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BULLETIN NUMBER: 24-007 (v.4)

ISSUED/REVISED: 7/31/2026

EFFECTIVE: 7/1/2026

SUBJECT: Inpatient Discharge Planning for Children's Services (SED & IDD)

SERVICE AFFECTED: T1017-LI; H2021-LI; H2022-LI; H0036-LI, H2011

BACKGROUND

Per Bulletins (19-007, 23-007, 24-007) Hospital Liaison services were moved from the "Children's Crisis Services" contracts to the "MH Child Outpatient" contracts for all providers of children's outpatient services for ages 0 to 21st birthday with serious emotional disturbances (SED) and or intellectual developmental disabilities (IDD) disability designations. In addition, the Clinically Responsible Service Provider (CRSP) is responsible for discharge planning services when a child is hospitalized or transitioning out of a Child Caring Institution. Hospital Discharge Planning services are classified as **"Hospital Liaison Services" (T1017 LI).**

PROCEDURE

SEDW (H2022): Effective 4/1/2025, the H2022 cpt code was discontinued per MDHHS Code Chart. Children Providers are to discontinue the use of H2022-LI and begin using **H2021-LI effective 10/1/2025**.

Intensive Care Coordination Wrap Around (ICCW) – H2021: The *Wrap Around* language updated to the new terminology of Intensive Care Coordination Wrap Around (ICCW) effective 10/1/2025.

FH: The FH modifier is to be used when providing post hospital discharge services face to face.

Crisis Intervention (H2011 FU): Effective 7/1/2026, H2011 FU will be available to use when completing post psychiatric hospital discharge appointments with members. This is in accordance with the HEDIS Follow Up After Hospitalization standard*; in which a member is to receive a clinical service provided by a master level professional within 7 days and 30 days after discharging from the psychiatric hospital*.

- T1017 is not considered a clinical service and does not meet the HEDIS Follow Up After Hospitalization standard.
- H2011 does not require authorization.
- Refer to the Reference section for additional information regarding HEDIS requirements.

AUTHORIZATIONS & CLAIMS:

- Refer to chart below for further guidance on billing discharge planning services for children.
- Providers are required to reference the MDHHS Code Chart for appropriate credentials to bill the various cpt codes for EBPs. *(Refer to the REFERENCE section below).*
- The H2011 FU modifier is an *informational modifier* and requires to be manually added to the claim.
- Claims must include the appropriate cpt code, modifiers, and staff credentialing modifiers according to the approved Individual Plan of Service (IPOS) and authorization.

CHILDREN SERVICES – SED / IDD

NEW MEMBERS without an Integrated Biopsychosocial Assessment (IBPS) and or Individual Plan of Service (IPOS)

Authorization	**This scenario does not require a prior authorization for services within initial 60 days of the admission date**
Service Location	**Service Program / CPT Code**
Child Caring Institution (CCI) *Place of Service:* *(21 - Inpatient Hospital)*	• Biopsychosocial Assessment – T1017 LI, BI • Supports Coordination – T1017 LI • Targeted Case Management – T1017 LI • Intensive Care Coordination Wrap Around – H2021 LI
Emergency Room *Place of Service:* *(23 – Emergency Room)*	• LI - Not applicable cpt code for this setting. CRSPs to document with a contact note.
Partial Hospitalization	Partial hospitalization is not considered a hospital admission; however, a preauthorized outpatient service. Thus, CRSPs can provide therapy services after partial hospitalization business hours.
Psychiatric Inpatient Hospitalization *Place of Service:* *(51 - Inpatient Psychiatric facility)*	• Targeted Case Management – T1017 LI
Post Hospital Discharge Appointment	• *Can use H2011 FU as an option to meet the HEDIS Follow Up After Hospitalization (FUH) 7 day and 30 day standard.* *(Service to be completed by a Master Level Professional to meet the HEDIS standard).*

EXISTING MEMBERS with a completed Integrated Biopsychosocial Assessment (IBPS) and an Individual Plan of Service (IPOS)

Authorization	**This scenario does require a prior authorization**
Service Location	**Service Program / CPT Code**
Child Caring Institution (CCI) *Place of Service:* *(21 - Inpatient Hospital)*	• Targeted Case Management – T1017 LI • Intensive Care Coordination Wrap Around – H2021 LI
Emergency Room *Place of Service:* *(23 – Emergency Room)*	• LI - Not applicable cpt code for this setting. CRSPs to document with a contact note.
Partial Hospitalization	Partial hospitalization is not considered a hospital admission; however, a preauthorized outpatient service. Thus, CRSPs can provide therapy services after partial hospitalization business hours.
Psychiatric Inpatient Hospitalization *Place of Service:* *(51 - Inpatient Psychiatric facility)*	• Targeted Case Management – T1017 LI • Home Based Therapy – H0036 LI • Intensive Care Coordination Wrap Around – H2021 LI
Post Hospital Discharge Appointment	• *Can use H2011 FU as an option to meet the HEDIS Follow Up After Hospitalization (FUH) 7 day and 30 day standard.* *(Service to be completed by a Master Level Professional to meet the HEDIS standard).*

EXISTING MEMBERS with an expired Integrated Biopsychosocial Assessment (IBPS) and or expired Individual Plan of Service (IPOS)

Authorization	**Provider to email Utilization Department requesting to authorize a stand-alone authorization for hospital discharge planning and provide clinical justification with the request.** **pihpauthorizations@dwihn.org**
Service Location	**Service Program / CPT Code**
Child Caring Institution (CCI) *Place of Service:* *(21 - Inpatient Hospital)*	• Biopsychosocial Assessment – T1017 LI, BI • Supports Coordination – T1017 LI • Targeted Case Management – T1017 LI • Intensive Care Coordination Wrap Around – H2021 LI
Emergency Room *Place of Service:* *(23 – Emergency Room)*	• LI - Not applicable cpt code for this setting. CRSPs to document with a contact note.

Partial Hospitalization	Partial hospitalization is not considered a hospital admission; however, a preauthorized outpatient service. Thus, CRSPs can provide therapy services after partial hospitalization business hours.
Psychiatric Inpatient Hospitalization *Place of Service:* *(51 - Inpatient Psychiatric facility)*	• Targeted Case Management – T1017 LI
Post Hospital Discharge Appointment	• *Can use H2011 FU as an option to meet the HEDIS Follow Up After Hospitalization (FUH) 7 day and 30 day standard.* *(Service to be completed by a Master Level Professional to meet the HEDIS standard).*

REFERENCES:

Michigan Medicaid Provider Manual:
https://www.michigan.gov/mdhhs/doing-business/providers/providers/me. dicaid/policyforms/medicaid-provider-manual

DWIHN Rate Charts
Document Search | DWIHN

DWIHN Coding Manual Bulletins
Document Search | DWIHN

DWIHN Service Utilization Guidelines
https://dwihn.org/sites/default/files/2026-02/DWIHN_MASTER_SUG_LIST_UPDATED_9-22-23.xlsx

Policies - Policy Stat:
https://dwmha.policystat.com/?lt=BruL4kkjgLB0gDlXxoLM-q

FY26 MDHHS Code Chart:
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting

HEDIS Tool Kit:
https://dwihn.org/sites/default/files/2026-02/HEDIS_PROVIDER_TOOL_KIT_v.3_%28Feb2026%29.pdf

Contact Information:

- If there are any additional questions and or concerns regarding cpt codes/modifiers please contact: procedure.coding@dwihn.org
- If there are any additional questions and or concerns regarding claims/billing contact: pihpclaims@dwihn.org
- If there are any additional questions and or concerns regarding children clinical services contact: TeamChildrens@dwihn.org