



FY2022 (October 1, 2021) Encounter Coding Changes SUD Provider Guide

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Project Summary

The CMHPSM and our regional partners are completing setup for the new MDHHS encounter reporting requirements in CRCT which are set to take effect for services delivered on or after October 1, 2021. We are being asked by MDHHS to compile service encounter information in a different manner and thus will need our SUD provider network to supply service encounters that meets the new MDHHS requirements. We are hoping to make this transition as painless as possible to our provider network as we know you all are already taxed. We have worked on this project as a region to enable reciprocity throughout our four-county region. We will continue to update this guide and publish it to the CMHPSM website to keep provider staff aware of all changes.

Revised Shared Service Modifiers

Transition from “TT” to “U” Modifiers for Shared Services

The TT modifier will be removed for all shared services delivered on or after 10/1/2021 and providers should utilize the appropriate “U” modifiers below:

Modifier	Modifier Description
UN	2 PIHP/CMH consumers served by one staff person
UP	3 PIHP/CMH consumers served by one staff person
UQ	4 PIHP/CMH consumers served by one staff person
UR	5 PIHP/CMH consumers served by one staff person
US	6 or more PIHP/CMH consumers served by one staff person

Service codes that “U” shared service modifiers should be applied to whenever appropriate for services delivered on or after 10/1/2021:

Billing Code	Service Description
H0005	Group Therapy
H0038	Peer Support Services
T1012	Recovery Supports

Group modifiers should reflect number of group members represented by the same payer. A group of 7 individuals with 3 having private insurance and 4 having Medicaid: the provider should report UQ

Level of Care Modifiers

The following level of care modifiers will be discontinued from use: TF, TG, and UB. They will be based on the identified modifiers below and utilization will be directed by individualized ASAM levels of care scores.

Modifier	Service Description	Action Needed
W1	Clinically Managed Low-Intensity Residential Services. Adolescent and adult level of care (ASAM 3.1)	New modifier for code H0018 on 10/1/2021
W3	Clinically Managed Population-Specific High-Intensity	Replacement Modifier

	Residential Services, adult only level of care modifier used with H0018HF or H0019 with ASAM Level 3.3	for UB 10/1/2021. For use with H0019
W5	Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults' intermediate level of care (ASAM 3.5)	Replacement Modifier for TF 10/1/2021. For use with H0019
W7	Medically Monitored High-Intensity Inpatient Services for adolescents and medically Monitored Intensive Inpatient Services Withdrawal Management for adults, Complex high tech level of care (ASAM 3.7)	Replacement Modifier for TG 10/1/2021. For use with H0019

CRCT Service Claims

Providers will be authorized for shared services either directly based upon the appropriate shared service modifier or with the base service code. Providers are required to bill the appropriate modifier based upon the CMHPSM insured individuals being served by the individual staff.

Staff Credential Modifiers

MDHHS is also seeking to implement modifiers related to the credentials of the staff delivering services.

Providers will need to submit staff credentialing modifiers for appropriate services on service claims.

Modifier	Job Title
AE	Licensed/Registered Dietician/Nutritionist
AF	Psychiatrists - MD/DO
AG	Physicians - MD/DO
AH	Licensed Psychologist - PhD
AH	Limited Licensed Psychologist
AH	Temporary Limited-Licensed Psychologist
AH	Behavioral Psychologist
CO	Occupational Therapist Assistant
CQ	Physical Therapist Assistant
HM	Certified/registered medical assistant
HM	Behavioral Technician
HM	Certified Alcohol and Drug Counselor
HM	Approved MCBAP Development Plan Counselor
HM	Clubhouse /Day Treatment Specialist
HM	Supports Coordinator Assistant (Case manager aide)
HM	Supports Broker
HM	Direct Support Professional
HM	Parent Support Partner
HM	Residential Care Specialist
HM	Home Based Services Worker
HM	Home Based Services Assistant
HM	Other Mental Health Professional - HS or G.E.D.
HN	Occupational Therapist

