

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES

**All providers:** at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and report on activities performed; and in good standing with the law (i.e., not a fugitive from justice, a convicted felon or illegal alien). Licensed professionals must act within the scope of practice defined by their licenses. "Supervision" is defined by the Occupational Regulations Section of the Michigan Public Health Code at MCL§333.16109 and, as appropriate, in the administrative rules that govern licensed, certified and registered professionals.

**Aide** - In addition to the above, able to perform basic first aid procedures and is trained in the individual's plan of service, as applicable. Aides serving children on the Children's Waiver and Children's SED Waiver must also be trained in recipient rights and emergency procedures.

**Child Mental Health Professional** - Individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed master's social worker, licensed professional counselor, or registered nurse; or an individual with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or a person with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families.

**Mental Health Professional [Mental Health Code, Section 330.1100b(14), revised 2005]** - A physician, psychologist, licensed master's social worker, licensed professional counselor, licensed marriage and family therapist, or registered professional nurse.

**Peer Specialist** - Individual in recovery from severe mental illness who is receiving or has received services from the public mental health system. Because of their life experience, they provide expertise that professional training cannot replicate. Individuals who are functioning as Peer Support Specialists serving beneficiaries with mental illness must meet MDCH specialized training and certification requirements. Peer specialists who assist in the provision of a covered service must be trained and supervised by the qualified provider for that service. Peer Specialists who provide covered services without supervision must meet the specific provider qualifications.

**Psychologist** - References to "psychologist" in this chart and the Medicaid Provider Manual mean a psychologist fully-licensed, limited-licensed or temporary limited-licensed by the State of Michigan.

**Qualified Mental Health Professional (QMHP)** - Individual with specialized training or one year experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, registered nurse, therapeutic recreation specialist, licensed professional counselor, physician's assistant, or an individual with a human service degree hired and performing in the role of QMHP prior to January 1, 2008.

**Qualified Mental Retardation Professional (QMRP)** - Individual with specialized training or one year experience in treating or working with a person who has mental retardation; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, registered nurse, therapeutic recreation specialist, licensed professional counselor, or an individual with a human service degree hired and performing in the role of QMRP prior to January 1, 2008.

**Social Worker** - Individual who possesses Michigan full or limited licensure as a master's social worker or a bachelor's social worker. Social workers with limited licenses must be supervised by a fully-licensed master's social worker.

### **Substance Abuse Treatment Specialist (SATS) -**

(1) An individual who has licensure in one of the following areas AND is working within their licensure-specified scope of practice:

Physician (MD/DO), Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Psychologist (LP), Limited Licensed Psychologist (LLP), Temporary Limited Licensed Psychologist (TLLP), Licensed Professional Counselor (LPC), Limited Licensed Professional Counselor (LLPC), Licensed Marriage and Family Therapist (LMFT), Limited Licensed Marriage and Family Therapist (LLMFT), Licensed Master's Social Worker (LMSW), Limited Licensed Master's Social Worker (LLMSW), Licensed Bachelor's Social Worker (LBSW), Limited Licensed Bachelor's Social Worker (LLBSW) **AND** they have a registered development plan leading to certification and are timely in its implementation **OR** are functioning under a time-limited exception plan



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

approved by the Substance Abuse Coordinating Agency (SACA) as detailed in this document.

**OR**

(2) An individual has one of the following Michigan Certification Board of Addiction Professionals (MCBAP) or International Certification & Reciprocity Consortium (IC & RC) credentials:

Certified Addictions Counselor - Michigan (CAC-M), Certified Addictions Counselor - IC&RC - Reciprocal (CAC-R), Certified Advanced Addictions Counselor – IC&RC (CAAC), Certified Criminal Justice Professional - IC&RC - Reciprocal (CCJP-R)

**OR**

(3) An individual who has one of the following approved alternative certifications:

- For medical doctors: American Society of Addiction Medicine (ASAM)
- For prevention: Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing.

- For psychologists: American Psychological Association (APA) specialty in addiction and certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD)

A physician (MD/DO), physician assistant, nurse practitioner, registered nurse or licensed practical nurse who is not providing treatment services to clients beyond the scope of practice of their licensure are considered to be Specifically Focused Treatment Staff and are not required to obtain MCBAP credentials. If one of these individuals wanted to provide substance use disorder treatment services to clients outside their scope of licensure, the MCBAP certification requirements would apply.

