DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services

Behavioral Health Coding Chart with Updated Rates

						CPT/HCPCS	Pricing Modifier(s)			Medical Behavioral Health (BH) Practitioners						Licensed BH Practitioners: Independent BH Professionals					BH Professionals (BHP) Under Supervision									BH Paraprofessionals (BHP-P)[1]					
NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed together with modifier	Claim check procedure generally only reported once per date of service	Claim check Mutually exclusive edits	Unit of Measure	ASAM	Procedure Code	1	2	Description	Program	MD/DO	CNS	CNP	PA	RN	LPN	LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	PSY-A/I/T	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
90839, 90841		X		Encounter		+90785			Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management service [90833, 90836, 90838, 99201-99255, 99304–99337, 99341–99350], and group psychotherapy [90853]	NA	$13.81	$13.81	$13.81	$11.74	NA	NA	NA	NA	NA	NA	$13.81	$13.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90839, 90842		X		Encounter		+90785			(Use 90785 in conjunction with codes for psychotherapy [90832, 90834, 90837], and group psychotherapy [90853])	NA	NA	NA	NA	NA	NA	NA	$11.74	$11.74	$11.74	$11.74	NA	NA	$11.74	$11.74	$11.74	$11.74	$11.74	NA	NA	NA	NA	NA	NA	NA	NA	NA
90832-90834, 90836-90840, 90845-90847, 90863, 90885, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90791			Psychiatric diagnostic evaluation.	NA	$119.36	$119.36	$119.36	$101.46	NA	NA	$101.46	$101.46	$101.46	$101.46	$119.36	$119.36	$101.46	$101.46	$101.46	$101.46	$101.46	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90863, 90865, 90885, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90792			Psychiatric diagnostic evaluation - includes medical.	NA	$99.78	$99.78	$99.78	$84.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90792, 90839, 90840, 90853, 90867, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90832			Psychotherapy, 30 minutes with patient and/or family member.	NA	$49.78	$49.78	$49.78	NA	NA	NA	$42.31	$42.31	$42.31	$42.31	$49.78	$49.78	$42.31	$42.31	$42.31	$42.31	$42.31	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90839, 90840, 99354-99360,	90853, G0396, G0397	X		Encounter		+90833			Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).	NA	$65.37	$65.37	$65.37	$55.56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90833, 90839, 90840, 90845, 99201-99205, 99211-99215, 99354, 99355	90853, G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90834			Psychotherapy, 45 minutes with patient and/or family member.	NA	$64.72	$64.72	$64.72	NA	NA	NA	$55.01	$55.01	$55.01	$55.01	$64.72	$64.72	$55.01	$55.01	$55.01	$55.01	$55.01	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90833, 90834, 90839, 90840, 99354, 99355	90853, G0396, G0397	X		Encounter		+90836			Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–99255, 99304–99337, 99341–99350).	NA	$83.03	$83.03	$83.03	$70.58	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832-90834, 90836, 90839, 90840, 90845, 99201-99205, 99211-99215	90853, G0396, G0397	X	90832, 90834, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90837			Psychotherapy, 60 minutes with patient and/or family member.	NA	$94.94	$94.94	$94.94	NA	NA	NA	$80.70	$80.70	$80.70	$80.70	$94.94	$94.94	$80.70	$80.70	$80.70	$80.70	$80.70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832-90834, 90836, 90837, 90839, 90840, 90845, 99354, 99355	90853, G0396, G0397	X		Encounter		+90838			Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)	NA	$109.53	$109.53	$109.53	$93.10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90845-90847, 90849, 90853, 90863, 90865, 90867-90870, 90885	G0396, G0397	X	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, 90853	Encounter		90839			Psychotherapy for crisis; first 60 minutes.	NA	$108.12	$108.12	$108.12	$91.90	NA	NA	$91.90	$91.90	$91.90	$91.90	$108.12	$108.12	$91.90	$91.90	$91.90	$91.90	$91.90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90845-90847, 90849, 90853, 90863, 90885	G0396, G0397		90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, 90853	Encounter		+90840			Psychotherapy for crisis; each additional 30 minutes.	NA	$51.94	$51.94	$51.94	$44.15	NA	NA	$44.15	$44.15	$44.15	$44.15	$51.94	$51.94	$44.15	$44.15	$44.15	$44.15	$44.15	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90833, 90836, 90846, 90847, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99211, 99212, 99213, 99214	Encounter		90845*			Psychoanalysis (*only provided by MD/DO/Ph.D. with additional psychoanalytic training to be confirmed by state)	NA	$61.14	NA	NA	NA	NA	NA	NA	NA	NA	NA	$61.14	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	90832-90834, 90836-90838, 90847, 99201-99205, 99211-99215, 99354, 99355 G0396, G0397	X	90849	Encounter		90846			Family psychotherapy (without the patient present).	NA	$64.69	$64.69	$64.69	NA	NA	NA	$54.99	$54.99	$54.99	$54.99	$64.69	$64.69	$54.99	$54.99	$54.99	$54.99	$54.99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	90836-90838, 99201-99205, 99211-99215, 99354, 99355, G0396, G0397	X	90849	Encounter		90847			Family psychotherapy (conjoint psychotherapy) (with patient present).	NA	$79.45	$79.45	$79.45	NA	NA	NA	$67.53	$67.53	$67.53	$67.53	$79.45	$79.45	$67.53	$67.53	$67.53	$67.53	$67.53	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	90845-90847, 99201-99205, 99211-99215, 99354, 99355, G0396, G0397	X		Encounter		90849			Multiple-family group psychotherapy.	NA	$24.68	$24.68	$24.68	NA	NA	NA	$20.98	$20.98	$20.98	$20.98	$24.68	$24.68	$20.98	$20.98	$20.98	$20.98	$20.98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	90845-90849, 99201-99205, 99211-99215, 99354, 99355, G0396, G0397	X		Encounter		90853			Group psychotherapy (other than of a multiple-family group).	NA	$22.31	$22.31	$22.31	NA	NA	NA	$18.96	$18.96	$18.96	$18.96	$22.31	$22.31	$18.96	$18.96	$18.96	$18.96	$18.96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99211	99201-99205, 99212-99215			Encounter		96372			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	NA	$16.87	$16.87	$16.87	$14.34	$14.34	$14.34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211-99215, G0396, G0397	X	99211, 99212	Encounter		99201			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history; • A problem focused examination; • Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	NA	$41.97	$41.97	$41.97	$35.67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services

