



Governor's Office of
Health Transformation

Benefit and Service Development Work Group

May 4th, 2016



Behavioral Health Redesign

Agenda

Policy Updates From April 20th Benefit and Service

Development Workgroup

- ✓ Psychological Testing
 - ✓ MA⁺¹ and BA⁺²
 - ✓ Medicaid ID # for SRS enrollees
-

Angie Bergefurd

BH In Scope Topic Updates

- ✓ SUD Group Counseling
 - ✓ Partial Hospitalization, Day Treatment and IOP
 - ✓ Crisis Services
 - ✓ Peer Recovery Support
 - ✓ Coverage and Limitations Guidance
-

Douglas Day

Specialized Recovery Services Program

Mary Haller

Next Steps

Angie Bergefurd



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Topic:
Policy Updates From 4.20.2016

Psychological Testing
Bachelors and Masters Experience Levels
Medicaid Number for Specialized Recovery Services
Program Enrollees



Behavioral Health Redesign

Behavioral Health Redesign - Policy Updates

1

Psychological Testing

Following codes were added to the rate chart and are currently covered under Medicaid, today (will continue post January 2017):

96101 96111 96116 96118

Additional Rate and Limitation Guidance

Code	Description	Limitation	Rate
96101	Psychological testing with interpretation and report, per hour.		\$59.26
96111	Developmental testing, extended with interpretation and report	8 hours/year, any combination of the four psychological testing codes	\$56.11
96116	Neurobehavioral status exam per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report		\$64.10
96118	Neuropsychological testing battery with interpretation and report, per hour		\$78.31

Previous guidance on psychological testing, rates and benefit limitations is Medicaid policy and will remain. See appendix for additional details on psychological testing.

2

Bill: CPT Codes

CPT Codes Would Include the Following Types of Services:

- Assessments
- Psychological Testing
- Individual/Group/Family Therapy
- Crisis

Gap Identified for Licensed Practitioners:

- Behavioral Health Intervention / Skills Development (when not considered Psychotherapy by practitioner)

Bill: HCPCS Codes — Unlicensed Practitioners

HCPCS Code Would Include the Following Types of Services:

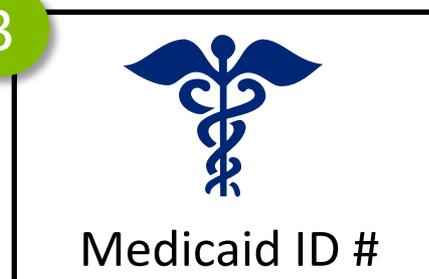
- Development of Treatment plan
- Service Planning
- Care coordination
- Collateral contacts
- Identify triggers/interventions
- Individual/Group/Family Therapy
- IEPS

Key Consideration for Unlicensed Practitioners:

- Collateral contacts are allowed and billable under T85 (H2019)

Previous Guidance on MA⁺¹ and BA⁺² is Medicaid policy and will remain. See appendix for additional details.

3



Individuals will retain their current Medicaid ID number post disability determination redesign, including those who will transfer into the specialized recovery services program eligibility category.



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Topic:
In Scope Topics - Update



Behavioral Health Redesign

Behavioral Health Redesign Project Scope

The below table lists the key topics that are within scope for overall BH Redesign moving forward

Behavioral Health Redesign Scope

Solutions Identified

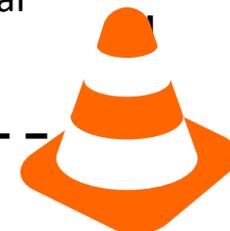
- ✓ ASAM Levels of Care
- ✓ Genetic Testing (E&M Services)
- ✓ Psychological Testing
- ✓ SBIRT
- ✓ School Psychologists
- ✓ Crisis
- ✓ Opioid Treatment Programs
- ✓ Partial Hospitalization, Day Treatment and Intensive Outpatient
- ✓ Peer Recovery Support
- ✓ SUD Group Counseling
- ✓ SUD Residential

Solutions Under Development

- Pharmacists
- Early Childhood, Early Intervention
- MCP and Provider Interaction
- High Fidelity Wraparound for Kids
- Labs, Vaccines and Provider Administered Medications
- Benefit Packages, Prior Authorization and Continued Stay Criteria
- Care Coordination
- CPT Rate Adjustments
- ACT and IHBT
- Benefit Packages, Prior Authorization and Continued Stay Criteria (initial guidance provided on slide 12)