Modifier	Job Title
HN	BCaBA
HN	Access Coordinator
HN	Therapeutic Recreation Specialist
HN	CCDP Bachelor's
HN	Licensed/Limited Licensed Social Worker - Bachelor's
HN	Certified Advanced Alcohol and Drug Counselor - Bachelor's
HN	Certified Alcohol and Drug Counselor - Bachelor's
HN	Approved MCBAP Development Plan Counselor - Bachelor's
HN	Certified Criminal Justice Professional Reciprocal
HN	Case Manager / Supports Coordinator - Bachelor's
HN	Other Bachelor's Level Behavioral Health Professionals
HO	Physical Therapist
HO	Speech Pathologist/Audiologist
HO	QBHP: BACB Approved Degree
HO	MCBAP Certification and Certified Clinical Supervisor
HO	Development Plan Supervisor
HO	Licensed Behavior Analyst/BCBA
HO	Mental Health Clinician
HO	CCPD - Master's
HO	Licensed/Limited Licenses Social Worker - Master's
HO	Licensed/Limited Licensed Professional Counselor
HO	Licensed/Limited Licensed Marriage And Family Therapist
HO	Certified Advanced Alcohol and Drug Counselor - Master's
HO	Certified Alcohol and Drug Counselor - Master's
HO	Approved MCBAP Development Plan Counselor - Master's
HO	Certified Criminal Justice Professional Reciprocal
HO	Case Manager / Supports Coordinator - Master's
HO	Music/Art Therapist
HO	Other Master's Level Behavioral Health Professionals
HP	Behavioral Health Professional - PhD
HP	BCBA-D
SA	Licensed Physician Assistant
SA	Nurse Practitioner
SA	Clinical Nurse Specialist
TD	Nurse BSN, RN - Master's
TD	Registered Nurse - Bachelor's
TE	Licensed Practical Nurse
WP	Trained Parents
WQ	Independent Facilitator
WR	Peer Recovery Coach
WS	Certified Peer Support Specialists - MH/SUD
WT	Youth Peer Support Specialist

Modifier	Job Title
WU	Peer Mentor - DD

Adjudication logic was added into the system on 2/17/22. This logic will stop any claims from being submitted that should have a credentialling modifier added to the base code. Most service level codes moving forward will require a staff credentialling modifier be added to codes entered on a claim. This list is very long. To ensure you always have the most accurate and up to date information related to what codes require what modifiers, we are promoting direct use of the SFY 2022 behavioral Health Code Chart and Provider Qualification spreadsheet housed on the MDHHS website. Links to the document can be found below.

Frequently Asked Questions and Resources

[Provider Qualifications \(michigan.gov\)](#)

Identification of provider qualifications and requirements.

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

Find all Code Chart and Provider Qualifications documents for SFY 2022. Links to these documents can be found at the top of the page and within Encounter Data Integrity Team section on the MDHH website.

SUD Provider Q&A

What if there is only 1 Medicaid covered person in group but several others with different payors? Is that no longer a group?

In that case you would only use the base code, however we are reaching out to MDHHS for further guidance and will share that with the SUD network when it is received.

Is there a hierarchy for staff credentials?

Some people have several credentials. Using the code chart providers would select the highest credential relevant to that code.

If previously not using group modifiers, should we start 10/1?

Yes, this is a new requirement from the state and will be required by all service providers.

Group modifier- also divide BG clients?

At this time, we recommend using them to determine the appropriate group/shared services modifier. We are reaching out to the state for further guidance on this question and will share any additional information when it is received.

Will we have to do new concurrent reviews 10/1 to access new modifiers?

No, starting 10/1 new modifiers need to be included on claims. The PIHP is working on splitting authorizations that extend through 10/1 and making any needed authorization adjustments on the backend of CRCT.

Do we have to use credentialing modifiers for all submitted codes?

Most all codes are requiring an appropriate credentialing modifier to be included on data sheets and claims. It is recommended that all providers use the MDHHS Code Chart and Provider Qualifications documents for SFY 2022.

What if a staffs appropriate credentialing modifiers are not listed as an approved provider under an identified code?

Most all codes have a list of “approved” credentialing modifiers. If a service is being provided by a staff member whose credentials are not listed as an approved modifier for the code, please discuss with your primary contract at the PIHP.