Behavioral Health Coding Chart with Updated Rates

					CPT/HCPCS		Pricing Modifier(s)		Description		Medical Behavioral Health (BH) Practitioners						Licensed BH Practitioners: Independent BH Professionals					Licensed BH Practitioners: BH Professionals (BHP) Under Supervision										BH Paraprofessionals (BHP-P)[1]					
NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed together with modifier	Claim check procedure generally only reported once per date of service	Claim check Mutually exclusive edits	Unit of Measure	ASAM	Procedure Code	1	2		Program	MD/DO	CNS	CNP	PA	RN	LPN	LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	PSY-A/I/T	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
90863, 99201	99211-99215, G0396, G0397	X	99201, 99211, 99212, 99213	Encounter		99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • An expanded problem focused history; • An expanded problem focused examination; • Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	NA	$71.97	$71.97	$71.97	$61.17	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863, 99201, 99202	99211-99215, G0396, G0397	X	99201, 99202, 99211, 99212, 99213, 99214	Encounter		99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A detailed history; • A detailed examination; • Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	NA	$104.49	$104.49	$104.49	$88.82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863, 99201-99203	99211-99215, G0396, G0397	X	99201, 99202, 99203, 99211, 99212, 99213, 99214, 99215	Encounter		99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A comprehensive history; • A comprehensive examination; • Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	NA	$160.23	$160.23	$160.23	$136.20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863, 99201-99204	99211-99215, G0396, G0397	X	99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214, 99215	Encounter		99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	NA	$201.38	$201.38	$201.38	$171.17	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	G0396, G0397	X		Encounter		99211			Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	NA	$18.96	$18.96	$18.96	$18.96	$18.96	$18.96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211, G0396, G0397	X	99211	Encounter		99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A problem focused history; • A problem focused examination; • Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	NA	$41.62	$41.62	$41.62	$35.38	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211, 99212, G0396, G0397	X	99201, 99211, 99212	Encounter		99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	NA	$70.42	$70.42	$70.42	$59.86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211-99213, G0396, G0397	X	99201, 99202, 99211, 99212, 99213	Encounter		99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A detailed history; • A detailed examination; • Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	NA	$103.93	$103.93	$103.93	$88.34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services

