

HH and TG Modifier Technical Advisory for coding Co-occurring Service Delivery

This technical advisory replaces the information contained in the February 16, 2007 and June 29, 2007, memos issued by Patrick Barrie and Donald Allen, and the October 6, 2008 memo issued by Donald Allen and Michael Head. It is intended as a reference resource to guide appropriate HH and TG modifier understanding and use, by traditional providers of either mental health and/or substance abuse treatment services. The following is understood to inform appropriate co-occurring service modifier use:

- Per Appendix 2 (Modifiers) on page 24 of the Appendixes section of the 2012 Expert Healthcare Common Procedure Coding System (HCPCS) Level II manual, the **HH modifier** is defined as “**Integrated mental health/substance abuse program.**” Informed by this understanding, “**HH**” will be used to modify treatment and support services, rather than screening, intake, or assessment services.
- The service recipient has been diagnosed with co-occurring mental health and substance use disorders through an integrated screening/ assessment process. These diagnoses are documented in the clinical chart.
- The service provider organization will take advantage of regular performance improvement review, for the purposes of evaluating the development and maintenance of dual diagnosis capability or dual diagnosis enhancement status.

To utilize the HH service modifier, it is understood that the following conditions are met:

1) The service recipient's corresponding mental health quality improvement file (MH/QI) or the substance abuse Treatment Episode Data Set (SA/TEDES) show the presence of both co-occurring mental health and substance use disorders for the month (QI file) or for the admission (TEDES) during which the service is delivered. This is understood as the current best proxy for the presence of documented dual diagnoses in each service recipient's clinical chart, while efforts continue to improve diagnosis and reporting processes. The targeted standard is that formal diagnoses of at least one mental health disorder and one substance use disorder will be documented in each service recipient's clinical chart, having been entered by a practitioner recognized as appropriately trained and credentialed to make such diagnoses.

2) The person's Service Plan (*Individual Plan of Service/IPOS, for services delivered via Mental Health; or Individualized Treatment Plan/ITP, for services delivered via Substance Abuse*) addresses both mental health and substance use disorders. Goals and/or objectives for each disorder are included, unless the person chooses not to have a goal/objective related to a disorder at the present time. If this applies, documentation of this choice must be in the plan.

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- 3) Delivered services include stage-based interventions, that is, treatment is consistent with each individual's stage of treatment/recovery relative to each disorder or treatment target area.
- 4) The integrated mental health and substance use disorder service is ideally provided in one setting by the same clinician, or by a multidisciplinary team of practitioners (this requirement can also be met in the context of mobile community services as with ACT). If single-setting service provision isn't yet available, services should be as coordinated and collaborative as possible, and include sufficient additional characteristics of dual diagnosis capability.
- 5) The service provider organization must be licensed by the State of Michigan as a Substance Abuse Treatment Provider, with an integrated service designation which indicates that it is a program that offers and provides both substance use disorder and mental health treatment in an integrated manner as evidenced by staffing, services, and program content. (*Michigan Department of Community Health, Bureau of Health Systems, Division of Licensing & Certification, Substance Abuse Licensing Section*).

Per Appendix 2 (Modifiers) on page 26 of the Appendixes section of the 2012 Expert Healthcare Common Procedure Coding System (HCPCS) Level II manual, the TG modifier qualifies an otherwise existing service as “Complex/high tech level of care.” Therefore the use of both HH and TG modifiers indicates an integrated mental health/substance abuse program operating at a complex/high-tech level of care. In the State of Michigan at this time, the program that is recognized as fulfilling this description is the SAMHSA-endorsed, Integrated Dual Disorders Treatment (IDDT) model.

To utilize both the HH and TG service modifiers, in addition to the abovementioned elements #1-5 being in place, it is understood that the additional following condition is met:

- 6) The provider must have had a MIFAST IDDT Fidelity Review and subsequent MDCH approval as an Integrated Dual Disorders Treatment (IDDT) team, including ongoing commitment to regular fidelity reviews and adherence to the SAMHSA-endorsed evidence-based IDDT model.

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