



Governor's Office of  
Health Transformation

# Benefit and Service Development Work Group

June 15<sup>th</sup>, 2016



Behavioral Health Redesign

# Agenda

Welcome and Opening Remarks	<i>Director Tracy Plouck</i>	<i>10 min</i>
Today's Objectives	<i>Angie Bergefurd</i>	<i>5 min</i>
BH Redesign Feedback/Training Timeline and Opportunities	<i>Angie Bergefurd</i>	<i>10 min</i>
BH Redesign Process Results	<i>Angie Bergefurd</i>	<i>10 min</i>
Updated SFY 2014 Budget Model	<i>Director John McCarthy</i>	<i>20 min</i>
National Correct Coding Initiative	<i>Sysilie Hill</i>	<i>10 min</i>
Using the Coding Chart	<i>Sysilie Hill</i>	<i>15 min</i>
<i>Break</i>		<i>10 min</i>
Coverage and Limitations Work Book	<i>Douglas Day</i>	<i>20 min</i>
Using the Draft Provider Manual	<i>Sysilie Hill/Mary Haller</i>	<i>20 min</i>
Scenarios	<i>State and Mercer</i>	<i>45 min</i>
Next Steps and Schedule	<i>Angie Bergefurd</i>	<i>5 min</i>



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*Topic:*  
**Today's Objectives**

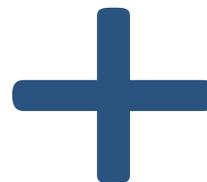


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# Today's Objectives



Learn how to use the coding chart and the coverage and limitations work book



Understand how the provider manual is structured and how to find the information within the provider manual



Learn how to use the coding chart, the coverage and limitations work book, and the provider manual in conjunction with one another to effectively bill services.



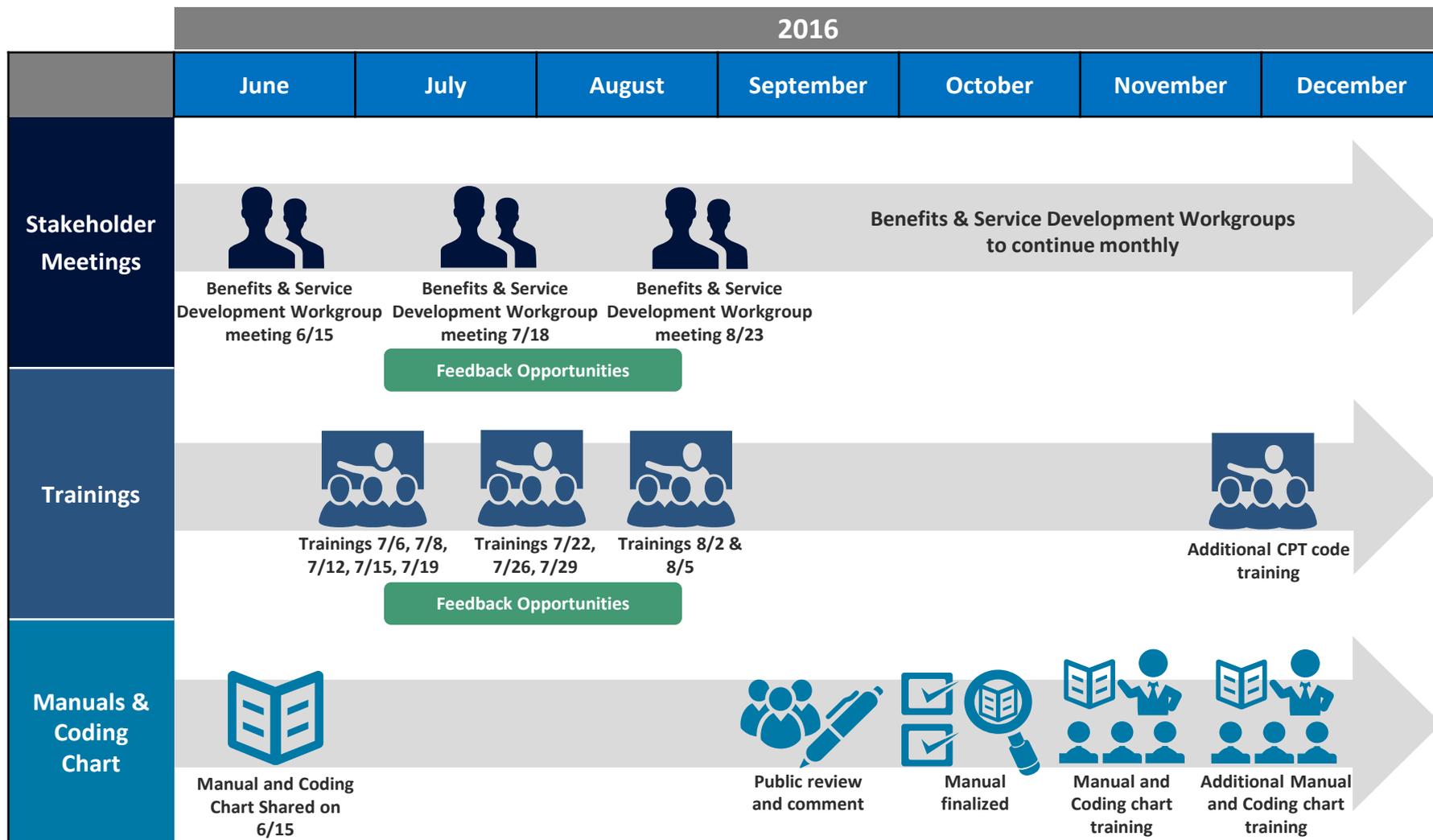
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*Topic:*  
**BH Redesign Feedback/Training  
Timeline and Opportunities**