Behavioral Health Coding Chart with Updated Rates

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

						CPT/HCPCS		Pricing Modifier(s)		Description		Medical Behavioral Health (BH) Practitioners						Licensed BH Practitioners: Independent BH Professionals					BH Professionals (BHP) Under Supervision										BH Paraprofessionals (BHP-P)[1]					
	NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed together with modifier	Claim check procedure generally only reported once per date of service	Claim check Mutually exclusive edits	Unit of Measure	ASAM	Procedure Code	1	2		Program	MD/DO	CNS	CNP	PA	RN	LPN	LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	PSY-A/I/T	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
34	90863	99211-99214, G0396, G0397	X	99201, 99202, 99203, 99211, 99212, 99213, 99214	Encounter		99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	NA	$140.37	$140.37	$140.37	$119.31	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
35	90833, 90836	G0396, G0397	X		Encounter		+99354			Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient E&M service). Use 99354 in conjunction with 90837, 99201-99215, 99241-99245, 99324–99337, 99341–99350. Note which practitioner types in bold* can use +99354 only in conjunction with 90837.	NA	$70.92	$70.92	$70.92	$60.28	NA	NA	$60.28	$60.28	$60.28	$60.28	$70.92	$70.92	$60.28	$60.28	$60.28	$60.28	$60.28	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
36	90833, 90836	G0396, G0397			Encounter		+99355			Each additional 30 minutes (list separately in addition to code for prolonged service). Use in conjunction with 99354. Note which practitioner types in bold* can use +99355 only in conjunction with 90837.	NA	$70.39	$70.39	$70.39	$59.83	NA	NA	$59.83	$59.83	$59.83	$59.83	$70.39	$70.39	$59.83	$59.83	$59.83	$59.83	$59.83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
37	G0397	90791, 90792, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 99201-99205, 99211-2215	X		Encounter		G0396			Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services, 15 to 30 minutes.	NA	$25.05	$25.05	$25.05	$21.29	NA	NA	$21.29	$21.29	$21.29	NA	$25.05	$25.05	$21.29	$21.29	$21.29	NA	NA	$21.29	$21.29	$21.29	$21.29	NA	NA	NA	NA	NA	NA
38	G0396	90791, 90792, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 99201-99205, 99211-2215	X		Encounter		G0397			Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services, over 30 minutes.	NA	$47.68	$47.68	$47.68	$40.53	NA	NA	$40.53	$40.53	$40.53	NA	$47.68	$47.68	$40.53	$40.53	$40.53	NA	NA	$40.53	$40.53	$40.53	$40.53	NA	NA	NA	NA	NA	NA
39					Hour	ASAM 1 Unlicensed Practitioner	H0001			Alcohol and/or drug assessment (not incident to a licensed practitioner's assessment).	NA	NA	NA	NA	NA	$77.22	$77.22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$77.22	$77.22	$77.22	$77.22	NA	NA	NA	NA	NA	NA
40					15 Minutes	ASAM 1 Unlicensed Practitioner	H0004			BH counseling and therapy, per 15 minutes. (Could add HR family/couple with client, HS family/couple without client, HQ group, UK services provided on behalf of client without client present)	NA	NA	NA	NA	NA	$16.34	$16.34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$16.34	$16.34	$16.34	$16.34	NA	NA	NA	NA	NA	NA
41					15 Minutes	ASAM 1 Group Unlicensed Practitioner	H0005			Alcohol and/or drug services; group counseling by a clinician.	NA	NA	NA	NA	NA	$1.64	$1.64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$1.64	$1.64	$1.64	$1.64	NA	NA	NA	NA	NA	NA
42					Hour		H0006			Alcohol and/or drug services; case management	NA	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See PSY rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	$78.17	NA	NA	NA	NA
43					Day	ASAM 3.2 WM Program rate	H0010			Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient).	$256.33	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
44					Day	ASAM 3.7 WM Program rate	H0011			Alcohol and/or drug services; acute detoxification (residential addiction program inpatient).	$392.86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
45					Day	ASAM 2 WM 23 Hours Program Rate	H0012			Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	$360.36	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
46					Hour	ASAM 2 WM (Unlicensed Practitioner)	H0014			Alcohol and/or drug services; ambulatory detoxification.	NA	NA	NA	NA	NA	NA	$74.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$74.81	$74.81	$74.81	$74.81	NA	NA	NA	NA	NA	NA
47					Hour	ASAM 2 WM (Unlicensed Practitioner)	H0014	TD		Alcohol and/or drug services; ambulatory detoxification.	NA	NA	NA	NA	NA	$102.57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
48					Hour	ASAM 2.1 Unlicensed Practitioner	H0015			Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education. Per Hour	NA	NA	NA	NA	NA	$74.81	$74.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$74.81	$74.81	$74.81	$74.81	NA	NA	NA	NA	NA	NA
49					Hour	ASAM 2.1 Unlicensed Practitioner Group	H0015	HQ		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education Group. Per Hour	NA	NA	NA	NA	NA	$7.48	$7.48	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$7.48	$7.48	$7.48	$7.48	NA	NA	NA	NA	NA	NA
50					Hour	ASAM 2.5 Unlicensed Practitioner	H0015	TG		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education. Per Hour	NA	NA	NA	NA	NA	$74.81	$74.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$74.81	$74.81	$74.81	$74.81	NA	NA	NA	NA	NA	NA
51					Hour	ASAM 2.5 Unlicensed Practitioner group	H0015	HQ	TG	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education. Per Hour	NA	NA	NA	NA		$7.48	$7.48	NA	NA	NA	NA	NA	NA	NA	NA	NA			$7.48	$7.48	$7.48	$7.48	NA	NA	NA	NA	NA	NA
52					15 Minutes		H0038			SUD Peer Recovery Support	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$15.51	NA	NA	NA	NA	NA
53					15 Minutes		H0038	HQ		SUD Peer Recovery Support Group	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$1.94	NA	NA	NA	NA	NA
54			X		Day	ASAM 3.1 Program cost	H2034			Alcohol and/or drug abuse halfway house services, per diem.	$158.99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
55			X		Day	ASAM 3.3 HI Cog/IM	H2036	HI		Alcohol and/or other drug treatment program, per diem. Cognitive impairment.	$152.57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
56			X		Day	ASAM 3.5	H2036			Alcohol and/or other drug treatment program, per diem.	$213.70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
57			X		Day	ASAM 3.7	H2036	TG		Alcohol and/or other drug treatment program, per diem.	$303.49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
58					Dose		H0020			Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program).	NA	$16.38	$16.38	$16.38	NA	$16.38	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
59			X		Day		H0040	AM		Assertive community treatment program, per diem, small team * See attached billing guidance	NA	$662.60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
60					Day		H0040	HP		Assertive community treatment program, per diem, small team	NA	NA	$383.75	$383.75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
61					Day		H0040	HO		Assertive community treatment program, per diem, small team	NA	NA	NA	NA	NA	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	NA	$282.80	NA	NA	NA	$282.80
62					Day		H0040	HN		Assertive community treatment program, per diem, small team	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$221.41	$221.41	$221.41	$221.41	NA	$221.41	NA	NA	$221.41	NA

