

# Detroit Wayne Integrated Health Network

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BULLETIN NUMBER: 24-001

**ISSUED/REVISED**: 12/06/2023

**EFFECTIVE**: 10/1/2023

**SUBJECT:** Children Services Evidenced Based Services

**SERVICE AFFECTED:** Children Services

#### **BACKGROUND**

Currently Michigan Department of Health and Human Services (MDHHS) permits certain modifiers for children services Evidenced Based Practices (EBP). It is the goal of DWIHN to develop local modifiers to capture all of the children services EBPs to identify members who are receiving EBPs and to measure outcomes of services.

#### **PROCEDURE**

Effective 10/1/2023 Children Providers who are currently participating in an EBP Cohort and or completed an EBP Cohort with MDHHS certification approval are to utilize the identified CPT codes and modifiers according to the chart below. In addition, Providers are also able to resubmit claims effective 10/1/2023 if needed.

#### **DEFINITIONS:**

- Evidenced Based Practice: EBP is a process in which the practitioner combines wellresearched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services. (National Association of Social Work)
- Assessment: H0031
- Outpatient Therapy: 90832, 90837, 90839, 90840, 90846, 90847, 90849,
- Home Based Therapy: H0036
- Group Therapy: 90853
- Family Support and Training: S5111
- New DWIHN Local Modifiers: E1, E2, E3, E4, E5, E6, E7, E8

| Services  | MDHHS CPT<br>Code / Mod | Cohort CPT<br>Code / Mod | Post Cohort<br>Code / Mod |
|---|-------------------------|--------------------------|---------------------------|
| Caregiver Education                             | None                    | E1                       | ST                        |
| Service Type: Family Support and Training       |                         |                          |                           |
| Child Parent Psychotherapy                      | None                    | E2                       | E2                        |
| Service Type: Outpatient Therapy, Group Therapy |                         |                          |                           |
| Dialectical Behavior Therapy (DBT)              | None                    | E3                       | Y2                        |
| Service Type: Outpatient Therapy, Home Based    |                         |                          |                           |
| Therapy, Group Therapy                          |                         |                          |                           |
| Motivational Interviewing for Adolescents       | None                    | E4                       | E4                        |
| Service Type: Outpatient Therapy, Home Based    |                         |                          |                           |
| Therapy   |                         |                          |                           |
| Parent Management Training Oregon Model         | Y3                      | E5                       | Y3                        |
| (PMTO)  |                         |                          |                           |
| Service Type: Outpatient Therapy, Home Based    |                         |                          |                           |
| Therapy, Family Home Care Training              |                         |                          |                           |
| Parenting Through Change (PTC)                  | None                    | E6                       | E6                        |
| Service Type: Group Therapy                     |                         |                          |                           |
| Trauma Focused Cognitive Behavioral Therapy     | ST                      | E7                       | ST                        |
| (TFCBT)   |                         |                          |                           |
| Service Type: Assessment, Outpatient Therapy,   |                         |                          |                           |
| Home Based Therapy                              |                         |                          |                           |
| Multisystemic Therapy (MST)                     | H2033                   | NA                       | H2033                     |
| Service Type: Home Based Therapy                |                         |                          |                           |
| Strengthening Families (SF)                     | None                    | NA                       | E8                        |
| Service Type: Group Therapy                     |                         |                          |                           |
| Supported Employment                            | H2023                   | NA                       | H2023                     |
| Service Type: Outpatient Therapy                |                         |                          |                           |
| Therapeutic Foster Care Oregon                  | S5145                   | NA                       | S5145                     |
| Service Type: SED Waiver ONLY                   |                         |                          |                           |

## **REFERENCES:**

Clinical Practice Improvement Policy

https://dwmha.policystat.com/policy/13103301/latest

MDHHS Website: SFY 2024 Behavioral Health and Provider Qualifications <a href="https://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_38765---,00.html">https://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_38765---,00.html</a>

### **DWIHN Rate Charts**

https://www.dwihn.org/rate-charts

If there are any additional questions and or concerns please contact Director of Children's Initiative, Cassandra Phipps (<a href="mailto:cphipps@dwihn.org">cphipps@dwihn.org</a>).