



**Behavioral and Physical Health and Aging Services Administration**

**Encounter Data Integrity Team  
Minutes**

Date:	July 20, 2023	Location:	TEAMS Meeting
		Webex:	<a href="#">Click here to join the meeting</a>

Time:	10AM-12PM	Dial-in Number:	<a href="#">+1 248-509-0316</a> ID: 494 158 236#
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**Community Mental Health Service Programs**

X	Copper Country CMH: Susan Sarafini
X	Centra Wellness: Donna Nieman
X	Integrated Services of Kalamazoo: Ed Sova
<input type="checkbox"/>	Livingston County CMH: Kate Aulette
X	Newaygo CMH: Jeff Labun
X	Sanilac County CMHA: Beth Westover

**Community Mental Health Association**

X	Bruce Bridges
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**Prepaid Inpatient Health Plans**

X	NCN: Joan Wallner
X	NMRE: Brandon Rhue
X	LRE: Ione Myers
X	LRE: Stacia Chick
X	SWMBH: Anne Wickham
X	MSHN: Amy Keinath
X	CMHPSN: Michelle Sucharski
<input type="checkbox"/>	DWIHN: Deabra Hardrick-Crumps
X	DWIHN: Jeff White
X	OCHN: Jennifer Fallis
X	OCHN: Julia Emerzian
<input type="checkbox"/>	MCCMH: Thomas Cole
X	MCCMH: Kristen DesJardins
<input type="checkbox"/>	Region 10: Laurie Story-Walker

**MDHHS**

<input type="checkbox"/>	Laura Kilfoyle
X	Kasi Hunziger
X	Crystal Williams
X	Belinda Hawks
<input type="checkbox"/>	Kim Batsche-McKenzie
X	Angie Smith-Butterwick
<input type="checkbox"/>	Mary Ludtke
X	Brenda Stoneburner
<input type="checkbox"/>	Jackie Sproat
<input type="checkbox"/>	Phil Kurdunowicz
X	Lyndia Deromedi
X	Debi Andrews
<input type="checkbox"/>	Mary Luchies
X	Amanda Lopez
<input type="checkbox"/>	Lisa Collins
X	Nicole Roszkowski
X	Tina Jones
X	June White

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (5 minutes)	All	<p>New member introductions:</p> <ul style="list-style-type: none"> <li>June White</li> </ul> <p>Others in attendance not listed above:</p> <ul style="list-style-type: none"> <li>Laura Dobson for Katelyn Aulette</li> <li>Nancy Scott for Laurie Story-Walker</li> <li>Skye Pletcher (Mid-State Health Network)</li> <li>Dana Moore (MDHHS)</li> </ul>

		<ul style="list-style-type: none"> <li>• Lindsey Naeyaert (MDHHS)</li> <li>• Phil Chvojka (MDHHS)</li> <li>• Amy Kanouse (MDHHS)</li> <li>• Hailey Dziegelewski (MDHHS)</li> <li>• Joseph Longcor (MDHHS)</li> <li>• Michael Glud (MDHHS)</li> </ul>
Review and approve prior meeting minutes (5 minutes)	Kasi	<p>Code Chart and Provider Qualifications Chart updates: S0280 update does not make sense.</p> <p>Discussion about the H0018 &amp; H0019 codes and clarification on included costs: S5996 is the incorrect code. It should be S9976.</p> <p>Need to revise minutes with changes above and re-issue.</p> <p>Minutes have been revised/re-issued and posted to our website: <a href="https://www.michigan.gov/encounter-data-integrity-team-edit">Encounter Data Integrity Team EDIT (michigan.gov)</a></p>
Discussion about the H0018 & H0019 codes and clarification on included costs (5 minutes)	Belinda/ Angie	<p>Angie – we reviewed all information that was submitted to us. We still feel the S9976 is code is required for room and board. The facility fee would not be applicable per the definitions that were sent provided to us.</p>
Activities Included in Independent Facilitation (IF) Code (10 minutes)	Dana Moore & Belinda	<p>Should there be three encounters for each phase of the planning process facilitated by the IF. (1) Pre-planning, (2) planned facilitation, and (3) follow-up facilitation. Or should it be rolled into one encounter? Currently there is one negotiated rate but what we are hearing from the IF that there are different rates for each phase.</p> <p>Joan – Our utilization of IF is low. However, the coding structure is limited to what the IF can use. With that limitation what would it look like if there were to code three separate services so how would we manage it that given the code being used and the provider qualifications. Are the different activities being done over a period and not simultaneously?</p> <p>Belinda – currently it is under Treatment Planning (H0032) with a modifier. The three phases can be done over a 30-day period.</p> <p>Ed Sova via chat: WQ modifier very low in Kalamazoo. Mostly H0032. A couple T1017:WQs</p>