Additional information on topics in green are located in the appendix



SUD Group Counseling - Billing

H0005

15 Minutes – Assumed average Group Size of 3, for rate setting purposes

\$6.44

15 Min per person

Group Counseling: Additional Details

- ✓ Maximum group size: 1:12 Practitioner to client ratio.
- ✓ Only used at ASAM Levels 1 and 2.
 - For IOP and Partial Hospitalization, only used if the person hasn't attended for the minimum amount of time needed to bill the per diem.
 - Service is billed in whole units only.
- ✓ Used to bill group counseling provided by: Chemical Dependency Counselor Assistants, Social Work Assistants, Counselor Assistants, Marriage and Family Therapist Assistants.

SUD Intensive Outpatient Level of Care: Group Counseling - Billing

H0015	Per Diem - Assumed an average group size of three for an average duration of 4 hours for rate setting purposes with unlicensed practitioner leading	\$103.04 Per Diem Per Person
H0015 HK	Per Diem - Assumed an average group size of three for an average duration of 4 hours for rate setting purposes with licensed practitioner	\$149.88 Per Diem Per Person

SUD Intensive Outpatient Group Counseling: Additional Details

- ✓ Maximum group size: 1:12 practitioner to client ratio.
- ✓ Used at ASAM Level 2.1
 - For IOP, only used if the person attends for the minimum needed to bill the per diem (2+ hours)
 - If person doesn't meet the minimum 2+ hours, H0005 may be used for unlicensed practitioners and 90853 may be used for licensed practitioners.
 - Service is billed in whole unit only.
- ✓ All other services must be billed outside of H0015. H0015 can only be billed if the person attends the minimum amount of time (2+ hours) in a group which doesn't exceed the practitioner to client ratio.
- ✓ Must be led by licensed practitioner to bill with HK modifier
- ✓ **Only one H0015 per diem, per patient, per day.**

SUD Partial Hospitalization Level of Care: Group Counseling - Billing

H0015 Modifier: TG	Per Diem - Assumed an average group size of three for an average duration of 6 hours for rate setting purposes with unlicensed practitioner	\$154.56 Per Diem Per Person
H0015 Modifier: TG HK	Per Diem - Assumed an average group size of three for an average duration of 6 hours for rate setting purposes with licensed practitioner	\$224.82 Per Diem Per Person

SUD Partial Hospitalization: Additional Details

- ✓ Maximum group size: 1:12 Practitioner to client ratio
- ✓ Only used at ASAM Level 2.5
 - For PH, only used if the person attends for the minimum needed to bill the per diem (3+ hours)
 - If person doesn't meet the minimum 3+ hours, H0005 may be used for unlicensed practitioners and 90853 may be used for licensed practitioners.
 - Service is billed in whole unit only.
- ✓ All other services must be billed outside of H0015-TG. H0015-TG can only be billed if the person attends the minimum amount of time (3+ hours) in a group which doesn't exceed the practitioner to client ratio.
- ✓ Must be led by licensed practitioner to bill with HK modifier
- ✓ **Only one H0015 per diem, per patient, per day.**

MH Day Treatment Group Counseling - Billing

H2012
Modifiers:
HN HQ

Assumes 1 hour of unlicensed BA⁺² in an average group size of 4

\$18.54
Hourly Per Person

H2012
Modifiers:
HO HQ

Assumes 1 hour of unlicensed MA⁺¹ in an average group size of 4

\$21.05
Hourly Per Person

H2012
Modifiers:
HK HQ

Assumes 1 hour of licensed practitioner in an average group size of 4

\$28.10
Hourly Per Person

MH Day Treatment: Additional Details

- ✓ Maximum group size: 1:12 Practitioner to client ratio
 - For MH Day Treatment, only used if the person attends for the minimum needed to bill the unit (30+ minutes). Service is billed in whole units only.
 - If person doesn't meet the minimum, 90853 may be used for licensed practitioner or H2019 (HQ: Modifier for group) may be used for the BA⁺² and MA⁺¹.
- ✓ All other services must be billed outside of H2012. H2012 can only be billed if the person attends the minimum amount of time (30+ minutes) in a group which doesn't exceed the practitioner to client ratio.

