

Detroit-Wayne Integrated Health Network
Children's Waiver Procedure Codes and Modifiers - Standard Rate Sheet
Effective 01/01/2020

Note: Effective 10-01-2019 CWP Providers will no longer submit claims in the CHAMPS system, instead they will submit claims to DWIHN via the MH-WIN system for Fee-for-Service payment. If the rate is listed as "Varies" or "Actual Cost" that means the code requires prior authorization and/or a non-standard rate. Be advised that DWIHN has deployed a local modifier, "TV", to denote services provided at a Holiday Rate. Providers are required to report other Informational Modifiers, which do not affect the rate. See "DWIHN Modifiers List" for more detailed information regarding Billing Modifiers and Informational Modifiers required by MDHHS and DWIHN. Claims that are missing a required Informational Modifier may be denied.

Procedure Code & Description	Billing Modifier	Standard Rate
90785 - Psychotherapy Complex Interactive, 10 per Month	--	\$9.04
90791 - Psychiatric Diagnostic Evaluation No Medical Services, 1 per Month	--	\$83.75
90792 - Psychiatric Diagnostic Evaluation With Medical Services, 1 per Month	--	\$94.09
90832 - Psychotherapy With Patient 30 Minutes, 10 per Month	--	\$40.91
90833 - Psychotherapy With Patient W E/M 30 Minutes, 10 per Month	--	\$42.41
90834 - Psychotherapy With Patient 45 Minutes, 10 per Month	--	\$54.47
90836 - Psychotherapy With Patient With E/M 45 Minutes, 10 per Month	--	\$53.61
90837 - Psychotherapy With Patient 60 Minutes, 10 per Month	--	\$81.81
90838 - Psychotherapy With Patient With E/M 60 Minutes, 10 per Month	--	\$70.83
90846 - Family Psychotherapy Without Patient 50 Minutes, 10 per Month	--	\$65.88
90847 - Family Psychotherapy With Patient 50 Minutes, 10 Per Month	--	\$68.47
90853 - Group Psychotherapy, 10 per Month	--	\$16.36
90863 - Pharmacologic Management With Psychotherapy, 10 per Month	--	\$15.93
92507 - Speech/Hearing Therapy, 8 Sessions per Month	--	\$48.01
92508 - Speech/Hearing Therapy, 8 Sessions per Month	--	\$14.43
92521 - Evaluation of Speech Fluency, 1 per 3 Calendar Months	--	\$69.11
92522 - Evaluate Speech Production, 1 per 3 Calendar Months	--	\$55.98
92523 - Speech Sound Language Comprehension, 1 per 3 Calendar Months	--	\$119.28
92524 - Behavioral and Qualitative Analysis of Voice and Resonance, 1 per 3 Calendar Months	--	\$54.04
92526 - Oral Function Therapy, 8 per Sessions per Month	--	\$52.53
92626 - Evaluation of Auditory Rehabilitation Status, 1 per Month	--	\$54.90
92627 - Evaluation of Auditory Rehabilitation Status, Add-On, 12 per 90 Days	--	\$13.78
92630 - Auditory Rehabilitation Pre-Lingual Hear Loss, 8 per Month	--	\$35.52
92633 - Auditory Rehabilitation Post-lingual Hear Loss, 8 per Month	--	\$35.52
96101 - Psychological Testing By Psychiatrist or Physician, Maximum Quantity of 5 once in 90 Days (Retired 12/31/2019)	--	\$50.16
96102 - Psychological Testing By Technician, Maximum Quantity of 5 once in 90 Days (Retired 12/31/2019)	--	\$37.46
96103 - Psychological Testing Administrator By Computer, 1 in 90 Days	--	\$16.79
96105 - Assessment of Aphasia, 3 per 90 Days	--	\$63.73
96110 - Developmental Screen W/Score, 1 per 90 Days	--	\$9.20
96111 - Developmental Testing Extended, 1 per 90 Days	--	\$82.46
96116 - Neurobehavioral Status Exam Physician QHP 1st Hr, 8 per Year	--	\$58.13