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services

Behavioral Health Coding Chart with Updated Rates

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

	NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed together with modifier	Claim check procedure generally only reported once per date of service	Claim check Mutually exclusive edits	Unit of Measure	ASAM	CPT/HCPCS Procedure Code	Pricing Modifier(s) 1	Pricing Modifier(s) 2	Description	Program
43					Day		H0040	HM		Assertive community treatment program, per diem, small team	NA
44					Day		H0040	AM		Assertive community treatment program, per diem, medium team	NA
45					Day		H0040	HP		Assertive community treatment program, per diem, medium team	NA
46					Day		H0040	HO		Assertive community treatment program, per diem, medium team	NA
47					Day		H0040	HN		Assertive community treatment program, per diem, medium team	NA
48					Day		H0040	HM		Assertive community treatment program, per diem, medium team	NA
49					Day		H0040	AM		Assertive community treatment program, per diem, large team	NA
50					Day		H0040	HP		Assertive community treatment program, per diem, large team	NA
51					Day		H0040	HO		Assertive community treatment program, per diem, large team	NA
52					Day		H0040	HN		Assertive community treatment program, per diem, large team	NA
53					Day		H0040	HM		Assertive community treatment program, per diem, large team	NA
54					Collection		H0048			Alcohol and/or other drug testing: collection and handling only, specimens other than blood (not incident to another professional code; not in a residential setting).	NA
55					15 Minutes		H2017	HM		Psychosocial rehabilitation service . Office, 15 minutes.	NA
56					15 Minutes		H2017	HM		Psychosocial rehabilitation service . Home/Cmty, per 15 mins (use POS 12 or 99)	NA
57					15 Minutes		H2017			Psychosocial rehabilitation service . LPN, Office, 15 minutes.	NA
58					15 Minutes		H2017			Psychosocial rehabilitation service . LPN Home/Cmty, per 15 mins (use POS 12 or 99)	NA
59					15 Minutes		H2018	HN		IHBT per 15 minutes (Bachelor's)	NA
60					15 Minutes		H2018	HO		IHBT per 15 minutes (Master's)	NA
61					15 Minutes		H2019	HN		IITS, per 15 minutes (Bachelor's, Office)	NA
62					15 Minutes		H2019	HO		IITS, per 15 minutes (Master's, Office)	NA
63					15 Minutes		H2019	HN	HQ	IITS, per 15 minutes (Bachelor's, Office, Group)	NA
64					15 Minutes		H2019	HO	HQ	IITS, per 15 minutes (Master's, Office, Group)	NA
65					15 Minutes		H2019	HN		IITS, per 15 minutes (Bachelor's, Home/Cmty-use POS 12 or 99)	NA
66					15 Minutes		H2019	HO		IITS, per 15 minutes (Master's, Home/Cmty-use POS 12, 99)	NA
67					15 Minutes		H2019			IITS, per 15 minutes (RN, Office)	NA
68					15 Minutes		H2019			IITS, per 15 minutes (RN, Home/Cmty-use POS 12 or 99)	NA
69					15 Minutes		H2019		HQ	IITS, per 15 minutes (RN, Office, Group)	NA
70					15 Minutes		H2023[1]			1915(i): IPS-Supported Employment per 15 minutes	NA
71					15 Minutes		H2025[1]			1915(i): IPS-Supported Employment, ongoing support	NA
72					15 Minutes		H0038			MH SRSP Peer Recovery Support	NA
73					15 Minutes		H0038	HO		MH SRSP Peer Recovery Support Grp	NA
74					15 Minutes		H0036			Community Psychiatric Supportive Treatment (CPST), per 15 minutes	NA
75					15 Minutes		H0036	HQ		Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	NA