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# BH Redesign Feedback/Training Timeline



# Feedback/Training Opportunities: *Save the Date*

➤ Target Audience: IT, clinical, and billing staff



Wednesday, July 6<sup>th</sup>  
*Webinar*



Friday, July 8<sup>th</sup>  
Columbus, OH  
Ohio Department of Transportation



Tuesday, July 12  
*Webinar*



Friday, July 15  
Parma, OH  
Cuyahoga County  
Public Library



Tuesday, July 19  
Toledo, OH  
Toledo-Lucas County  
Public Library



Friday, July 22  
College Corner, OH  
Hueston Woods Lodge and Conference Center



Tuesday, July 26  
Columbus, OH  
Wagnalls Memorial Library Auditorium



Friday, July 29  
Ohio Department of Agriculture  
Reynoldsburg, OH



Tuesday, August 2  
*Webinar*



Friday, August 5  
Akron, OH  
Akron-Summit County Public Library



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***Topic:***  
**BH Redesign Process Results**



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# Results



## **ACT and IHBT**

*Added evidence-based/state-best practices and associated payments*



## **ASAM Levels of Care**

*Aligned SUD Benefit with ASAM levels of care*



## **Children's BH Services**

*No diagnosis edits for children services provided by licensed practitioners*



## **EKGs**

*Monitoring of cardiac health for individuals receiving BH medications through use of EKG*

# Results



## **Expanded Code Set**

*Expanded code set and practitioner list to more accurately represent services and practitioners*



## **Labs and Vaccines**

*Inclusion of certain clinical laboratory tests and vaccinations*



## **Medical Services**

*Office-based E&M codes at 100% of Medicare  
Home-based E&M codes at 100% of Medicare  
Registered Nurse and Licensed Practical Nurse coding solution  
Compliance with national correct coding*



## **MH Professional Experience**

*MH para-professionals with 5+ years of experience (on or before June 30th, 2017) will be able to provide Therapeutic Behavioral Services*

# Results



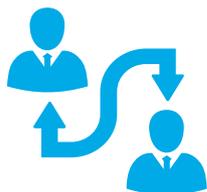
## OTPs

*Expanded coverage to include buprenorphine-based medication dispensing and administration. OTPs will have a daily and weekly billing option for both methadone and buprenorphine administration, along with coverage of the buprenorphine medications.*



## Peer Support: Medicaid

*Introduced peer recovery support as a covered Medicaid service*



## Psychotherapy Codes

*Covered entire psychotherapy code set, including family psychotherapy.  
Rates set at 146.8% of the Medicaid maximum.*



## Psychological Testing

*Added psychological testing codes*

# Results



## **SUD Basic Benefit Package**

*ASAM Outpatient Level of Care is available to everyone (not subject to prior authorization; limited only by total hours)*



## **SUD Residential**

*Per diem payments are available for SUD residential levels of care, including withdrawal management. Providers will no longer be required to have a psychiatrist on staff, but will be required to have access to a psychiatrist.*



## **MH Day Treatment**

*Added MH day treatment hourly and per diem codes and rates as replacements to MH partial hospitalization code and rate*



## **SUD and Mental Health Code and Rate Alignment**

*SUD and MH payment rates are the same for shared codes (e.g., E&M, nursing, psychotherapy)*

# Results



**SBIRT**

*Added Screening, Brief Intervention and Referral to Treatment to the mental health benefit package as a best practice*



***Specialized Recovery  
Services (SRS) Program***

*Implementing Specialized Recovery Services program for adults identified with a SPMI – Eligibility for the SRS program is based on the following criteria:*

- Income between \$743 and \$2,199 per month.
- 21 years of age or older.
- Diagnosed with a severe and persistent mental illness.
- Needs help with activities such as medical appointments, social interactions and living skills.
- Not living in a nursing facility, hospital, or similar setting.
- Determined disabled by the Social Security Administration.