**Substance Abuse Treatment Practitioner (SATP)-** An individual who has a registered MCBAP certification development plan that is timely in its implementation and is supervised by an individual with a CCS-M, CCS-R or a registered development plan to obtain the supervisory credential, while completing the requirements of the plan (6000 hours).

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Assertive Community Treatment (ACT)</b>	H0039	ACT	State Plan	Minimum staffing: Physician (MD or DO) to provide psychiatric coverage, registered nurse who provides direct services within scope of practice, team leader who is a mental health professional, and other qualified mental health professionals (QMHPs). Up to one full-time equivalent (FTE) Certified Peer Support Specialist may be substituted for one FTE QMHP.  All team staff have a basic knowledge of ACT programs and principles acquired through MDCH-approved ACT specific training
<b>Assessments Health Psychiatric Evaluation</b>	T1001, 97802, 97803	Nursing or nutrition assessments (refer to code descriptions)	State Plan	Registered nurse, physician assistant, nurse practitioner, licensed dietician or licensed nutritionist (operating within scope of practice)
	90801, 90802	Psychiatric evaluation	State Plan	Psychiatrist

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Psychological testing</b>  <b>Other assessments, tests</b>	96101, 96102, 96103, 96116, 96118, 96119, 96120	Psychological testing	State Plan	96102 and 96103: Mental Health Professional; or licensed bachelor's social worker, or limited licensed bachelor's or masters social worker acting within their scope of practice under the supervision of a mental health professional who is a fully licensed masters social worker.  96101, 96116, 96118, 96119 and 96120: Psychologist
	90887, 96105, 96110, 96111	Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.)	State Plan	Mental Health Professional; or licensed bachelor's social worker, or limited licensed bachelor's or master's social worker acting within their scope of practice under the supervision of a mental health professional who is a fully licensed master's social worker.  Assessments of children with SED are done by a child mental health professional. Assessments of children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. Assessments of children with DD are done by a QMRP.
	H0002, H0031, T1023	H0002: Brief screening to non-inpatient mental health programs  H0031: Assessment by non-physician  T1023: Pre-screening for inpatient program		H0031: Mental Health Professional  H0002 and T1023: Mental Health Professional, licensed bachelor's social worker, or limited licensed bachelor's or master's social worker under the supervision of a fully licensed master's social worker; unit supervised by registered professional nurse or other mental health professional possessing at least a master's degree.  Assessments of children with SED are done by a child mental health professional; for children aged 7-17 with SED, child mental health professional must be trained in CAFAS.  Assessments of children with DD are done by a QMRP.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Behavior Treatment Plan Review</b>	H2000	Comprehensive multidisciplinary evaluation	State Plan	Minimum staffing: Three individuals that include psychologist with formal training or experience in applied behavior analysis, and physician or psychiatrist. In order to report, at least two of the three must be present. Use TS modifier when a committee member or their designee monitors the activities of the behavior treatment plan.
<b>Chore Services</b>	S5120	Chore services	Habilitation/Supports Waiver	Aide
<b>Clubhouse Psychosocial Rehabilitation Programs</b>	H2030	Mental Health Clubhouse Services	State Plan	One full-time on-site clubhouse manager who has a minimum of a bachelor's degree in a human services field and two years' experience with adults with serious mental illness, or a master's degree in a human services field with one year's experience with adults with serious mental illness and has appropriate licensure.
<b>Community Living Supports</b>	H0043, H2015, H2016, T2036, T2037	H0043: Community Living Supports provided in unlicensed independent living setting or own home  H2015: Comprehensive Community Support Services  H2016: Comprehensive Community Support Services in specialized residential settings only  T2036: Therapeutic camping overnight  T2037: Therapeutic camping day	Habilitation/Supports Waiver & Additional "b3" Services  Children's Waiver  Waiver for Children with Serious Emotional Disturbance (SEDW)	H0043, H2015, H2016, T2036 & T2037: Aide  H2015 Children's Waiver or SEDW aide: supervised by the professional disciplines responsible for the individual plan of service (IPOS).
<b>Community Transition (Waiver for Children with SED only)</b>	T2038	Community Transition, waiver, per service	Waiver for Children with Serious Emotional Disturbance (SEDW)	Licensed builder or utility company; requirements specified in the IPOS.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Crisis Intervention</b>	H2011, H0030, T2034, H2020	Crisis Intervention Service  H0030: Michigan Center for Positive Living Supports Crisis Line  T2034: Michigan Center for Positive Living Supports Mobile Crisis/Training Team  H2020: Michigan Center for Positive Living Supports Crisis/Training Transition Home	State Plan	H2011: Mental Health Professional; or limited licensed master's social worker, or licensed bachelor's social worker, or limited licensed bachelor's or master's social worker acting within their scope of practice and supervised by a Mental Health Professional who is a licensed master's social worker.  H0030: QMRP  T2034 and H2020: QMRP and trained aides; or trained aides supervised by a QMRP
<b>Intensive Crisis Stabilization</b>	S9484	Intensive crisis intervention mental health services, per hour. Use for the DCH-approved program only.	State Plan	Team of a physician, psychologist, licensed master's social worker, or a licensed professional counselor and paraprofessional under the supervision of a psychiatrist
<b>Crisis Observation Care</b>	0762 (Revenue Code)	Outpatient extended observation beds (23 hours)	Additional "b3" Services	Supervised by a physician/psychiatrist if crisis observation is provided in an inpatient unit. For outpatient emergency room or screening center (with MDCH approval), under the supervision of a psychiatrist on-site 24-hours-a-day.
<b>Crisis Residential Services</b>	H0018	Behavioral health; short-term residential	State Plan	Clinical supervision, psychiatric evaluation and assessment by psychiatrist. On-site medication reviews by physician, physician's assistant or nurse practitioner under the clinical supervision of the psychiatrist. The program must also be under the immediate direction of a full-time mental health professional who is on-site, 8-hours-a-day, M-F, with on-call responsibility for after-hours. The mental health professional must possess at least a master's degree in human services with one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in human services with at least two years' experience providing services to beneficiaries with serious mental illness.  Treatment, other than mental health therapy, may be done by non-degreed staff