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96118 - Neuropsychological Test By Psychiatrist or Physician (Retired 12/31/2019)	--	\$58.99
96119 - Neuropsychological Testing By Technicians, 1 in 90 Days (Retired 12/31/2019)	--	\$48.44
96120 - Neuropsychological Test Administered With Computer, 1 in 90 Days	--	\$29.07
96130 - Psychological Testing, First Hour; max 5 once in 90 days (replaces 96101 & 96102, effective 01/01/2020)	--	\$100.00
96131 - Psychological Testing, Each additional Hour; bill with 96131	--	\$100.00
96132 - Neuropsychological Testing, First Hour; max 5 once in 90 days (replaces 96118 & 96119, effective 01/01/2020)	--	\$100.00
96133 - Neuropsychological Testing, Each additional Hour; bill with 96132	--	\$100.00
96372 - Therapeutic, Prophylactic, and Diagnostic Injections and Infusions SC/IM, 5 per Month	--	\$10.12
97110 - Therapeutic Exercises, 8 Sessions per Month for combined OT & PT procedures	--	\$18.73
97112 - Neuromuscular Reeducation, 8 Sessions per Month for combined OT & PT procedures	--	\$21.31
97113 - Aquatic Therapy/Exercises, 8 Sessions per Month for combined OT & PT procedures	--	\$23.68
97116 - Gait Training Therapy, 8 Sessions per Month for combined OT & PT procedures	--	\$18.52
97124 - Massage Therapy, 4 Sessions per Month	--	\$17.44
97140 - Manual Therapy or More Regions, 8 Sessions per Month for combined OT & PT procedures	--	\$17.01
97150 - Group Therapeutic Procedures, 8 Sessions per Month for combined OT & PT procedures	--	\$11.20
97161 - PT Evaluations Low Complexity 20 Minutes, 2 per Year	--	\$51.67
97162 - PT Evaluations Low Complexity 30 Minutes, 2 per Year	--	\$51.67
97163 - PT Evaluations Low Complexity 45 Minutes, 2 per Year	--	\$51.67
97164 - PT Re-Evaluations Established Plan Care, 1 per Month	--	\$35.09
97165 - OT Evaluations Low Complexity 30 Minutes, 2 per Year	--	\$55.55
97166 - OT Evaluations Mod Complexity 45 Minutes, 2 per Year	--	\$55.55
97167 - OT Evaluations High Complexity 60 Minutes, 2 per Year	--	\$55.55
97168 - OT Re-Evaluations Established Plan Care, 2 per Year	--	\$38.11
97530 - Therapeutic Activities, 8 Sessions per Month for combined OT & PT procedures	--	\$24.33
97533 - Sensory Integration, 8 Sessions per Month for combined OT & PT procedures	--	\$26.05
97535 - Self Care Management Training, 8 Sessions per Month for combined OT & PT procedures	--	\$20.88
97537 - Community/Work Reintegration, 8 Sessions per Month for combined OT & PT procedures	--	\$20.02
97542 - Wheelchair Management Training, 8 Sessions per Month for combined OT & PT procedures	--	\$20.24