# Our Future Commitments



## ***Mobile Crisis and BH Urgent Care***

*Mobile Crisis and BH Urgent Care Work Group kick off meeting: Late Summer 2016*

- Meeting will be used to identify timeline for implementation and identification of all payers involved



## ***High Fidelity Wraparound***

*Continued commitment to High Fidelity Wraparound:  
Work Group kick off meeting: Summer 2016*

- Meeting will be used to identify timeline for implementation

# Summary Results

## Rate Increases From Original Proposal:



- Increased rates for **SUD Partial Hospitalization Group Counseling, SUD Intensive Outpatient Group Counseling, and SUD Group Counseling**
- Increased CPT Rates (other than E&M and associated add-ons) to 146.8% of the Medicaid maximum (91% of Medicare)
- **Increased E&M office based rates to 100% of Medicare**
  - **Added E&M home visit codes at 100% of Medicare**
- Increased rates for RNs and LPNs (H2019 and H2017)
- Increased Day Treatment TBS Per Diem and MH Day Treatment Hourly rates for unlicensed practitioners (BA <sup>+2</sup> and MA <sup>+1</sup>)
- Increased rates for Peer Recovery Support and Individualized Placement Support: Supported Employment



## 'Over Budget Neutral' Investments:

- Total of **\$37.6M above budget neutrality** point



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*Topic:*  
**Updated SFY 2014 Budget Model**



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# Updated SFY 2014 Budget Model

Budget Model has been updated to reflect policy and reimbursement changes over the past several months



- Stakeholders provided input into current and anticipated service delivery and billing practices to inform aggregate-level assumptions

Key reminders regarding the budget model



- Generally includes costs associated with BH carve-out services
- Does not include costs for 1915(i) and most new laboratory/vaccine codes available to community BH providers

# Updated SFY 2014 Budget Model

## Key Changes



- Adjusted practitioner, place of service, and service delivery assumptions based on provider feedback
- Re-mapped utilization to reflect new structures of MH Day Treatment and MH TBS per diem and SUD IOP and SUD Partial Hospitalization
- Updated SUD group counseling (H-codes) and SUD residential fees

## Key Results



- Reflects projected increase in total expenditures of \$37.6M
- CPT rates to 146.8% of the Medicaid maximum (91% of Medicare)
- E&M, Interactive Complexity and Psychotherapy add-on codes are set at 100% of Medicare
- Modeled fees generally set at the upper bound of the fee range
- Investment in children's mental health estimated at \$18.7M

## Updated SFY 2014 Budget Model: Projected Increase/(Decrease) in Expenditures

Service	Category	Adults	Children	Total
MH Services	Baseline	\$284.2M	\$360.4M	\$644.6M
	Projected Increase/(Decrease)	\$11.2M	\$18.7M	\$29.9M
	Percent Change	4.0%	5.2%	4.6%
SUD Services	Baseline	\$125.4M	\$32.7M	\$158.0M
	Projected Increase/(Decrease)	\$7.7M	(\$0.1M)	\$7.7M
	Percent Change	6.2%	(0.3%)	4.8%
Total	Baseline	\$409.5M	\$393.1M	\$802.6M
	Projected Increase/(Decrease)	\$19.0M	\$18.6M	\$37.6M
	Percent Change	4.6%	4.7%	4.7%



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***Topic:***  
**National Correct Coding Initiative**



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# National Correct Coding Initiative

## National Correct Coding Initiative Overview



- Required by Affordable Care Act
- Goals: Assure practitioners work within scope, control improper coding, prevent inappropriate payment by Medicare and Medicaid.
- Implemented, governed and regularly updated by Centers for Medicare & Medicaid Services (CMS)
- Implemented October 1<sup>st</sup>, 2010, in rest of Ohio's Medicaid program – not in BH
- To be implemented January 1<sup>st</sup>, 2017, for Ohio Medicaid BH providers



## What Does This Mean For You?



- NCCI policies are applied as edits (claims denials) to Medicaid health care claims
- Two types of edits:
  - Procedures to procedure edits: Pairs of codes that may not be reported together when delivered by the same provider for the same recipient on the same date of service. Applied to current and historic claims.
  - Medically unlikely edits: These edits define the maximum number of units of service that are, under most circumstances, billable by the same provider, for the same recipient on the same date of service.