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Enhanced Medical Equipment and Supplies (also Specialized Medical Equipment and Supplies for Children's Waiver)</b>	E1399, S5199, T2028, T2029, T2039		Habilitation/Supports Waiver & Additional "b3" Services	Physician's prescription. Not a staff service
<b>Enhanced Pharmacy</b>	T1999		Habilitation/Supports Waiver & Additional "b3" Services	Physician's prescription. Not a staff service
<b>Environmental Modifications/Accessibility Adaptation</b>	S5165	Home modification, per service	Habilitation/Supports Waiver & Additional "b3" Services  Children's Waiver	Physician's prescription. Licensed builder, contractor  Children's Waiver: Assessment by a professional occupational therapist
<b>Family Training</b>	S5111	Home care training	Habilitation/Supports Waiver & Additional "b3" services  Children's Waiver  Waiver for Children with Serious Emotional Disturbance (SEDW)	Training must be provided by a professional within the scope of their practice.  Children's Waiver: Family training must be done by a psychologist, licensed master's social worker or a QMRP.  SEDW: Family training must be done by a psychologist or licensed master's social worker or a QMHP.  Peer training must be provided by a trained peer.  Parent to Parent training: must be provided by a trained parent.  Other kinds of non-clinical supports may be provided by an Aide.
	G0177	Family Psycho-education: family educational groups	Additional "b3" service	Mental Health Professional or Licensed Bachelor's Social Worker (or limited licensed bachelor's or master's social worker under the supervision of a fully licensed master's social worker) supervised by a Mental Health Professional, and trained in the SAMHSA model