		<p>this FY. A total of 7 encounters altogether with WQ modifier. H0032:WQ H0032:TS:WQ T1017:WQ</p> <p>Dana - The IF Workgroup was leaning towards being paid for the three different (sub-activities) encounters versus just one overall that supports all of their activities.</p> <p>Jeff – if we take that approach for IF would we take that approach for other staff as well – breaking up the three activities of Treatment Planning?</p> <p>We will take this feedback to the IF workgroup for further discussion.</p>
<p>Medication Administration by a Medical Assistant discussion (10 minutes)</p>	<p>Dana Moore</p>	<p>96372 in code chart allows CMA. However, the MPM does not list the CMA. So, we wanted to bring to EDIT to get their thoughts on the CMA and whether the MPM should be updated.</p> <p>The medication administration is under the scope of practice of a CMA.</p> <p>Joan – there is a modifier that could be added for services provided under delegation of a physician.</p> <p>Per the MPM - Practitioner Chapter, Section 1.7 Physician Delegation and Supervision (noted below). <b><i>Medicaid covers services delegated to unlicensed/certified persons only when the delegating physician or licensed non-physician practitioner is physically present and providing direct supervision.</i></b></p> <p>Belinda – Dana can use the language per MPM – Practitioner Chapter to use to update the MPM to align with code chart.</p>
<p>EQI Update (10 minutes)</p>	<p>Crystal Williams</p>	<p>Last meeting was cancelled. Period 2 EQI templates sent out and posted. The tabs that will be required will be clarified via e-mail from Crystal Williams to be sent out soon.</p> <p>1<sup>st</sup> and 3<sup>rd</sup> party interactions meeting – potential scheduling e-mail coming from Crystal today too.</p> <p>Julia Emerzian H0005 – group modifiers. Is the group modifiers retro to 10/1/22? Crystal will follow-up with Spencer. <i>Answer: yes, this will be</i></p>

		<i>retro to 10/1/22.</i>
COB Subgroup (10 minutes)	Crystal Williams	MDHHS in consultation with the COB workgroup has decided to forgo an FY24 implementation requiring capitated funds for COB encounters to be broken out by fund source. MDHHS is in the process of updating technical documents to reflect these changes
Appendix Subgroup (5 minutes)	Kasi	The appendix subgroup is in the final stages of reviewing the proposed changes. We have two more scheduled meetings in August and hope to possibly have it wrapped up at that time.
CCBHC Update (30 minutes)	Amy Kanouse & Hailey Dziegelewski	<p>CCBHCs participating in the CMS Demonstration are paid a daily rate (PPS) for all eligible CCBHC services provided on a given day. A list of the current codes eligible for the PPS payment can be found in Appendix A in the CCBHC Demonstration Handbook. States have the flexibility to determine which codes are eligible “CCBHC service” codes provided they are required CCBHC services, and the costs associated with identified codes support the development of the clinic’s PPS rate (established as total CCBHC costs/daily visits).</p> <p><b>1. H0002 - When not done by PIHP</b></p> <ol style="list-style-type: none"> <li>a. H0002 (SUD Screening) isn’t currently a service code for SUD – if submitted, it is used to track PIHP administrative costs.</li> <li>b. In several CCBHCs (as well as CMHs), PIHPs have delegated SUD screening.</li> <li>c. CCBHC covers an array of screening and assessment codes, including H0002. However, CCBHC policy points to the BH Code Chart for requirements and therefore CCBHCs aren’t receiving the PPS rate for H0002 for SUD Screening.</li> <li>d. <u>Request</u>: Include H0002 as an eligible service code.</li> </ol> <p>Phil clarification: H0002 would be an eligible service code when done by the CMH or CCBHC, not the PIHP.</p> <p>Jeff White – this makes sense. No concerns. Ione – necessary service and no concerns. Amy – If service done by a CCBHC, it would be submitted with a T1040 for identification.</p>

**2. TF Modifier**

- a. TF to be submitted with the T1040 for CCBHC services provided to individuals with mild to moderate needs.
- b. CCBHC “Mild to moderate” definition will be detailed in CCBHC Handbook and is only to be used for service identification- NOT clinical purposes.