	Medical Behavioral Health (BH) Practitioners						Licensed BH Practitioners: Independent BH Professionals				
	MD/DO	CNS	CNP	PA	RN	LPN	LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY
43	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
44	$615.64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
45	NA	$352.75	$352.75	NA	NA	NA	NA	NA	NA	NA	NA
46	NA	NA	NA	NA	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91
47	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
48	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
49	$585.22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
50	NA	$333.20	$333.20	NA	NA	NA	NA	NA	NA	NA	NA
51	NA	NA	NA	NA	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98
52	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
53	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
54	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48
55	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate
56	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate
57	NA	NA	NA	NA	NA	$17.50	NA	NA	NA	NA	NA
58	NA	NA	NA	NA	NA	$22.39	NA	NA	NA	NA	NA
59	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
60	NA	NA	NA	NA	NA	NA	$33.26	$33.26	$33.26	NA	$33.26
61	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
62	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	See Master's QMH Spec for rate
63	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
64	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	See Master's QMH Spec for rate
65	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
66	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	See Master's QMH Spec for rate
67	NA	NA	NA	NA	$25.62	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	$32.52	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	$6.41	NA	NA	NA	NA	NA	NA
70	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate
71	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate
75	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate

	BH Professionals (BHP) Under Supervision										BH Paraprofessionals (BHP-P)[3]					
	PSY-A/I/T	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
43	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$178.50	NA	NA	NA	NA	NA
44	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
45	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
46	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	NA	$251.91	NA	NA	NA	$251.91
47	NA	NA	NA	NA	NA	NA	$199.70	$199.70	$199.70	$199.70	NA	$199.70	NA	NA	$199.70	NA
48	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$159.24	NA	NA	NA	NA	NA
49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
50	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
51	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	NA	$234.98	NA	NA	NA	$234.98
52	NA	NA	NA	NA	NA	NA	$186.48	$186.48	$186.48	$186.48	NA	$186.48	NA	NA	$186.48	NA
53	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$147.70	NA	NA	NA	NA	NA
54	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	NA	NA	NA	NA	NA	NA
55	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	$14.42	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
56	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	$18.55	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
58	NA	NA	NA	NA	NA	NA	$29.51	$29.51	NA	$29.51	NA	$29.51	NA	NA	$29.51	NA
59	$33.26	$33.26	$33.26	$33.26	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
60	NA	NA	NA	NA	NA	NA	See Bach QMH Spec for rate	See Bach QMH Spec for rate	NA	See Bach QMH Spec for rate	NA	NA	NA	NA	$18.54	NA
61	See PSY rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$21.05
62	NA	NA	NA	NA	NA	NA	See Bach QMH Spec for rate	See Bach QMH Spec for rate	NA	See Bach QMH Spec for rate	NA	NA	NA	NA	$4.64	NA
63	See PSY rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$5.26
64	NA	NA	NA	NA	NA	NA	See Bach QMH Spec for rate	See Bach QMH Spec for rate	NA	See Bach QMH Spec for rate	NA	NA	NA	NA	$23.69	NA
65	See PSY rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$26.82
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$19.53	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
70	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$19.53	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$15.51	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$1.94	NA	NA	NA	NA	NA
73	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$21.33	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
74	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$9.81	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Modifiers	
AM	Physician, team member
HI	Cognitive impairment
HM	Less than
HN	Bachelor's

Practitioners		Supervised By
MD/DO	Medical Doctor/Doctor of Osteopathy	N/A
CNS	Clinical Nurse Specialist	TBD
CNP	Certified Nurse Practitioner	TBD
PA	Physician Assistant	TBD
RN	Registered Nurse	TBD

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services

Behavioral Health Coding Chart with Updated Rates

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed together with modifier	Claim check procedure generally only reported once per date of service	Claim check Mutually exclusive edits	Unit of Measure	CPT/HCPCS ASAM	CPT/HCPCS Procedure Code	Pricing Modifier(s) 1	Pricing Modifier(s) 2	Description
					HO	Master's			LPN
					HP	Doctoral level			LISW
					HQ	Group Setting			LIMFT
					TG	Complex/High Tech Level of Care			PSY
					TD	Registered Nurse			LPCC/LPCC-S
					Informational Modifiers				
					HD	Pregnant/Parenting Women's Program (SUD)			LICDC
									LPC
									LSW
									LMFT
									LCDC II
									LCDC III
									SW-A/T
									MFT-T
									CDC-A
									C-T
									Peer Supp.
									CM Spec.
									QMH Spec.