MH Partial Hospitalization H0035: Group Counseling - Billing

H0035
HN Modifier

Assumes 5 hours of unlicensed BA⁺² providing group counseling in an average group size of four

\$92.70

Per Diem Per Person

H0035
HO Modifier

Assumes 5 hours of unlicensed MA⁺¹ providing group counseling in an average group size of four

\$105.25

Per Diem Per Person

H0035
HK Modifier

Assumes 5 hours of licensed practitioners providing group counseling in an average group size of four

\$140.51

Per Diem Per Person

MH Partial Hospitalization: Additional Details

- ✓ Maximum group size: 1:12 Practitioner to client ratio
 - For Partial Hospitalization, only used if the person attends for the minimum needed to bill the per diem (2.5+ hours)
 - If person doesn't meet the minimum, H2019 (HQ: Modifier for group) may be used for the BA⁺² and MA⁺¹
 - Service is billed in whole unit only.
- ✓ All other services must be billed outside of H0035 can only be billed if the person attends the minimum amount of time in a group (2.5+ hours) which doesn't exceed the practitioner to client ratio.

Coverage and Limitations Guidance

Topic	Current Coverage and Limitations
 <p data-bbox="401 358 672 454">MH Partial Hospitalization</p>	<ul data-bbox="923 386 1624 425" style="list-style-type: none"> ✓ One H0035 per diem, per patient, per day
 <p data-bbox="369 629 707 668">ASAM: Outpatient</p>	<ul data-bbox="923 582 1827 715" style="list-style-type: none"> ✓ Adults: <9 hours per week of skilled treatment services ✓ Adolescents: <6 hours per week of skilled treatment services

H0015 Applies to Both IOP and PH – Billed Once Per Day, Per Patient

 <p data-bbox="382 962 687 1053">ASAM: Intensive Outpatient</p>	<ul data-bbox="923 891 1856 1125" style="list-style-type: none"> ✓ Adults: 9-19.9 hours per week of skilled treatment services ✓ Adolescents: 6-19.9 hours per week of skilled treatment services ✓ One per diem, per patient, per day
 <p data-bbox="407 1219 672 1310">ASAM: Partial Hospitalization</p>	<ul data-bbox="923 1219 1682 1310" style="list-style-type: none"> ✓ Adults and Adolescents: >20 hours per week ✓ One per diem, per patient, per day

Coverage and Limitations Guidance

Topic	Current Coverage and Limitations
 <p>Psychological Testing</p>	<ul style="list-style-type: none"> ✓ 8 hours annually (prior authorization to exceed)
 <p>Screening, Brief Intervention and Referral to Treatment</p>	<ul style="list-style-type: none"> ✓ One per patient, per provider, per code, per year (G0396 and G0397). ✓ Cannot be billed by provider type 95
 <p>Evaluation and Management Codes (New and Existing Patient)</p>	<ul style="list-style-type: none"> ✓ 1 per day, per practitioner, per patient (NCCI) – may be subject to SURS review if in excess of 24 visits per calendar year across all billing providers
 <p>Specialized Recovery Services Program: Individualized Placement Support: Supported Employment</p>	<ul style="list-style-type: none"> ✓ Must be provided in accordance with the approved Person Centered Care Plan
 <p>Specialized Recovery Services Program: Peer Recovery Support</p>	<ul style="list-style-type: none"> ✓ No more than 4 hours daily; and ✓ Must be provided in accordance with the approved Person Centered Care Plan

Additional Guidance on Crisis

Licensed Practitioner Providing Crisis Services

Licensed practitioners may provide crisis care regardless of:

- Whether or not the individual is on their case load;
- or whether or not the individual is a current patient with the agency (i.e., not requiring a recommendation of care).
- If a licensed practitioner is providing the intervention, 90839 is billed. +90840 can be billed for each additional 30 minutes.