No concerns raised.

**3. HSW Code Reporting**

- a. CCBHCs must serve anyone with a behavioral health diagnosis, even if an individual has a primary I/DD diagnosis.
- b. CCBHCs are entitled to receive the PPS for all covered services to all populations.
- c. 5 codes overlap as services covered under both HSW and CCBHC, and currently agencies can receive both HSW monthly payments and CCBHC daily visit payments.

H0045	Respite care services, not in t
H2014 -WZ	Skills training and developme
H2023	Supported employment, per 1
S5111	Home care training, family; pe
T1005	Respite care services, up to 15

- d. Request: If a beneficiary is enrolled in HSW, overlapping services encounters cannot be submitted for CCBHC PPS reimbursement (with a T1040).

Received approval from leadership and HCBS team. Would like feedback from group.

Jeff White – are these five codes excluded from CCBHC list or will they allow for non-HSW? Yes, they will be included in service array, but the HSW enrollees will not received enhanced rate.

Will need to add flag in code chart for this change.

**4. MAT Codes**

- a. MAT is a required CCBHC evidence-based practice, and CCBHCs either provide some forms of MAT internally or

contract with SUD providers to offer the service. H0020 was included as an eligible code for DY1 but removed for DY2 due to concerns about the discrepancy in payment between the PPS rate and the fee schedule amount for the same service.

- b. After consideration, the CCBHC team feels it is important to include all MAT codes back in to the eligible service code to highlight the importance of MAT services and allow the team to monitor MAT service delivery.
- c. Request: Which codes should we include?
  - i. What are the implications of including those codes?
  - ii. CCBHCs must serve duals, do we need to include the dual eligible specific G Codes?

G2076	Substance Use Disorder: MAT Int
G2077	Substance Use Disorder: MAT Pe
G2078	Substance Use Disorder: Medicati (effective 1/1/20)
G2079	Substance Use Disorder: Medicati (effective 1/1/20)
G2080	Substance Use Disorder: MAT Co
H0020	Substance Abuse: Methadone
H0033	Substance Use Disorder: Pharmac
J2315	Substance Use Disorder: Injection
Q9991	Substance Use Disorder: Injection
Q9992	Substance Use Disorder: Injection

This looks correct. But need to review full list. Will take effect for FY24. (October 1, 2023).

### 5. Physical Health Codes

- a. CCBHCs cannot provide primary care services but must provide primary care screening and monitoring services.
  - i. What codes should we use for this?
    - 1. Currently have the regular new patient/established patient codes listed. (99381-99387, 99391-99397) 99492-94
  - ii. Request to add nursing codes

T1001 and T1002

- 1. Currently are MH only – can they be SUD as well? Are there different SUD nursing codes?

T100 1	Nursing assessment or evaluation
T100 2	Nursing Services including Vital Si

**Community Health Workers (CHWs) – 2332 – CHW Policy Pending**

98960  
98961  
98962

Joan – so team is looking to add these codes to SUD side as well? Yes. Joan, we have never had a request for this on the SUD side...would it be SUD related or physical health related? This may be a hard one to swallow for payors.

Jeff White- Supportive of a consistent code list for all of behavioral health instead of different requirements for MH vs. SUD

Hailey – we can send this summary document to group and provide some time for review and to comment back. Jeff White – that would be great. Would advocate for H0002 and T1001 and T1002 for the SUD.

**6. Additional DY3 Code Additions**

- a. Updated CCBHC Certification criteria clarify requirements around psychiatric rehabilitation services, including maintaining employment and housing support.

H202 5	Job Coaching - Ongoing support to mai
T2038	Housing Assistance

Is two weeks enough time to for group to review this list and provide feedback. Yes.