# Procedure to Procedure (PTP) Edits Overview

## PTP Edits Overview



Defines HCPCS and CPT codes that should not be reported together for a variety of reasons. **The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported.**

Medicaid PTP (including those that can be overridden by specific modifiers), MUE edits and other relevant information can be found at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/national-correct-coding-initiative.html>

## What Does This Mean For You?



For PTP edits that have a Correct Coding Modifier Indicator (CCMI) of “0,” the codes should never be reported together by the same provider for the same beneficiary on the same date of service. If they are reported on the same date of service, the column one code is eligible for payment and the column two code is denied. For PTP edits that have a CCMI of “1,” the codes may be reported together only in defined circumstances which are identified on the claim by the use of specific NCCI-associated modifiers.

Where services are “separate and distinct.” it may be necessary to override the procedure-to-procedure edit using a specific modifier. Documentation must support “separate and distinct” services.

## What is an example?



Example 1: The same physician performs a psychotherapy service and E&M service on the same day to the same client (significant and separately identifiable services). NCCI will not allow the psychotherapy code 90834 to be billed with an E&M office visit code 99212, as there are separate add-on codes (+90833, +90836, and +90838) for psychotherapy services provided in conjunction with E&M services. This cannot be overridden with the modifier.

# NCCI Medically Unlikely Edits (MUEs)

## NCCI MUEs



MUEs define, for each HCPCS / CPT code, **the maximum units of service (UOS) that a provider would report** under most circumstances for a single beneficiary on a single date of service.

## What Does This Mean For You?



Medically Unlikely Edits will review anything that, from a medical standpoint, is unlikely to happen. MUEs **cannot be overridden** with the 59, XE, XS, XP, XU modifiers.

*For more information:*

*August 2010 (Questions and Answers Section 6507 of the ACA, NCCI Methodologies)*

*September 1, 2010 (State Medicaid Director Letter [SMD] 10-017)*

*September 29, 2010 (CMS letter to The National Medicaid EDI Healthcare Workgroup)*

*April 22, 2011 (SMD 11-003)*

*CMS website: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/national-correct-coding-initiative.html>*

## What is an example?



Example 1: The same licensed independent social worker (LISW) performs two diagnostic evaluations (2 units of 90791) with the same client on the same day. NCCI will deny the second evaluation, as it is medically unlikely that one client would need two complete diagnostic evaluations in the same day.



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***Topic:***  
**Using the Coding Chart**



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# What has changed?

A screenshot of a coding chart interface with a green header and various columns of data.

**March 9<sup>th</sup>, 2016 –  
Coding Chart**

A screenshot of an updated coding chart interface with a blue header and more detailed columns.

**Updated June  
15<sup>th</sup>, 2016 –  
Coding Chart**

## Changes Made to the Coding Chart Since March 2016

- ✓ Added Board Licensed School Psychologists
- ✓ Separated Social Work Assistants and Social Work Trainees
- ✓ Added U modifiers to corresponding practitioners
- ✓ Added Incident-to indicators
- ✓ Added EKG codes
- ✓ Added Psychological Testing Codes
- ✓ Added Home Visit Evaluation and Management Codes at 100% of Medicare
- ✓ Increased CPT rates to 146.8% of the Medicaid maximum (91% of Medicare)
- ✓ Revised IOP, Partial Hospitalization, and MH Day Treatment
- ✓ Added administration code for OTP to use Buprenorphine-based medications
- ✓ Updated TBS/PSR Practitioners
- ✓ Added table of supervision requirements
- ✓ Updated the available and required modifiers
- ✓ Updated Labs based on CLIA certification
- ✓ Moved NCCI columns to a separate tab with examples and link to NCCI website





# Reading the Coding Chart: Psychotherapy Example

Unit of Measure	ASAM	CPT/HCPCS	Required Modifier(s)		Description	Per Diem Rate	Medical Debt	
		Procedure Code	1	2			MD/DO	CNS
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	\$55.56
Encounter		90834			Psychotherapy, 45 minutes with patient and/or family member.	NA	\$82.05	\$69.74
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	\$70.58
Encounter		90837			Psychotherapy, 60 minutes with patient and/or family member.	NA	\$120.36	\$102.31
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	\$93.10

1



Unit of Measure: Explains how the code should be billed (encounter, per diem, 15 minute unit, etc.)