Description	Program	Medical Behavioral Health (BH) Practitioners: MD/DO	CNS	CNP	PA	RN	LPN	Licensed BH Practitioners – Independent BH Professionals: LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	BH Professionals (BHP) Under Supervision: PSY-A/I/T	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	BH Paraprofessionals (BHP-P)[3]: Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
LPN	Licensed Practical Nurse	TBD																										
LISW	Licensed Independent Social Worker	N/A																										
LIMFT	Licensed Independent Marriage and Family Therapist	N/A																										
PSY	Psychologist	TBD																										
LPCC/LPCC-S	Licensed Professional Clinical Counselor/Licensed Professional Clinical Counselor-Training Supervision Designation	TBD																										
LICDC	Licensed Independent Chemical Dependency Counselor	N/A																										
LPC	Licensed Professional Counselor	Psychiatrist, Psychologist, LPCC, IMFT, LISW																										
LSW	Licensed Social Worker	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree																										
LMFT	Licensed Marriage and Family Therapist	Psychiatrist, Psychologist, LPCC, IMFT, LISW																										
LCDC II	Licensed Chemical Dependency Counselor II	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with appropriate																										
LCDC III	Licensed Chemical Dependency Counselor III	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with appropriate																										
SW-A/T	Social Work Assistant/Trainee	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree																										
MFT-T	Marriage and Family Therapist-Trainee	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree																										
CDC-A	Chemical Dependency Counselor Assistant	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with appropriate																										
C-T	Counselor Trainee	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree																										
PSY-A/I/T	Psychologist Assistant/Intern/Trainee	TBD																										
Peer Supp.	Peer Supporter	TBD																										
CM Spec.	Care Management Specialist	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with appropriate																										
QMH Spec.	Qualified Mental Health Specialist	TBD																										

1. All providers must meet the MHAS qualified IPS provider requirements.
2. Practitioners may only bill the Bachelor's or Master's level services if they meet the appropriate qualifications.
3. The BH Paraprofessionals may bill SUD ASAM non-program codes only if they work for facilities credentialed to provide SUD ASAM levels of care.
4. J codes are included in the Laboratory and Vaccines coding and rate chart

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services

**Proposed Lab and Vaccine codes for 7/1/2016 implementation -
to be available for all MH and SUD providers who employ qualified medical practitioners**

Procedure Code	Description	Current Maximum Fee (Medicaid)	Medicare Fee (For dually eligible beneficiaries)	Other Conditions/Rate source	Covered through Vaccines for Children (VFC) program	CLIA* Waived	MUE**	NCCI*** Procedure to Procedure (PTP) Edits - Cannot be billed together	NCCI Procedure to Procedure (PTP) Edits - May be billed together only in defined circumstances using an NCCI-associated modifier****
Labs									
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	$12.58	$13.21	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	83036	82985
85014	Blood count; hematocrit (Hct)	$3.17	$3.23	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	2	88738, 85021	85013, 85029, 85030, 80081, 85022-85024, 85027, 85031, G0306, G0307
82962	Blood glucose by monitoring device cleared by the FDA specifically for home use	$3.17	$3.19	CMS Clinical lab fee schedule/Appendix DD	N/A	Yes	N/A	95250	82947, 82948, 82950-82952, G0001
86803	Hepatitis C antibody	$17.66	$17.93	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	G0472, 80074	N/A
86701	Antibody; HIV-1	$11.91	$12.09	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	N/A	87389, 87806,
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	$26.22	$32.80	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	N/A	86701-86703, 87389, 87390, 87534-87536
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	$10.97	$11.14	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	80061, 83700, 83701, 83704	80500, 80502
82465	Cholesterol, serum or whole blood, total	$5.84	$5.92	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	80061	80500, 80502, 83721, 83704
80061	Lipid panel	$17.04	$17.31	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	82465, 83718, 84478	80500, 80502, 83721, 83704
81002	Urinalysis, by dip stick or tablet reagent; non-automated, without microscopy	$3.16	$3.21	CMS Clinical lab fee schedule/Appendix DD	N/A	Yes	2	59400, 59425, 59426, 59510, 59610, 81007, 81015, 81005	81001, 81003
81003	Urinalysis, by dip stick or tablet reagent; automated, without microscopy	$3.01	$3.06	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	2	81007, 81015, 81005	81001, 81000, 81002,
81025	Urine Preg test, visual color comparison	$8.48	$8.61	CMS Clinical lab fee schedule/Appendix DD	N/A	Yes	1		
80178	Lithium	$8.86	$9.00	CMS Clinical lab fee schedule	N/A	QW Modifier (certificate of waiver)	2	N/A	N/A
36415	Collection of venous blood by venipuncture	$2.91	$3.00	CMS Clinical lab fee schedule/Appendix DD	N/A	No	4	G0471	99291, 99466-99469, 99471, 99472, 99475-99480, 99485, 99486
80300	Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures	$52.75	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	1	80303	80500,80502, 80301-80302, 80304
80301	Drug screen, any number of drug classes from Drug Class List A; single drug class method, by instrumental systems	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	1	80303	80300, 80302, 80304, 80500, 80502,
80302	Drug screen, presumptive, single drug class from Drug Class List B	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	3	80303	80300, 80301, 80500, 80502, 80304
80303	Drug screen, presumptive, single or multiple drug class method	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	1	80300-80302, 80304	80500, 80502

