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BULLETIN NUMBER: #20-008

ISSUED/REVISED: 08/14/2020

EFFECTIVE: 10/01/2020

SUBJECT: Use of H2015 and T2027 with new Modifiers

SERVICE AFFECTED: Community Living Support services (CLS), funded by Medicaid, Healthy Michigan, SED Waiver, Child Waiver and HAB Waiver; and Overnight Health and Safety Supports funded by SED Waiver, Child Waiver and HAB Waiver.

BACKGROUND:

Historically, H0043 (per diem) and H2015 (15 min.) were the two comprehensive Community Living Support services (CLS) codes used to report residential services in an unlicensed setting. Effective 10/01/2020, MDHHS will retire the use of H0043 (per diem) and remove it from the Code Chart.

Community Living Supports services provided in an unlicensed setting will be reported in 15-minute units using H2015, effective 10/01/2020. Procedure code H2016 will continue to be used only for CLS provided in a licensed and specialized residential facility.

In Fiscal Year 2020, MDHHS added HCPCS code T2027 – Overnight Health and Safety Supports services for members with SED Waiver, Child Waiver or HAB Waiver funding and who reside in an unlicensed setting. This service is not funded for members without one of the Waivers listed above.

MDHHS will replace the modifier “TT” with five new modifiers (i.e., UN; UP; UQ; UR and US) to report that multiple members were served simultaneously by the same staff person, effective 10-01-2020.

PROCEDURES:

1. Use of T2027 – Overnight Health and Safety Supports (OHSS)

Per MSA Bulletin 20-04: For purposes of this service, “overnight” includes the hours a beneficiary is typically asleep for no more than 12 hours in a 24-hour period. The purpose of OHSS is to enhance individual safety and independence with an awake provider supervising the health and welfare of a beneficiary overnight. OHSS is defined as the need for an awake provider to be present (i.e., physically on-site) to oversee and be ready to respond to a beneficiary’s unscheduled needs if they occur during the overnight hours when they are typically asleep.

Given the above description of OHSS services, it is necessary to assess and document the times when the member is typically asleep, before authorizing OHSS services.

OHSS services should be authorized for the member’s typical sleep hours, as documented in the member’s IPOS. The OHSS code, T2027, should be reported for all services rendered to the member during their typical sleep hours. There is no need to change the reporting code to H2015 when the member awakes during the night and receives face-to-face services from the staff.

OHSS services are exclusively for members with the SED Waiver, Child Waiver or HAB Waiver funding and who reside in an unlicensed setting. This service is not funded for members without one of the Waivers listed above. If a member is enrolled in one of the Waiver programs above, then T2027 must be used to report OHSS service; H2015 may not be used to report overnight CLS service for Waiver members.

- a. New Modifiers – The appropriate modifier may be reported to indicate that multiple members were served simultaneously. However, it must be clinically appropriate, per the member’s IPOS that OHSS staff can be shared. See section below regarding the usage of the new modifiers.
- b. Standard Modifiers – MDHHS requires the use “HB” to report OHSS services provided to an adult; no modifier is required to report OHSS services for a child. MDHHS also requires the use of “HK” to report OHSS services for a member with the Habilitative Supports Waiver (a.k.a., HAB Waiver).
- c. Place of Service Code – The appropriate POS code is 12 = Home.

2. Use of H2015

Per the MDHHS Memo regarding CLS coding with H2015, dated 08-07-2020, H2015 may be used to report overnight supervision or monitoring by staff for members who do not have one of the Waivers, listed above:

“CLS may be provided in unlicensed settings to support, observe, and preserve the health and safety of the individual during overnight hours when medically necessary and in order that the individual may reside in the most integrated, independent community setting (i.e. own home or a setting the person rents or leases that is not operated, owned, or leased by a provider of services). The need for CLS staff assistance to observe, direct, and monitor health and safety must be reviewed and established through the person-centered planning process with the beneficiary’s specific supports being identified in Individual Plan of Service (IPOS) that will conserve their independent living arrangement. Providers are responsible to evaluate and ensure less intrusive and cost-effective services (i.e. specialty supplies and equipment: Personal Emergency Response System [PERS], electronic devices, assistive tech, etc.) have been reviewed that preserve health and safety, and allow an individual to remain in the most integrated independent community living setting, prior to authorizing this type of CLS staff assistance.”

