residential. (Not for an inpatient or resident of a hospital, nursing facility, ICF/MR, CCI or IMD or services provided by home health aide or certified nurse assistant). Use modifier TG for high need or high cost cases; TF for moderate need or moderate need cases; no modifier for low need or low cost cases
Pharmacy (Drugs & Biologicals)		Required Approval by DWIHN Chief Medical Officer-NDC Codes for prescription drugs, using uninsured pharmacy formulary (TBD).	Peer Directed and Operated Support Services (MH or DD)	H0023, H0038, H0046	H0023: Drop-in Center attendance, encounter * H0038: Mental Health Peer specialist services provided by CPS, 15 min. * H0046: Peer mentor services provided by a DD Peer Mentor *
Targeted Case Management	T1017	T1017 Targeted Case management (8 units per month). **Report Supports Coordination activities using T1017.**	Pharmacy (Drugs & Biologicals)		Requires Approval by DWIHN Chief Medical Officer-NDC Codes for prescription drugs, using uninsured pharmacy formulary (TBD).
Transportation	A0427, A0425	A0427: Emergency A0425: Ground Mileage	Targeted Case Management	T1017	T1017 Targeted Case management (8 units per month). **Report Supports Coordination activities using T1017**
Treatment Planning	H0032	Mental health service plan development by non-physician	Transportation	A0427, A0425	A0427: Emergency A0425: Ground Mileage
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 & 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 DWMHA.			Treatment Planning	H0032	Mental health service plan development by non-physician
			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.
			Clubhouse Psychosocial Rehabilitation Programs	H2030	Mental Health Clubhouse Services
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. If the provider expects the uninsured consumer will remain uninsured beyond the 90 days despite diligent efforts to secure insurance for the consumer, the provider must submit the completed exception forms to the DWIHN's UM Department and proof of all efforts to secure other insurance (i.e. copy of the Medicaid application). Submission of the exception forms and proof of efforts to secure insurance should be forwarded 10 days prior to the end of the 90 days in order to ensure that the consumer does not have an interruption in services. The UM Department will review the completed forms and submitted documentation and consult with DWIHN's CMO or Physician Consultant** as necessary. Upon receipt of all necessary clinical documentation, a decision will be made within 7 business days. Note that General Fund exceptions are not applicable to individuals with Medicaid spend down.					