2



Procedure code: 90837 is used for psychotherapy (53+ minutes).

3



Description: Description of the code and how it is used.

4



Rates: Rates are separated by practitioner rates and per diem rates.

# NCCI Tab

## SAMPLE NCCI Edits\*\*\*

\*\*\* NCCI edits are updated quarterly. The edits reflected here were updated as of December 2015 and **do not reflect** the most recent quarterly updates. You can find the quarterly updates at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>

Unit of Measure	Procedure Code	Description	NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed together with modifier	NCCI Medical Unlikely Edits	Unit of Measure
Encounter	90837	Psychotherapy, 60 minutes with patient and/or family member.	90791, 90792, 90832-90834, 90836, 90839, 90840, 90845, 99201-99205, 99211-99215	90853, G0396, G0397	1	Encounter

1



Procedure code: 90837 is used for psychotherapy (53+ minutes).

2



NCCI PTP Edits: Codes that cannot be billed together.

3



NCCI PTP Edits: Codes that can be billed together with modifiers.

# Reading the Coding Chart: Peer Recovery Support

1 Unit of Measure	ASAM	2 CPT/HCPCS Procedure Code	3 Required Modifier(s)		4 Description	5 Medical Beh		
		1	2	Per Diem Rate		MD/DO	CNS	
15 Minutes	ASAM 1 or 2	H0038			SUD Peer Recovery Support	NA	NA	NA
15 Minutes	ASAM 1 or 2 Group	H0038	HQ		SUD Peer Recovery Support Group	NA	NA	NA

1



Unit of Measure: Explains how the code should be billed (encounter, per diem, 15 minute unit, etc.)

2



Procedure code: H0038 is used for peer recovery support.

3



Pricing Modifier(s): Lists modifier that must be billed with the procedure code in order to affect pricing (examples: group peer recovery support, SUD IOP or PH group)

4



Description: Description of code and how it is used. CPT codes are directly from CPT book and HCPCS codes are adapted for Ohio.

5



Rates: Rates are separated by practitioner rates and per diem rates.



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*Topic:*

# Coverage and Limitations Work Book



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# Coverage and Limitations Work Book: Overview

In the continued spirit of transparency, the State is sharing a **DRAFT** Coverage and Limitations Work Book to provide additional information for eligible practitioners as well associated coverage and limitations.

Ohio

[Return to Table of Contents](#)[Return to Overall  
Coding and Rate Sheet](#)

ASAM Level 1 - SUD Outpatient

Less than 9 hours for adults, less than 6 hours for adolescents

Code	Modifier 1	Modifier 2	Description	NCCI Guidance (Cannot Bill Codes On Same Day As Below Codes)
<b>Medical Services</b>				
<b>Nursing Activities</b>				
<b>Counseling and Therapy</b>				
<b>Crisis</b>				
<b>Screening, Assessment and Psychological Testing</b>				
<b>Other Services</b>				
<b>Opioid Treatment Program Services</b>				

- ✓ This workbook should be used to understand basic benefit packages and limitations
- ✓ Please refer to the Provider Manual for additional billing guidance and instructions

# Coverage and Limitations Work Book: Overview

## Grouping by Tab

Reference and Instruction Tabs

Benefit Package Tabs

Practitioner Tabs

## Grouping by Services Within the Tabs

Counseling and  
Therapy

Medical Services

Other Services

PH and IOP

Mental Health Day  
Treatment

Nursing Activities

OTP Medication  
Administration

Screening,  
Assessment and  
Psychological Testing

SUD Residential

OTP: Buprenorphine-  
Based Medication  
Codes

IHBT

ACT

SUD Withdrawal  
Management

Crisis

**Make sure to look at the instructions tab to better understand how to navigate the overall work book.**

# Coverage and Limitations Work Book: Overview

## Instructions

This workbook should be used to understand basic benefit packages and limitations. Please refer to the Provider Manual for additional billing guidance and instructions

PLEASE NOTE: These coverage and limitations are in draft format and are subject to change based on feedback.

Click Here to Proceed to the Table of Contents

1

- Begin using the Work Book by reading the Instructions tab. Once you are familiar with how to use the worksheet, click “Click Here to Proceed to the Table of Contents,” which takes you directly to the Table of Contents tab.

