

# Detroit Wayne Integrated Health Network

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BULLETIN NUMBER:	21-003
ISSUED/REVISED:	04/16/2021
EFFECTIVE:	01/01/2021
SUBJECT:	Retirement of T2037 and T2036
SERVICE AFFECTED:	Therapeutic Camping, Day & Overnight, in I/DD Outpatient, Children's Waiver and SED Waiver contracts.

## BACKGROUND

MDHHS retired procedure code "T2036 – Therapeutic Camping, Overnight, Waiver", for the Habilitative Supports Waiver (HSW) and Children's Waiver populations, effective 01-01-2021. However, procedure code T2036 remains active for the SED Waiver population only.

MDHHS retired procedure code "T2037 – Therapeutic Camping, Day, Waiver, for the Habilitative Supports Waiver (HSW), Children's Waiver and SED Waiver populations, effective 01-01-2021.

## PROCEDURE

DWIHN has identified procedure code, "H0045-TY – Respite care services, Day, in out-of-home setting" as the replacement code for T2036 and T2037, where retired. The "TY" modifier identifies H0045 as being used for "Therapeutic Camping – Day or Overnight." (See screenshot, below.)

The rate is setup as a "Variable Rate" at \$0.00; the requester must specify the actual *per Day* cost of the Therapeutic Camping when making the authorization request and attach any supporting documents. The authorization request will route to the "Approve Authorization (Rate Setting)" queue, where DWIHN UM staff can deny the request or approve the request with the approved *per Day* rate. (This is the same process that was used for T2036 or T2037 in the past.)

### Screen Shot – Fee Schedule record for H0045-TY:

CPT/Rev	Modifier(s)	Service Description	Effective - Expiration Date	Contract Rate	Notes
H0045 Respite Care Services, not in the home, licensed residential setting or Therapeutic Camping.	TY	Respite Care ( <u>Days</u> ): Respite Care Services, not in the home, licensed residential setting or Therapeutic Camping.	10/01/2018 09/30/9999		Therapeutic Camping - Day or Overnight. Variable Rate must go to Rate Setting Queue. - Authorization Required - DWIHN Approval Required - Rate Setting Approval Required

#### **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