- a. Modifiers – The appropriate modifier may be reported to indicate that multiple members were served simultaneously. See section below regarding the usage of the new modifiers.
- b. Place of Service Codes – The appropriate POS code is 12 = Home. In general, the use of the place of service code will follow the concept of “preponderance of service.” This means that the reported place of service code does not need to change during the course of the day as the natural activities of community living vary throughout the day. For example, if during the course of the day a member and staff go to the grocery store to get milk before dinner, the place of service code will continue to be reported as 12 = Home.

The code H2015 may also be used to report “Daytime Activities” in lieu of more formal daytime activities such as Skill Building (H2014) or Supported Employment (H2023). However, per the Appendix of MDHHS Code Chart, “Daytime Activities” must be provided by staff who are not also the member’s residential staff and the services must be identified as a specific goal in the member’s IPOS. These “Daytime Activities” may be reported with place of service code 99 = Community. See the Appendix of MDHHS Code Chart for more information on reporting “Daytime Activities”.

3. Usage of New Modifiers

MDHHS will retire the use of the “TT” modifier with H2015 and T2027, effective 09/30/2020. (Note: The “TT” modifier will continue to be used with other procedure codes for an additional year, until 09/30/2021.) MDHHS will implement the use of five (5) new modifiers to report that multiple members were served by one staff person, effective 10/01/2020. The new modifiers are listed in the chart below.

- a. “Preponderance of Service”

In general, the use of the new “multiple members” modifiers will follow the concept of “preponderance of service.” This means that the reported modifier

does not need to change during the course of the day as the natural interactions between members and staff vary throughout the day. Instead, the modifier will be based upon the number of members in the shared living arrangement.

For example, if three people live together their residential services would be reported with the “UP” modifier (i.e., 3 members served). If one of the three members goes outside to walk around the apartment building before dinner, the reported modifier would not be changed to “UN” (i.e., 2 members served). The preponderance of services that were provided to the three roommates on that shift was for three members simultaneously, and therefore should be reported with the “UP” (i.e., 3 members) modifier.

b. Exceptions to “Preponderance of Service”

Other services and planned Leaves of Absence, which are identified in the member’s IPOS, would be an exception from the “preponderance of service” concept.

For example, if three people live together, their residential services would usually be reported with the “UP” modifier (i.e., 3 members served). But, if one of the members attends a Skills Building program from 9:00am to 3:00pm on Mondays through Fridays, per their IPOS, it would be appropriate to change the modifier reported for the two members who remain in the home to “UN” (i.e., 2 members served) from 9:00am to 3:00pm on Mondays through Fridays. (This same approach would be used for unplanned Inpatient stays.)

Another example would be when one of the three roommates requires one-to-one staff and the other two roommates receive shared staffing, as documented in their IPOSs. Although three people live together, the residential services for the one member who requires one-to-one staffing would be reported with no modifier (i.e., Individual served) and the services for the other two roommates would be reported with the “UN” modifier (i.e., 2 members served).

A final example would be when one of the three roommates goes on a Leave of Absence from the home. If three people live together, their residential services would usually be reported with the “UP” modifier (i.e., 3 members served). On the days when the one roommate is on Leave from the home, it would be appropriate to change the modifier reported for the two members who remain in the home to “UN” (i.e., 2 members served).

New Modifier Chart:

Procedure Code & Description - EFFECTIVE 10-01-2020	Billing Modifier
H2015 - Comprehensive Community Support Services – Individual	--
H2015 - Comprehensive Community Support Services - 2 Members	UN
H2015 - Comprehensive Community Support Services - 3 Members	UP
H2015 - Comprehensive Community Support Services - 4 Members	UQ
H2015 - Comprehensive Community Support Services - 5 Members	UR
H2015 - Comprehensive Community Support Services - 6 or More Members	US
H2015 - Comprehensive Community Support Services - Two Staff/One Member	21

HOME HELP:

Every beneficiary who receive CLS services in an unlicensed setting must apply for Home Help or Expanded Home services, as appropriate. The services funded by Home Help are equivalent to Personal Care services in a licensed setting (see MDHHS Code Chart, Appendix). Therefore, any Personal Care/Home Help services can not be included in the calculations to determine the total time per day of CLS services needed. The total time of CLS services per day must be the net of Home Help services (i.e., subtract the Home Help time from the total amount of time of CLS services needed per day). As stated in communication from DWIHN in October 1, 2019, DWIHN will consider sanctions to ensure that providers make every effort to secure home help for beneficiaries living in unlicensed homes.

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 Provider Qualifications Chart

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

MDHHS Website: PIHP/CMHSP Reporting Cost per Code and Code Chart

https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf

MDHHS Website: Home Help

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42549_42590---,00.html