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
	S5110	Family Psycho-education: skills workshop		Mental Health Professional or Licensed Bachelor's Social Worker (or limited licensed bachelor's or master's social worker under the supervision of a fully licensed master's social worker) supervised by a Mental Health Professional, and trained in the SAMHSA model
	T1015	Family Psycho-education: joining		Mental Health Professional or Licensed Bachelor's Social Worker (or limited licensed bachelor's or master's social worker under the supervision of a fully licensed master's social worker) supervised by a Mental Health Professional, and trained in the SAMHSA model
<b>Fiscal Intermediary Services</b>	T2025	Waiver service NOS. Use for services performed by a fiscal intermediary.	Additional "b3" service	Entity with demonstrated competence in managing budgets and performing other functions and responsibilities of a fiscal intermediary
<b>Foster care, therapeutic (SEDW Waiver Only)</b>	S5140 S5145	Foster Care, Therapeutic, per diem, age 11 and older  Foster Care, Therapeutic, per diem, age 0-10	Waiver for Children with Serious Emotional Disturbance (SEDW)	Foster care licensure, DCH-certified, specialized training, trained in the child's IPOS
<b>Health Services</b>	97802, 97803, 97804, H0034, S9445, S9446, S9470, T1002	97802-97804 – medical nutrition therapy  H0034 – Medication training and support  S9445 – Pt education NOC non-physician indiv  S9446 – Pt education NOC non-physician group, per session  S9470 – Nutritional counseling dietician visit  T1002 – RN services	State Plan	Registered nurse, nurse practitioner, registered dietician, or physician's assistant according to their scope of practice

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Home Based Services</b>	H0036	Community psychiatric supportive treatment H0036/ST: Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	State Plan	Home-based services worker: Child mental health professional*  Home-based services assistant: aide  Supervisor: master's prepared child mental health professional with three years' professional experience.  TFCBT: Masters level home-based clinician, certified by MDCH to provide this service  For children with SED 7-17, must be trained in CAFAS.  For infants and toddlers (0-3 years), child mental health professional + specific training. Effective 10/01/09, training requirement must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health, Level 3 preferred.  For DD, child mental health professional* + must meet QMRP qualifications  *Unless providing mental health therapy which requires these qualifications: physician, psychologist, licensed master's social worker, or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families
	H2033	Multi-systemic therapy (MST) in home-based program	State Plan	Masters level clinician who is a children's mental health professional, certified by MST Services
<b>Home Care Training, Non-Family (Children's Waiver Only)</b>	S5116	Home Care Training, non-family, per session	Children's Waiver	Psychologist, licensed master's social worker, or a QMRP
<b>Housing Assistance</b>	T2038	Community transition, waiver, per service	Additional "b3" services	Not a staff service.
<b>Medication Administration</b>	96372, 99211, 99506	Report procedure code only when provided as a separate service.	State Plan	Physician, physician assistant, nurse practitioner, registered nurse, or a licensed practical nurse assisting a physician

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Medication Review</b>	90862, M0064	90862: Brief assessment, dosage adjustment, minimal psychotherapy, TD testing by physician, or physician plus a nurse  M0064: Brief assessment (generally less than 10 minutes), med monitoring or change by nurse, physician, or physician plus a nurse  EPS tardive dyskinesia testing is included in medication review services	State Plan	90862: Physician (MD or DO)  M0064: Physician (MD or DO), physician assistant, nurse practitioner, registered nurse, or registered pharmacist.  <b>Note:</b> Only an MD or DO, or a physician assistant or nurse practitioner under the supervision of a physician (MCL 333.17076(3)), may prescribe medications.  For either service, a physician may be assisted by a nurse practitioner, registered nurse or a licensed practical nurse, or pharmacist .
	H2010	Comprehensive Medication Services  Use only with Evidence Based Practice – Medication Algorithm	State Plan	
<b>Nursing Facility Mental Health Monitoring</b>	T1017	Targeted case management	State Plan	Mental Health Professional; or licensed bachelor's social worker (or limited licensed bachelor's or master's social worker under the supervision of a fully licensed master's social worker) supervised by a Mental Health Professional; or QMRP or QMHP.  A child mental health professional is required when delivering service to a child with SED.  A QMRP is required when delivering service to a child with DD.
<b>Occupational Therapy</b>	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97762, S8990	OT individual	State Plan	Physician prescription  Services provide by an occupational therapist currently registered by the state of Michigan; occupational therapy assistant.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
	97150	OT group	State Plan	Physician prescription Services provided by an occupational therapist currently registered by the state of Michigan; occupational therapy assistant.
	97003, 97004	OT evaluation/re-evaluation	State Plan	Physician prescription Services provided by an occupational therapist currently registered by the state of Michigan.
<b>Out-of-Home Non-Vocational Habilitation</b>	H2014	Skills training and development	Habilitation/Supports Waiver	Aide
<b>Out-of-Home Prevocational Service</b>	T2015	Habilitation, prevocational	Habilitation/Supports Waiver	Aide
<b>Peer-Directed and -Operated Support Services</b>	H0023, H0038	H0023 – Drop-in center H0038 – Peer specialist services	Additional "b3" Services	Drop-in Center Director: An individual in recovery from serious mental illness who is receiving or has received public or private mental health services. The individual's life experience provides expertise that professional training alone cannot replicate. Peer Specialist: must be certified by MDCH if providing services to an individual with SMI.
<b>Personal Care in Licensed Specialized Residential Setting</b>	T1020	Personal care services	State Plan	Services are authorized by a physician, case manager, or supports coordinator. Services are provided by an aide supervised by a health care professional
<b>Physical Therapy</b>	97001, 97002	PT Evaluation/re-evaluation	State Plan	Physician or licensed physician assistant prescribed. Evaluation must be done by a licensed (by state of Michigan) physical therapist
	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, S8990	PT individual	State Plan	Physician or licensed physician assistant prescribed. Activities performed by a licensed (by state of Michigan) physical therapist or a physical therapy assistant supervised by a licensed physical therapist