Post-meeting: Julie Harrison sent document to EDIT group on July 20, 20223 and requested that feedback be sent to [MDHHS-CCBHC@MICHIGAN.GOV](mailto:MDHHS-CCBHC@MICHIGAN.GOV) **BY AUGUST 3, 2023.**

H0002 for SUD (10 minutes)	Phil Chvojka and Amy Kanouse	Covered in CCBHC Update.
Code Chart and Provider Qualifications Chart updates (10 minutes)	Kasi	<p>July updates:</p> <ul style="list-style-type: none"> <li>• Code Charts tab: <ul style="list-style-type: none"> <li>○ Struck out T100 PDN row. We removed this code because it is currently being used for the Pediatric PDN which is covered through EPSDT and approved through PRD (Payment Review Division), not our PIHPs/CMHSPs.</li> <li>○ 90853 removed the Bachelor's and Master's in Human Services providers.</li> <li>○ S5160 and S5161 added the 1115/(i)SPA back to coverage column.</li> <li>○ H2000 TS - added Psychiatrist, Physician, and Psychologist to SFY 2023 Provider/Staff Qualifications</li> <li>○ T1040 - added TF modifier for FY24 implementation.</li> <li>○ Modified J2315 note in the Reporting Cost and Considerations column. This is the product code to be used for those who do not receive the pharmacy benefit.</li> <li>○ H2011 – removed the “initially reported at 30 minutes and in 15-minutes thereafter”.</li> <li>○ Added the QJ modifier to the "Program Modifier Notes" column for several codes.</li> <li>○ Updated the unit type to Encounter for the following codes: 99221-99226; 99231-99233; 99238-99239</li> <li>○ H2019 - Column E - Provider Qualifications - contained old verbiage regarding Peer Support Specialist. This has been removed.</li> <li>○ S5116 - MH line - added the Licensed Physician Assistant.</li> <li>○ Added U Modifiers to T1015</li> <li>○ H2023 - modified SFY 2023</li> </ul> </li> </ul>



		<p>Provider/Staff Qualifications for less than Bachelor's level.</p> <ul style="list-style-type: none"> <li>○ H0034 - added units (15 minutes) and changed DT to 4 a day and not 40 a day.</li> <li>● General Rules for Reporting tab: <ul style="list-style-type: none"> <li>○ Added language to section 3. Face-to-face regarding indirect time. <ul style="list-style-type: none"> <li>▪ Note: if a procedure code includes indirect time according to the most updated American Medical Association (AMA) CPT and HCPCS code definition, this indirect time can be included when the encounter is reported. Additionally, those services that allow indirect time can be reported with another service (rendered by a different provider) on the same day, considering that the service is being reported on the concluding day and may not involve in-person (direct) services with the person on that day.</li> </ul> </li> </ul> </li> <li>● Modifiers tab: <ul style="list-style-type: none"> <li>○ Added TF for T1040 for FY24 implementation.</li> </ul> </li> <li>● Qualifications Crosswalk tab: <ul style="list-style-type: none"> <li>○ Added language regarding one-year applicable experience for the H2023</li> </ul> </li> </ul>
Use of the Y5 --- Individual Placement and Support modifier	Joe Longcor	<p>H2023 – Y5 –listed entire list of allowable modifiers listed in EMR – Y5 is an individual service only and should not include the group modifiers.</p> <p>Joe will need to work with someone to have encounter data pulled to look to see if the H2023 Y5 is being submitted with other modifiers such as the group modifiers.</p> <p>Joan ran a quick data pull and they do not have any Y5 reported for current FY.</p>
Institutional SUD Encounters	Crystal Williams	Delayed until October 19 <sup>th</sup> meeting.

Nursing Home Monitoring Question regarding POS	Donna Nieman	<p>When providing nursing home monitoring (T1017) by telehealth, which place of service should be used? The modifier for the nursing home monitoring is added when you use the POS as nursing home, however, telehealth is indicated by using the POS Telehealth, client in the home/Telehealth, client not in the home. If the telehealth POS is used, it will not generate the modifier to indicate this is a nursing home.</p> <p>Kasi will forward to other internal staff for feedback.</p> <p><i>Answer: The only way to distinguish that T1017 is Nursing Home Monitoring, is by using the Place of Service 32. Otherwise, we would not know whether it is Targeted Case Management or Nursing Home Monitoring if they use the telehealth place of service. So, they should report the 32 and then add something in the notes to say that it was provided via telehealth.</i></p>
Wrap-Up and Next Steps (5 minutes)	Kasi	

Action Items	Person Responsible	Status

**Next Meeting: October 19, 2023**