

# Detroit Wayne Mental Health Authority

707 W. Milwaukee St., Detroit, MI 48202-2943 Phone: (313) 344-9099

> www.dwmha.com FAX: (313)833-2156 TDD: (800) 630-1044 RR/TDD: (888) 339-5588

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|--------------------------------|--|
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| EFFECTIVE:                     | 04/01/2019   |
| SUBJECT:                       | Use of Codes & Modifiers for Infant Mental Health services |
| PROVISION OF SERVICE AFFECTED: | Infant Mental Health services                              |
| APPROVED MODIFIER:             | IF (Informational Modifier)                                |

### **GUIDANCE USAGE**

This bulletin is applicable exclusively to those providers of children's services who also have a contract with DWMHA to provide Infant Mental Health services.

#### BACKGROUND

DWMHA maintains a network of contract service providers in order to offer behavioral health services to children with serious emotional disturbances. A subset of these providers (i.e., currently nine providers) have an additional contract with DWMHA to provide Infant Mental Health services.

#### PROCEDURE

Infant Mental Health services provided to a child are identified with the code H0036 (Home-Based Services) and the billing modifier "IF" (Infant Mental Health Services). A fee schedule record for H0036-IF has been added to the provider's "MH Child Outpatient" contract record. Please use this contract record and fee schedule for authorization requests and claim submissions.

Infant Mental Health services provided to the mother of a child (i.e., LOCUS Assessment) are identified with the code H0031-LO (LOCUS Assessment) and the informational modifier "IF" (Infant Mental Health Services). A fee schedule for H0031-LO already exists in the provider's "MH Adult Outpatient" contract record, but without the "IF" modifier. Because "IF" is an informational modifier, it does not appear on the H0031-LO fee schedule. The billing staff must add the "IF" informational modifier to the H0031-LO claim as the 2<sup>nd</sup> modifier before submission to DWMHA. Please see the chart below for a summary of this information.

## Infant Mental Health reporting chart:

| Infant Mental Health Services             |                     |       | Billing    | Info       |
|---|---------------------|-------|------------|------------|
| Person Served                             | Contract Program    | Code  | Modifier_1 | Modifier_2 |
| Infant - Home-based services.             | MH Child Outpatient | H0036 | IF         |            |
| Mother/Adult - LOCUS Assessment services. | MH Adult Outpatient | H0031 | LO         | IF         |

#### **REFERENCES:**

Michigan Medicaid Provider Manual http://www.michigan.gov/mdhhs/0,5885,7-339-71551 2945 42542 42543 42546 42553-87572--,00.html

MDHHS Website: PIHP/CMHSP Reporting Cost Per Code and Code Chart https://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_38765---,00.html

MDHHS Website: PIHP/CMHSP Provider Qualifications Chart https://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_38765---,00.html