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
	97150	PT group	State Plan	Physician or licensed physician assistant prescribed.  Activities performed by a licensed (by state of Michigan) physical therapist or a physical therapy assistant supervised by a licensed physical therapist
<b>Prevention Services - Direct Model</b>	H0025	Behavioral health prevention education service	Additional "b3" Services	<p>Infant Mental Health and Child Care Expulsion: master's prepared early childhood mental health professional plus specific training. Effective 10/01/09, training requirement must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health, Level 3 preferred.</p> <p>School Success: child mental health professional*</p> <p>Children of Adults with MI: mental health professional*</p> <p>Parent Education: child mental health professional* with training in model</p> <p>* Unless providing mental health therapy which requires the qualifications of physician, psychologist, licensed master's social worker, or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families</p>

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.  
July 27, 2009

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Private Duty Nursing</b>	S9123, S9124	Private duty nursing, habilitation/supports waiver (individual nurse only), 21 years and over ONLY	Habilitation/Supports Waiver	S9123: Registered nurse S9124: LPN
	T1000	Private duty nursing (Habilitation/Supports Waiver)  Private duty/independent nursing service(s), licensed  TD Modifier – registered nurse  TE Modifier – licensed practical nurse or licensed visiting nurse	Habilitation/Supports Waiver	T1000 TD: Registered nurse  T1000 TE: licensed practical nurse or licensed visiting nurse
<b>Respite Care</b>	T1005	Respite care services, up to 15 minutes.  No modifier = all providers (including unskilled and "Family Friend") except RN & LPN  TD modifier – RN only  TE modifier – LPN only	Habilitation/Supports Waiver & Additional "b3" Services  Children's Waiver  Waiver for Children with Serious Emotional Disturbance (SEDW)	Aide  Children's Waiver or SEDW aide must also have training in recipient rights  T1005 TD: registered nurse  T1005 TE: licensed practical nurse
	H0045	Respite care services in out-of-home setting  For Children's Waiver:  TD modifier – RN only  TE modifier – LPN only	Habilitation/Supports Waiver & Additional "b3" Services  Children's Waiver	Aide  Children's Waiver or SEDW aide must also have training in recipient rights  Children's Waiver: registered nurse or licensed practical nurse
	S5150	Respite care by unskilled person (use also for "Family Friend" respite)	GF only	Aide
	S5151	Respite care in-home	Additional "b3" Services  Children's Waiver	Aide

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.  
July 27, 2009

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
	S9125	Respite in home, per diem	Children's Waiver	Registered nurse or licensed practical nurse S9125 TD – RN S9125 TE – LPN
	T2036, T2037	T2036: Therapeutic camping overnight T2037: Therapeutic camping day	Habilitation/Supports Waiver & Additional "b3" Service	Aide
<b>Skill Building Assistance</b>	H2014	Skills training and development	Additional "b3" Services	Activities identified in the individual plan of service are designed by a professional within their scope of practice. May be delivered by an Aide.
<b>Specialty Services (Children's Waiver Only)</b>	G0176	Activity Therapy (music, recreation or art) per session, 45 minutes or more	Children's Waiver	Music therapy: board certified (MT-BC) National Music Therapy Registry (NMTR) Recreation therapy: Certified by the National Council for Therapeutic Recreation (NCTRC) Art: Board certified (ATR-BC) Credentials Board, Inc. (ATCB)
<b>Speech, Hearing &amp; Language Therapy</b>	92506, 92610	Speech & language evaluation	State Plan	Physician referral  Speech-language pathologist or audiologist possessing current Certificate of Clinical Competence or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the certificate
	92507, 92526	S & L therapy, individual, per session	State Plan	Speech-language pathologist or audiologist possessing current Certificate of Clinical Competence or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the certificate  Speech-language pathology assistant supervised by the certified speech-language pathologist or audiologist