Unlicensed Practitioner Providing Crisis Services

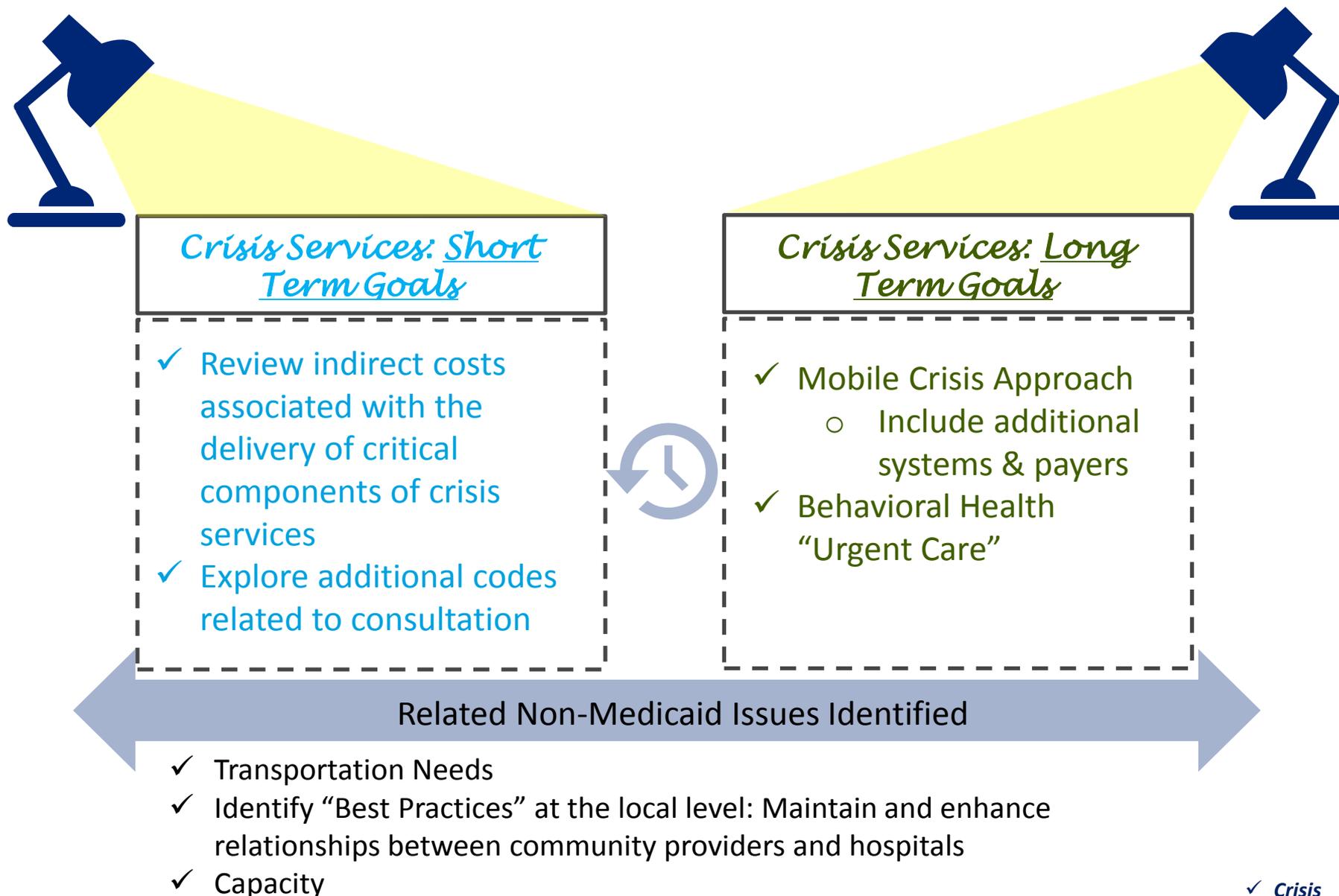
For unlicensed practitioners, crisis may only be billed to Medicaid if the recipient of the intervention is known to the system, currently carried on the unlicensed practitioner's caseload and a licensed practitioner has recommended care.

If an unlicensed practitioner is providing the service to someone on their caseload, the practitioner will bill:

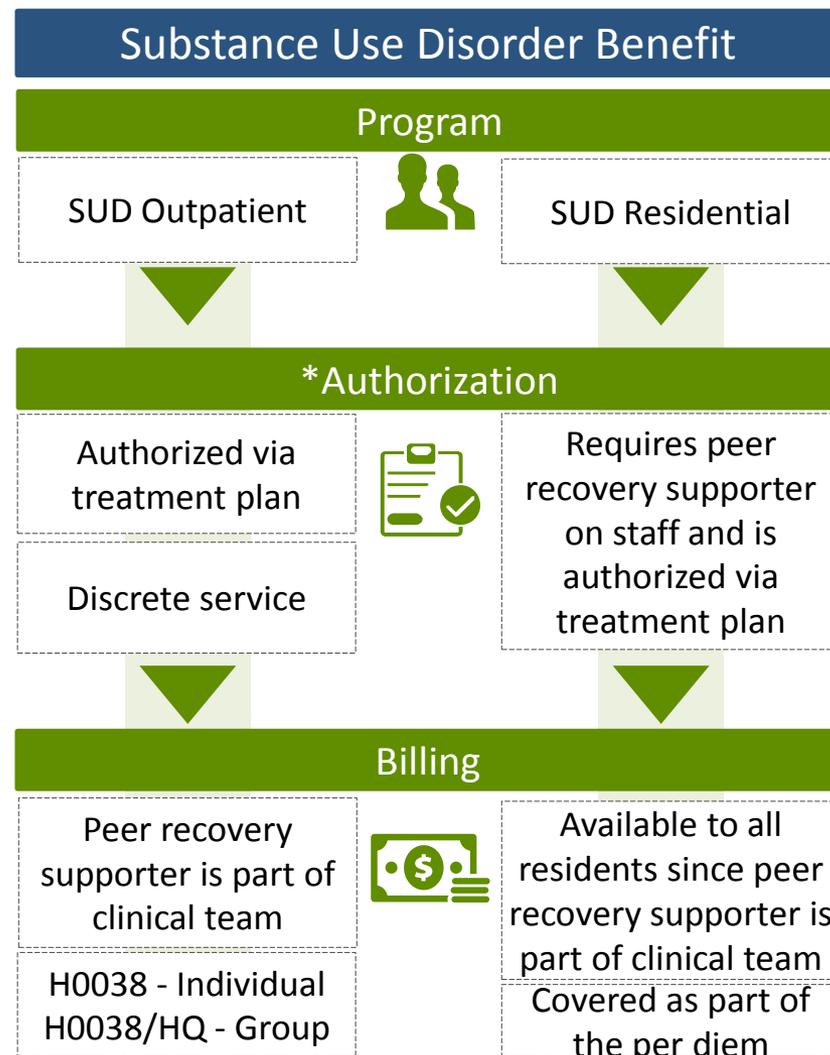
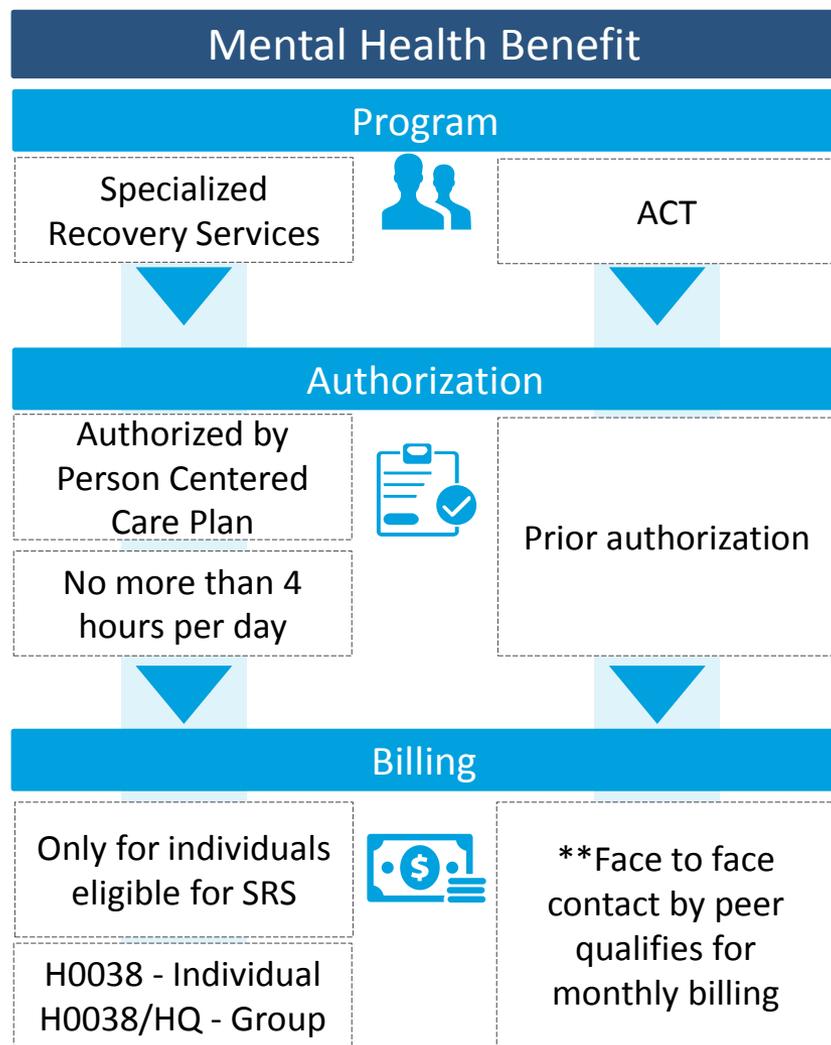
- MH Crisis - TBS (H2019) or PSR (H2017)
- SUD Crisis - Individual counseling (H0004)
- Crisis in an IOP/PH/Day Treatment Setting to be determined