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97761 - Prosthetic Training 1st Encounter, 8 Sessions per Month for combined OT & PT procedures (15 Minutes)	--	\$24.97
97763 - Orthotic Prosthetic Management Subsequent Encounter, 8 Sessions per Month for combined OT & PT procedures (15 Minutes)	--	\$30.79
97802 - Medical Nutrition Therapy, Individual, Initial 8 per Year	--	\$22.61
97803 - Medical Nutrition Therapy, Individual Subsequent, 20 per Month	--	\$19.59
97804 - Medical Nutrition Group Therapy, 10 per Month		\$10.33
99201 - Office/Outpatient Visit New Patient, 10 Minutes	--	\$27.77
99202 - Office/Outpatient Visit New Patient, 20 Minutes	--	\$46.29
99203 - Office/Outpatient Visit New Patient, 30 Minutes	--	\$65.67
99204 - Office/Outpatient Visit New Patient, 45 Minutes	--	\$99.68
99205 - Office/Outpatient Visit New Patient, 60 Minutes	--	\$125.30
99211 - Office/Outpatient Visit Established, Brief	--	\$13.78
99212 - Office/Outpatient Visit Established, 10 Minutes	--	\$27.34
99213 - Office/Outpatient Visit Established, 15 Minutes	--	\$45.00
99214 - Office/Outpatient Visit Established, 25 Minutes	--	\$65.88
99215 - Office/Outpatient Visit Established, 40 Minutes	--	\$88.77
99506 - Home Visit Intramuscular Injection	--	\$10.77
E1399 - Durable Medical Equipment Miscellaneous	--	Varies
G0176 - Activity Therapy, 4 Sessions per Month per type of Specialty Services (Music,	--	\$66.54
G0515 - Cognitive Skills Development, 8 Sessions per Month for combined OT & PT	--	\$19.59
H0018 - Alcohol And/Or Drug Services, 1per Day	--	\$202.56
H0031 - Mental Health Assessment By Non-Physician, 1 per 3 Calendar Months (See	--	\$297.47
H0034 - Medication Training & Support per 15 Minutes, 1 per Week	--	\$9.91
H2000 - Comprehensive Multidisciplinary Evaluation, 5 Sessions per Month	--	\$184.32
H2015 - Comprehensive Community Support Services, 15 Minutes, 96 per Day	--	\$6.40
H2015 - Comprehensive Community Support Services, 15 Minutes, Holiday Rate	TV	\$9.60
H2015 - Comprehensive Community Support Services, 15 Minutes, 96 per Day	TT	\$4.80
H2015 - Comprehensive Community Support Services, 15 Minutes, Holiday Rate	TT, TV	\$7.20
K0739 - Repair/Service DME Non-Oxygen Equipment	--	Varies
S0215 - Non-Emergency Transportation Mileage	--	\$0.53
S5111 - Family Homecare Training Session, Up to 12 Sessions per 90 Day period	--	\$150.00
S5116 - Nonfamily Homecare Training Session, Up to 4 Sessions per Calendar Month	--	\$62.09
S5165 - Home Modifications per Service	--	Varies
S5199 - Personal Care Item NOS Each, 5 items per Quarter, limited to a cost not greater	--	\$96.00
S8990 - Physical Therapy or Manipulation for Maintenance, 8 Sessions per Month for combined OT & PT procedures	--	\$62.86
S9445 - Patient Education NOC Individual, 5 Sessions per 4 Months	--	\$24.02
S9446 - Patient Education NOC Group, 5 Sessions per 4 Months	--	\$12.00
S9470 - Nutritional Counseling, Dietician Visit, 13 per Month	--	\$24.48
S9484 - Crisis Intervention per Hour, 10 per Month	--	\$44.41
T1001 - Nursing Assessment/Evaluation, 1 in 90 Days	--	\$46.17

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Procedure Code & Description	Billing Modifier	Standard Rate
T1002 - RN Services up to 15 Minutes, 12 per Month	--	\$13.76
T1005 - Respite Care Service 15 Minutes, 4608 units per Fiscal Year	--	\$6.40
T1005 - Respite Care Service 15 Minutes, Holiday Rate	TV	\$9.60
T1005 - Respite Care Service RN, 15 Minutes, 4608 units per Fiscal Year	TD	\$13.76
T1005 - Respite Care Service RN, 15 Minutes, Holiday Rate	TD, TV	\$20.64
T1005 - Respite Care Service LPN, 15 Minutes, 4608 units per Fiscal Year	TE	\$11.71
T1005 - Respite Care Service LPN, 15 Minutes, Holiday Rate	TE, TV	\$17.57
T1005 - Respite Care Service Multiple Members, 15 Minutes, 4608 units per Fiscal Year	TT	\$4.80
T1005 - Respite Care Service Multiple Members, 15 Minutes, Holiday Rate	TT, TV	\$7.20
T1999 - NOC Retail Items And Supplies, 1 Adaptive toy per Quarter with a Maximum cost of \$24. Only adaptive toys can be billed under this code. Use the remarks field to identify the items.	--	\$24.00 Actual cost up to \$24.00
T2023 - Targeted Case Management per Month, The date of service should be the last	--	\$498.24
T2025 - Waiver Service, Not Otherwise Specified, 1 per Calendar Month	--	\$105.00
T2027 - Specialized Childcare (Overnight Health and Safety), waiver, 15 min.	--	\$5.17
T2028 - Special Supply, NOS Waiver, 5 Allergy contro; supplies per Quarter, limited to a	--	\$96.00
T2029 - Special Medical Equipment, Not Otherwise Specified Waiver	--	Varies
T2039 - Vehicle Modification Waiver/Service	--	Varies

Updates highlighted in Yellow