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

80304	Drug screen, presumptive, single or multiple drug class method, not otherwise specified presumptive procedure	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	3	80303	80300-80302, 80502, 80502
82055	Alcohol (ethanol); any specimen except breath	$14.48	N/A	Non-duals only	N/A	No	N/A	N/A	N/A
82075	Alcohol (ethanol), breath	$15.08	$15.71	CMS Clinical lab fee schedule	N/A	No	2	N/A	N/A
82948	Glucose; blood, reagent strip	$4.13	$4.31	CMS Clinical lab fee schedule/Appendix DD	N/A	No	N/A	95250, 95251	82945, 82947, 82950-82953, 82962
86580	Skin test; tuberculosis, intradermal	$4.89	$7.28	Appendix DD	N/A	No	1	N/A	86480, 96372
86702	Antibody; HIV-2	$18.13	$18.39	CMS Clinical lab fee schedule/Appendix DD	N/A	No	2	N/A	87389, 87806
G0477	Drug test presump optical	$7.95	$8.83	CMS Clinical lab fee schedule - Code added as of 1/1/16	N/A	No	N/A	N/A	N/A
G0478	Drug test presump opt inst	$10.59	$11.77	CMS Clinical lab fee schedule - Code added as of 1/1/16	N/A	No	N/A	N/A	N/A
G0479	Drug test presump not opt	$42.37	$47.08	CMS Clinical lab fee schedule - Code added as of 1/1/17	N/A	No	N/A	N/A	N/A
G0480	Drug test def 1-7 classes	$71.95	$79.94	CMS Clinical lab fee schedule - Code added as of 1/1/18	N/A	No	N/A	N/A	N/A
G0481	Drug test def 8-14 classes	$110.69	$122.99	CMS Clinical lab fee schedule - Code added as of 1/1/19	N/A	No	N/A	N/A	N/A
G0482	Drug test def 15-21 classes	$149.43	$166.03	CMS Clinical lab fee schedule - Code added as of 1/1/20	N/A	No	N/A	N/A	N/A
G0483	Drug test def 22+ classes	$193.71	$215.23	CMS Clinical lab fee schedule - Code added as of 1/1/21	N/A	No	N/A	N/A	N/A
Vaccine Administration (to be billed in conjunction with each vaccine administered)									
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other health care professional; first or only component of each vaccine or toxoid administered	$15.00 (as of 1/1/16)	$26.16		N/A	N/A	6	36591, 36592, 90471, 90473,	96372, 99201-99205, 99211-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99409, 99411-99412, 99412, 99420, G0008-G0010, G0463
90471	Immunization administration (includes percutaneous, intradermal, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	$19.35 (as of 1/1/16)	$23.95		N/A	N/A	1	90460, 36591, 36592, 90473, 99211	99201-99205, 99212-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99404, 99406-99409, 99411-99412, 99420, 99497, G0008-G0010, G0463
+90472 (add-on to 90471)	Immunization administration; each additional vaccine. List separately in addition to code for primary procedure	$9.50 (as of 1/1/16)	$12.34	Add-on code to 90471	N/A	N/A	5	36591, 36592, 99211	99201-99205, 99212-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99409, 99411-99412, 99420, 99497, G0463
90473	Administration of 1 nasal or oral vaccine	$19.35	$23.86		N/A	N/A	1	90460, 90471, 90472, 36591, 36592, 99211	99201-99205, 99212-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99404, 99406-99409, 99411, 99412, 99420, 99497, G0008, G0463
Vaccines									
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	$61.64 (covered under VFC program, not billed to Medicaid)	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, +90472)	N/A	1	90632, 90634, 36591, 36592, 90636	N/A
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	$61.64 (covered under VFC program, not billed to Medicaid)	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	90632, 90633, 36591, 36592, 90636	N/A
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	$51.23	$49.40	Part B ASP Fee schedule	No	N/A	1	36591, 36592, 90633, 90634, 90636	N/A
90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use	$113.22	$110.39	Part B ASP Fee schedule	No	N/A	N/A	36591, 36592	N/A
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	$136.96	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90649, 90651	N/A
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	$144.43	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90650, 90651	N/A