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
	92508	S & L therapy, group, per session	State Plan	Speech-language pathologist or audiologist possessing current Certificate of Clinical Competence  Speech-language pathology assistant supervised by the certified speech-language pathologist or audiologist
<b>Substance Abuse: Individual Assessment</b>	H0001	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan	State Plan	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP). Also by LP, LLP, TLLP, LMSW, LLMSW, LMFT, LLMFT when working under the supervision of a SATS
<b>Substance Abuse: Outpatient Care</b>	H0004, H0005, H0015, H0022, H0038, H2035, H2011, H2036, T1007, T1012, 90804 – 90815, 90826, 90847, 90853, 90857, 0906 (Revenue Code)	H0004 – Behavioral health counseling and therapy, per 15 minutes  H0005 – Alcohol and/or drug services; group counseling by a clinician  H0015 – Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education  H2011 – Crisis intervention  T1007 – Treatment planning  H0022 – Early Intervention  H2035 –Referral, linking and coordinating, per hour  H2036 –Referral, linking and coordinating, per diem  H0038, T1012 –Recovery support  90804-90815 – Psychotherapy (individual)	State Plan	Provider agency licensed and accredited as substance abuse treatment program. Services provided by Substance Abuse Treatment Specialist  For All "H" and "T" HCPCS Codes: provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP). Also by LP, LLP, TLLP, LMSW, LLMSW, LMFT, LLMFT when working under the supervision of a SATS or a SATP.  Non-clinical services under T1007, T1012, H0015, H0038, H2035, H2036, and 0906 revenue code: appropriately trained staff when working under the supervision of a SATS or SATP.  For psychotherapy (908xx series codes): SATS. Also LP, LLP, TLLP, LMSW, LLMSW, LMFT, LLMFT when working under the supervision of a SATS or a SATP