The state is working through assuring this is the standard model of crisis care for behavioral health

Crisis Services Small Group Discussion



Peer Recovery Support Coverage



*Please keep in mind that the SUD State Plan affords the State the ability to prior authorize SUD services.

**See previous ACT billing guidance provided on February 12, 2016 for additional clarification



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Topic:

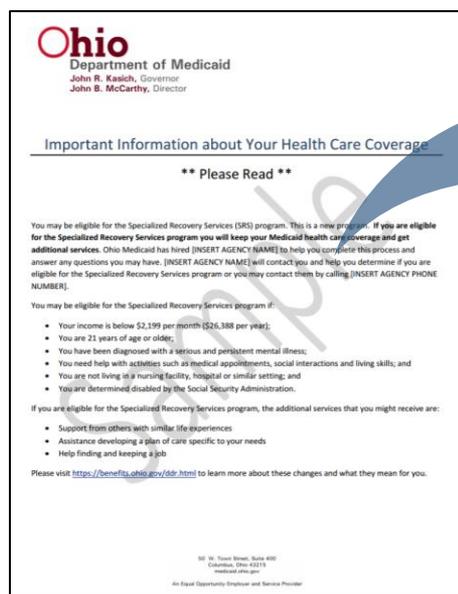
Disability Determination Redesign: Specialized Recovery Services Program



Specialized Recovery Services - Consumer Letter and Informational Video

SRS Consumer Letter

(See Printed Version for Complete Information)



Key Takeaways

- ✓ Explains that individuals will keep current Medicaid benefits and will receive new service(s) if eligible
- ✓ Lists the recovery management agency
- ✓ Gives phone number to call if the individual has questions
- ✓ Lists high level eligibility criteria
- ✓ Lists new services available to those who are eligible

Link to DDR Landing Page: <https://benefits.ohio.gov/ddr.html?lang>

Link to Video - https://www.youtube.com/watch?v=KYVIGD2_K4Q



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Topic:
Next Steps



Behavioral Health Redesign

Next Steps and Schedule

Core Team/Benefit and Service Development Work Group Was Combined as of March 9th, 2016

- Next Benefit and Service Development Work Group
 - ✓ May 18th All meetings 10:00am – 12:00pm (unless otherwise specified)

Upcoming Benefit and Service Development Work Groups:

June 1st, 2016

June 15th, 2016

June 29th, 2016



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Topic: Appendix



Behavioral Health Redesign

Conversion Charts

Conversion Chart 15 Minute Based Services Reported in 15 Minute Increments		
Minimum Minutes	Maximum Minutes	Billing Unit(s)
Hour 1		
0	7	N/A
8	22	1
23	37	2
38	52	3
53	67	4
Hour 2		
68	82	5
83	97	6
98	112	7
113	127	8
Hour 3		
128	142	9
143	157	10
158	172	11
173	187	12
Hour 4		
188	202	13
203	217	14
218	232	15
233	247	16

Conversion Chart Hour Based Services Reported in Whole Unit Increments		
Minimum Minutes	Maximum Minutes	Billing Increment
1	30	N/A
31	90	1
91	150	2
151	210	3
211	270	4
271	330	5
331	390	6
391	450	7
451	510	8
511	570	9