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT
DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenza type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90647, 90648, 90733, 90734	N/A
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use	$85.33 (adult)	$85.33	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90647, 90648, 90696, 90697, 90700, 90702, 90713, 90714, 90715, 90748	N/A
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	$18.92	Payment allowance pending for 2015-2016 Flu season ($18.92 for 2014-2015 season)	95% of AWP (Average Wholesale Price)	No	N/A	1	90630, 36591, 36592, 90653, 90655-90658, 90660-90662, 90672, 90673, 90685-90688, Q2034-Q2039	90664, 90666-90668,
90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	90630, 90654,-90657, 36592, 36593, 90653, 90660-90662, 90685-90688, Q2034, Q2035, Q2037-Q2039	90664, 90666-90668,
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	23.46 (adult)	$23.46 (8/1/12-7/31/13)	Covered by Part B.	Yes. Bill Medicaid for administration only (90460-VFC, 90473-Adult)	N/A	1	90630, 90654-90659, 36591, 36592, 90661, 90662, 90672, 90673, Q2035-Q2039	90664, 90666-90668,
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	$173.15	$173.15	Part B ASP Fee schedule	Yes (0-5, 12+)	N/A	1	36591, 36592	90732
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, or 90473)	N/A	1	36591, 36592, 90681	N/A
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460 or 90473)	N/A	1	36591, 36592, 90680	N/A
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90698, 90700, 90702, 90713, 90714, 90715, 90697, 90723	N/A
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90696, 90697, 90698, 90723	N/A
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	$57.66	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90710	N/A
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	$157.59	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90707	N/A
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	$22.75	$21.06	Part B ASP Fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90696-90698, 90700, 90702, 90715, 90723	N/A
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	$31.21	$31.58	Part B ASP Fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90696-90698, 90700, 90702, 90714	N/A
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	$104.85 (adults)	$104.85	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90710	N/A
90736	Shingles vaccine (HZV), live, for subcutaneous injection (individuals 60+ years old)	$210.93	$210.93	ODM Provider-Administered Pharmaceutical fee schedule	No	N/A	1	36591, 36592	N/A
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	$82.52	$82.51	Part B ASP Fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592	90670

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	$126.39	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90644, 90734	90620, 90621
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use	$115.88	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration (90460, 90471, or 90472)	N/A	1	36591, 36592, 90644, 90733	N/A
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	$119.42	$119.42	Part B ASP Fee schedule	No	N/A	1	90746, 90747, 90697, 90739, 90743, 90744, 90746, 90747	N/A
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	$59.71	$59.71	Part B ASP Fee schedule	No	N/A	1	36591, 36592, 90697, 90739, 90740, 90743, 90744, 90747	N/A
90747	Hepatitis B vaccine (HepB), dialysis or immunos	$119.42	$119.42	Part B ASP Fee schedule	No	N/A	1	36591, 36592, 90697, 90739, 90740, 90743, 90744, 90746,	N/A
Physican Administered Drugs									
J0400	Injection, aripiprazole (Abilify), intramuscular, 0.25 mg	$0.74	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J0401	Injection, aripiprazole (Abilify), 1 mg	$4.10	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J0515	Cogentin (benztropine mesylate, per 1mg	$23.07	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J0571	Buprenorphine, oral, 1 mg.	$0.55	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg.	$4.20	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg.	$7.54	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg.	$10.33	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J0575	Buprenorphine/naloxone, oral, greater than 10 mg.	$15.07	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J1200	Diphenhydramine hcl (Benadryl), up to 50 mg	$0.55	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J1630	Haloperidol Injection, Up to 5 Mg	$1.72	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J1631	Haloperidol Decanoate Injection per 50 Mg	$15.44	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2212	Injection, methylnaltrexone (Relistor), 0.1mg	$0.53	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2310	Injection, naloxone (Narcan), 1mg	$27.99	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2315	Injection, naltrexone (Vivitrol), depot form, 1 mg	$3.18	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2060	Lorazepam Injection, 2Mg	$0.72	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2358	Olanzapine Long Acting Injectable 1 Mg	$2.75	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2426	Paliperidone Palmitate Injection (Invega Sustenna or Invega Trinza), 1 Mg	$6.52	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2680	Fluphenazine Decanoate Injection 25 Mg	$10.88	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J2794	Risperidone, Long Acting, .5 Mg	$5.16	N/A	Appendix DD	No	N/A	N/A	N/A	N/A
J3360	Valium Injection, Up to 5 Mg	$0.74	N/A	Appendix DD	No	N/A	N/A	N/A	N/A

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

DRAFT - Rate and Code Chart as of 2/24/2016 - DRAFT

KEY	
Medicaid Appendix DD	Found in OAC rule 5160-1-60
Medicaid Appendix A and B	Found in OAC rule 5160-4-12
*CLIA	Clinical Laboratory Improvement Amendments - CMS program to ensure quality laboratory testing
**MUE	Medically Unlikely Edits. This refers to the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. These are updated on a quarterly basis.
***NCCI	Medicaid National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) edits define when two HCPCS/CPT codes should not be reported together either in all situations or in most situation. These are updated on a quarterly basis.
****	For proper use of Medicaid NCCI-associated modifiers, please refer to: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/downloads/ncci_modifier_59.pdf