

Detroit-Wayne Integrated Health Network
I/DD Residential - Contract Program
Standard Rates - Effective 04-01-2021 - Version 3

Note: Effective 10-01-2020, MDHHS discontinued the use of H0043 for unlicensed CLS services, per diem. Unlicensed residential support services must now be reported with either H2015 or T2027. MDHHS has also discontinued the use of the "TT" modifier for with H2015 and T2027 and replaced it with five new "U" modifiers, as indicated below. DWIHN has deployed five local modifiers to indicate the number of shared staff on duty (i.e., 21, S1, S2, S3 and S4). DWIHN has deployed Bundled Authorization Only codes for H2015 and T2027 authorizations, effective on 04-01-2021. There have been no changes to the licensed residential codes H2016 and T1020 at this time.

UNLICENSED Residential Procedure Codes (Unit = 15 minutes; POS=12-Home)	Modifier	Rate
H2X15 - Comprehensive Community Support Services, Bundled Authorization Only. Use this bundled code to authorize <u>all</u> H2015 fee schedules below; do not use this code to submit claims.	.	\$0.00
H2015 - Comprehensive Community Support Services - One Member/One Staff	S1	\$4.64
H2015 - Community Living Support Services - Two Staff/One Member	21	\$9.28
H2015 - Comprehensive Community Support Services - 2 Members; 1 Staff	UN; S1	\$2.32
H2015 - Comprehensive Community Support Services - 2 Members; 2 Staff	UN; S2	\$4.64
H2015 - Comprehensive Community Support Services - 2 Members; 3 Staff	UN; S3	\$6.96
H2015 - Comprehensive Community Support Services - 2 Members; 4 Staff	UN; S4	\$9.28
H2015 - Comprehensive Community Support Services - 3 Members; 1 Staff	UP; S1	\$1.55
H2015 - Comprehensive Community Support Services - 3 Members; 2 Staff	UP; S2	\$3.09
H2015 - Comprehensive Community Support Services - 3 Members; 3 Staff	UP; S3	\$4.64
H2015 - Comprehensive Community Support Services - 3 Members; 4 Staff	UP; S4	\$6.19
H2015 - Comprehensive Community Support Services - 4 Members; 1 Staff	UQ; S1	\$1.16
H2015 - Comprehensive Community Support Services - 4 Members; 2 Staff	UQ; S2	\$2.32
H2015 - Comprehensive Community Support Services - 4 Members; 3 Staff	UQ; S3	\$3.48
H2015 - Comprehensive Community Support Services - 4 Members; 4 Staff	UQ; S4	\$4.64
H2015 - Comprehensive Community Support Services - 5 Members; 1 Staff	UR; S1	\$0.93
H2015 - Comprehensive Community Support Services - 5 Members; 2 Staff	UR; S2	\$1.86
H2015 - Comprehensive Community Support Services - 5 Members; 3 Staff	UR; S3	\$2.78
H2015 - Comprehensive Community Support Services - 5 Members; 4 Staff	UR; S4	\$3.71
H2015 - Comprehensive Community Support Services - 6 or More Members; 1 Staff	US; S1	\$0.77
H2015 - Comprehensive Community Support Services - 6 or More Members; 2 Staff	US; S2	\$1.55
H2015 - Comprehensive Community Support Services - 6 or More Members; 3 Staff	US; S3	\$2.32
H2015 - Comprehensive Community Support Services - 6 or More Members; 4 Staff	US; S4	\$3.09
T2X27 - Overnight Health and Safety Supports, Bundled Authorization Only. Use this bundled code to authorize <u>all</u> T2027 fee schedules below; do not use this code to submit claims.	.	\$0.00
T2027 - Overnight Health and Safety Supports - One Member/One Staff (HAB Waiver Only)	S1	\$4.44
T2027 - Overnight Health and Safety Supports - Two Staff/One Member (HAB Waiver Only)	21	\$8.88
T2027 - Overnight Health and Safety Supports - 2 Members; 1 Staff (HAB Waiver Only)	UN; S1	\$2.22
T2027 - Overnight Health and Safety Supports - 2 Members; 2 Staff (HAB Waiver Only)	UN; S2	\$4.44

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T2027 - Overnight Health and Safety Supports - 2 Members; 3 Staff (HAB Waiver Only)	UN; S3	\$6.66
T2027 - Overnight Health and Safety Supports - 2 Members; 4 Staff (HAB Waiver Only)	UN; S4	\$8.88
T2027 - Overnight Health and Safety Supports - 3 Members; 1 Staff (HAB Waiver Only)	UP; S1	\$1.48
T2027 - Overnight Health and Safety Supports - 3 Members; 2 Staff (HAB Waiver Only)	UP; S2	\$2.96
T2027 - Overnight Health and Safety Supports - 3 Members; 3 Staff (HAB Waiver Only)	UP; S3	\$4.44
T2027 - Overnight Health and Safety Supports - 3 Members; 4 Staff (HAB Waiver Only)	UP; S4	\$5.92
T2027 - Overnight Health and Safety Supports - 4 Members; 1 Staff (HAB Waiver Only)	UQ; S1	\$1.11
T2027 - Overnight Health and Safety Supports - 4 Members; 2 Staff (HAB Waiver Only)	UQ; S2	\$2.22
T2027 - Overnight Health and Safety Supports - 4 Members; 3 Staff (HAB Waiver Only)	UQ; S3	\$3.33
T2027 - Overnight Health and Safety Supports - 4 Members; 4 Staff (HAB Waiver Only)	UQ; S4	\$4.44
T2027 - Overnight Health and Safety Supports - 5 Members; 1 Staff (HAB Waiver Only)	UR; S1	\$0.89
T2027 - Overnight Health and Safety Supports - 5 Members; 2 Staff (HAB Waiver Only)	UR; S2	\$1.78
T2027 - Overnight Health and Safety Supports - 5 Members; 3 Staff (HAB Waiver Only)	UR; S3	\$2.66
T2027 - Overnight Health and Safety Supports - 5 Members; 4 Staff (HAB Waiver Only)	UR; S4	\$3.55
T2027 - Overnight Health and Safety Supports - 6 Members; 1 Staff (HAB Waiver Only)	US; S1	\$0.74
T2027 - Overnight Health and Safety Supports - 6 Members; 2 Staff (HAB Waiver Only)	US; S2	\$1.48
T2027 - Overnight Health and Safety Supports - 6 Members; 3 Staff (HAB Waiver Only)	US; S3	\$2.22
T2027 - Overnight Health and Safety Supports - 6 Members; 4 Staff (HAB Waiver Only)	US; S4	\$2.96

LICENSED Residential Procedure Codes (Unit = Per Diem; POS=14 Group Home)	Modifier	Rate
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff intensity: 5 to 7 hours per day.)	L1	\$111.36
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff intensity: 8 to 10 hours per day.)	L2	\$167.04
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff intensity: 11 to 14 hours per day.)	L3	\$232.01
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff intensity: 15 to 20 hours per day.)	L4	\$324.81
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Non-standard rate.) [Add "WV" modifier for Wheelchair adapted Van.]	L5	Varies
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 1 hour/day; up to 60 min.)	L1	\$18.56
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 2 hours/day; 61 to 120 min.)	L2	\$37.12
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 3 hours/day; 121 to 180 min)	L3	\$55.68
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 4 hours/day; 181 to 240 min)	L4	\$74.24
T1020 - Personal Care per Diem - 24 hours/day. (Additional hours or non-standard rate.)	L5	Varies