School Psychologists

 Education	ODE Certification	Psychology Board Licensure
 Scope/Location	<p>Must have a Master's Degree in School Psychology</p> <p>Limited to school psychology within the scope of employment by a board of education or by a private school meeting the standards under division (D) of section 3301.07 of the Revised Code, or while acting as a school psychologist in a program for children with disabilities established under ORC Chapter 3323 or 5126.</p>	<p>Must meet the following criteria: 4 years of experience as a school psychologist (which can include master's program internship year), Pass the PRAXIS exam and Pass the Ohio Board of Psychology Oral Exam</p> <p>Can practice school psychology independently under ORC 4732.01 (E)</p> <ul style="list-style-type: none"> Examples: Private practice, independently in a CMHC, hospital, etc.
 Psychologist and CBHC Interaction	<p>ADDITIONALLY – School Psychologists may work as a School Psychology Assistant, Trainee, or Intern when working in the community under the supervision of a Board Licensed School Psychologist or Psychologist. Psychologist must be registered with the Psychology Board.</p>	<p>Board Licensed Independent School Psychologist</p>

Registered Nurses and Licensed Practical Nurses

For services provided on and after January 1, 2017, three CPT/HCPCS codes will be available for nursing activities rendered by RNs or LPNs as a replacement for MH pharmacological management (90863) and SUD medical/somatic (H0016) for all agencies, there will be no exceptions:

Behavioral Health Codes for Nursing Activities



H2017

99211

H2019



Key Takeaways



- 1 Registered Nurses and Licensed Practical Nurses will need to enroll with Ohio Medicaid because they will be expected to be a rendering provider
- 2 Rendering type and education will be what drives this rate
- 3 These codes and the associated rates will be used during rate setting methodology

Added to State Plan Amendment (TBS): Nursing assessments and group medication education may only be performed by a registered nurse or a licensed nurse practicing with a Bachelor's degree within their current scope of practice.

CPT and HCPCS – Nursing Activities by RNs and LPNs

The below matrix provides examples of how components of nursing activities rendered by LPNs and RNs can be coded. LPNs must be supervised by a higher level medical practitioner.

Nursing Activity	Behavioral Health Interaction
<p>Nursing Assessment (RN Only)</p> 	<p>RN: 99211 should be used if the activity meets the criteria. Only use H2019 when 99211 is not appropriate or services are delivered outside of the office setting.</p> <p>LPN: 99211 should be used if the activity meets the criteria. Only use H2017 when 99211 is not appropriate or services are delivered outside of the office setting.</p>
<p>Medication Assessment and Education</p> 	
<p>Symptom Management</p> 	

Therapeutic Behavioral Services Small Group Debrief

Bill: CPT Codes

Physicians (Or
equivalent)



CPT Codes Would Include the Following Types of Services:

- ✓ Assessments
- ✓ Psychological Testing
- ✓ Individual/Group/ Family Therapy
- ✓ Crisis



Gap Identified for Licensed Practitioners:

- ✓ Behavioral Health Intervention / Skills Development (when not considered Psychotherapy by practitioner)

Licensed
Practitioners



Bill: HCPCS Codes – Unlicensed Practitioners

Unlicensed
TBS (H2019)

MAs⁺¹
BAs⁺²



HCPCS Code Would Include the Following Types of Services:

- ✓ Development of Treatment plan
- ✓ Service Planning
- ✓ Care coordination
- ✓ Collateral contacts
- ✓ Identify triggers/Interventions
- ✓ Individual/Group/Family Therapy
- ✓ EBPs



Key Consideration for Unlicensed Practitioners:

- ✓ Collateral contacts are allowed and billable under TBS (H2019)

Unlicensed
PSR (H2017)

QMHS – HS
Masters or Bach. No
experience



HCPCS Code Would Include the Following Types of Services:

- ✓ Implement the plan established
- ✓ EBPs

Psychological Testing

The following codes were added to the rate chart and are currently covered under Medicaid, today (will continue post January 2017):

96101

96111

96116

96118

Additional Rate and Limitation Guidance

Code	Description	Limitation	Rate
96101	Psychological testing with interpretation and report, per hour.	8 hours/year, any combination of the four psychological testing codes	\$59.26
96111	Developmental testing; extended with interpretation and report		\$56.11
96116	Neurobehavioral status exam per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report		\$64.10
96118	Neuropsychological testing battery with interpretation and report, per hour		\$78.31

Genetic Testing



Physician determines genetic testing is necessary and orders it



Collection of cheek cell sample is obtained as part of a medical service appointment (Evaluation and Management Office Visit)