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
		90826 – Interactive individual psychotherapy 90847 – Family psychotherapy 90853 – Group psychotherapy 90857 – Interactive group psychotherapy 0906 – Intensive Outpatient Services – Chemical dependency		
<b>Substance Abuse: Methadone</b>	H0020	Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)	State Plan	Provider agency licensed and accredited as methadone clinic. Supervision by licensed physician. Administration of methadone by an MD, DO, physician's assistant, RN, LPN or pharmacist.
<b>Substance Abuse: Sub-Acute Detoxification</b>	H0010, H0012, H0014	H0010 – Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7-D) H0012 – Alcohol and/or drug services; sub-acute detoxification; clinically monitored residential detox; non-medical or social detox setting (ASAM Level III.2-D) H0014 – Alcohol and/or drug services; ambulatory detoxification without extended on-site monitoring (ASAM Level I-D) and ambulatory detoxification with extended on-site monitoring (ASAM Level II-D)	Additional "b3" Services	For residential settings (H0010 and H0012), provider agency licensed and accredited as substance abuse residential detoxification program. Supervision by licensed physician.  H0010 – Staffed 24-hours-per-day, seven-days-per-week by licensed physician or by the designated representative of a licensed physician  H0012 – Provided under the supervision of a certified addictions counselor. Must have arrangements for access to licensed medical personnel as needed.  H0014 – Provided under the supervision of a certified addictions counselor. Must have arrangements for access to licensed medical personnel as needed. Appropriately certified and licensed nurses must monitor ASAM Level II-D ambulatory detoxification services under H0014.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Substance Abuse: Residential Services</b>	H0018, H0019	H0018 – Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)  H0019 – Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Additional "b3" Services	Provider agency licensed and accredited as substance abuse treatment program. The clinical program must be provided under the supervision of a SATS with licensure as a psychologist, master's social worker, professional counselor, physician, or licensed marriage and family therapist.
<b>Supported Employment Services</b>	H2023	Supported employment	Habilitation/Supports Waiver & Additional "b3" Services	Services/activities identified in the individual plan of service. Qualifications of providers depends upon the service.  Transportation: Aide
<b>Supports Coordination</b>	T1016	Case management	Habilitation/Supports Waiver & Additional "b3" Services	HSW Supports Coordinator: QMRP  B3 Supports Coordinator: bachelor's degree in human services field and one year of experience with population the supports coordinator will be serving.  Services must be provided by a child mental health professional to any child beneficiary with serious emotional disturbance. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.  Assistants or brokers: high school diploma and one year experience, and supervised by a qualified supports coordinator or case manager.
<b>Targeted Case Management</b>	T1017	Targeted case management	State Plan	QMRP or QMHP; if case manager has only bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QMRP. Services must be provided by a child mental health professional to any child beneficiary with serious emotional disturbance. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Therapy (mental health) Child &amp; Adult, Individual, Family, Group</b>	90808, 90809, 90814, 90815, 90821, 90822, 90828, 90829	Individual therapy, adult or child, 75-80 minutes	State Plan	Child therapy: A physician, psychologist, licensed master's social worker (or limited licensed master's social worker supervised by a licensed master's social worker), or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.  Adult individual/group therapy: Mental Health Professional, including a limited licensed master's social worker supervised by a licensed master's social worker
	90804, 90810, 90811, 90816, 90817, 90823, 90824	Individual therapy, adult or child, 20-30 minutes	State Plan	Child therapy: A physician, psychologist, licensed master's social worker (or limited licensed master's social worker supervised by a licensed master's social worker), or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.  Adult individual/group therapy: Mental Health Professional including a limited licensed master's social worker supervised by a licensed master's social worker.
	90806, 90807, 90812, 90813, 90818, 90819, 90826, 90827	Individual therapy, adult or child, 45-50 minutes	State Plan	Child therapy: A physician, psychologist, licensed master's social worker (or limited licensed master's social worker supervised by a licensed master's social worker), or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.  Adult individual/group therapy: Mental Health Professional, including a limited licensed master's social worker supervised by a licensed master's social worker.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
	90853, 90857	Group therapy, adult or child, per session	State Plan	Child therapy: A physician, psychologist, licensed master's social worker (or limited licensed master's social worker supervised by a licensed master's social worker), or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.  Adult individual/group therapy: Mental Health Professional, including a limited licensed master's social worker supervised by a licensed master's social worker.
	90846, 90847, 90849	Family therapy, per session	State Plan	Family therapy: Mental Health Professional, including a limited licensed master's social worker supervised by a licensed master's social worker.
	H2019	Dialectical Behavior Therapy (DBT)	State Plan	Mental Health Professional certified by MDCH. Skills training (H2019/TT) by Mental Health Professional + bachelor's level staff or peer support specialist.
<b>Transportation</b>	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215, T2001-T2005	Non-emergency transportation services. Refer to code descriptions.	State Plan, Additional "b3" Services  S0215 Children's Waiver	State plan and "b3" services: Aide with valid Michigan driver's license appropriate to the vehicle being driven  Children's Waiver: can be provided by paid staff with a valid Michigan driver's license. It cannot be billed when provided by the CLS worker or case manager.
<b>Treatment Planning</b>	H0032	Mental health service plan development by non-physician	State Plan	Qualifications of professionals in attendance will depend upon their scope of practice.  Independent facilitator: aide level qualifications with training in person-centered planning

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

**MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals <sup>1</sup>	Coverage	Provider/Staff Qualifications & Minimum Training Requirements
<b>Wraparound Services</b>	H2021, H2022 (SEDW only)	Specialized Wraparound Facilitation Community-based wraparound services, per diem (SEDW only)	Additional "b3" Services Waiver for Children with Serious Emotional Disturbance (SEDW)	Facilitator/Supports Coordinator: Child mental health professional. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.  Assistants or brokers: High school diploma and one year experience and supervised by child mental health professional.  Training: Both the Facilitator and the Assistant Facilitator or Broker must complete MDCH three-day Wraparound Facilitator training; complete one additional Wraparound training per year; demonstrate proficiency in facilitating the Wraparound process. The supervisor must complete the three-day Wraparound Facilitator training or one-day Wraparound orientation and one supervisory training annually.

<sup>1</sup> Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.  
July 27, 2009