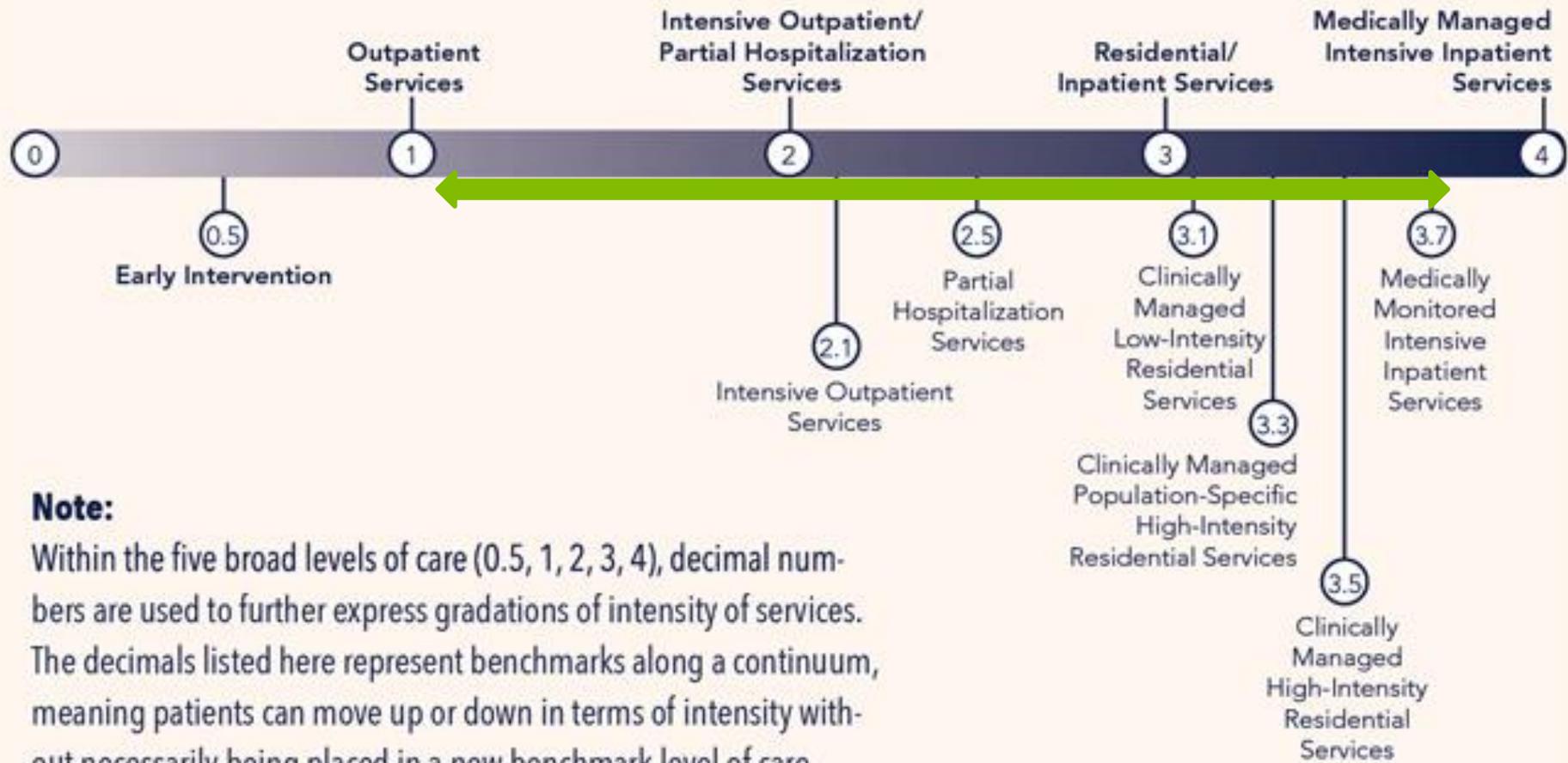


Sample sent to and analyzed by a CLIA certified lab (not waived)

Collection of the cheek swab that is needed to perform genetic testing does not have a separate code.

ASAM Levels of Care

REFLECTING A CONTINUUM OF CARE



The green double ended arrow represents scope of Levels of Care in Redesign.