- Once you are on the Table of Contents tab, each item that is blue and underlined is a [hyperlink](#). By clicking on one of these hyperlinks, you will be taken to that tab within the excel workbook. For instance, if you are interested in reviewing a substance use disorder click on the [SUD Outpatient](#) link.

- The SUD Outpatient tab will give you information on coverage and limitations for each service code within ASAM Level 1 (SUD Outpatient).

Name of Practitioner, Service Group or Benefit	Description
<b>Source Materials</b>	
<a href="#">Overall Coding Sheet</a>	All Behavioral Health codes and prices for each code for all rendering practitioners
<a href="#">NCCI Guidance</a>	NCCI examples of edits and the website location of updated NCCI guidance
<a href="#">Vaccines and Medications</a>	Vaccines and medications
<a href="#">Laboratory Services</a>	Prices and codes for laboratory work, vaccinations and other drugs
<b>Rendering Practitioner (Rates and Codes to bill)</b>	
<a href="#">MD DO</a>	Physician (Including Psychiatrist)
<a href="#">CNS</a>	Clinical Nurse Specialist
<a href="#">CNP</a>	Certified Nurse Practitioner
<a href="#">Physician's Assistant</a>	Physician's Assistant
<a href="#">Registered Nurse</a>	Registered Nurse
<a href="#">Licensed Practical Nurse</a>	Licensed Practical Nurse
<a href="#">LI Social Worker</a>	Licensed Independent Social Worker
<a href="#">LI Marriage &amp; Family Therapist</a>	Licensed Independent Marriage and Family Therapist
<a href="#">LPCC/LPCC-S</a>	Licensed Professional Clinical Counselor and Licensed Professional Clinical Counselor Supervisor
<a href="#">LICDC</a>	Licensed Independent Chemical Dependency Counselor
<a href="#">PSY Assistant/Intern/Trainee</a>	Psychologist Assistant, Intern or Trainee
<a href="#">Psychologist</a>	Psychologist
<a href="#">LPC</a>	Licensed Professional Counselor
<a href="#">LSW</a>	Licensed Social Worker
<a href="#">LMFT</a>	Licensed Marriage and Family Therapist
<a href="#">LCDC III</a>	Licensed Chemical Dependency Counselor III
<a href="#">LCDC II</a>	Licensed Chemical Dependency Counselor II
<a href="#">Social Worker Trainee</a>	Social Worker Trainee
<a href="#">Social Worker Assistant</a>	Social Worker Assistant
<a href="#">MFT Trainee</a>	Marriage and Family Therapist Trainee
<a href="#">LCDC II</a>	Licensed Chemical Dependency Counselor II
<a href="#">LCDC III</a>	Licensed Chemical Dependency Counselor II
<a href="#">Counselor Trainee</a>	Counselor - trainee
<a href="#">Peer Recovery Supporter</a>	Peer Recovery Supporter
<a href="#">CM Specialist</a>	Case Management Specialist
<a href="#">High School QMH Spec</a>	High School Graduate: Qualified Mental Health Specialist
<a href="#">Assoc QMH Spec</a>	Associates Degree: Qualified Mental Health Specialist
<a href="#">Bach QMH Spec</a>	Bachelors Degree: Qualified Mental Health Specialist
<a href="#">Master's QMH Spec</a>	Masters Degree: Qualified Mental Health Specialist
<b>Service Group, Benefit Package or Delivery Model</b>	
<a href="#">MH ACT - DRAFT</a>	Assertive community treatment service codes
<a href="#">MH IGBT - DRAFT</a>	Intensive home based treatment service codes
<a href="#">SUD Outpatient</a>	SUD Outpatient service codes
<a href="#">MH Outpatient</a>	MH Outpatient service codes
<a href="#">SUD Partial Hospitalization</a>	SUD Partial Hospitalization service codes
<a href="#">SUD Intensive Outpatient</a>	SUD Intensive Outpatient service codes
<a href="#">MH Day Treatment</a>	Mental Health Day Treatment (Hourly and Per Diem) service codes
<a href="#">SUD Residential</a>	SUD Residential service codes
<a href="#">SUD W/D Management</a>	SUD withdrawal management service codes

# Coverage and Limitations Work Book: Overview

2

• The three subsequent tabs that follow (Overall Coding\_Rate Sheet; NCCI Guidance; Lab, Vaccines & Other Meds) are also included in your coding chart. This information has been included in the work book as reference material only.

CPT/HCPCS	Pricing Modifier(s)		Description	Medical Be
Procedure Code	1	2		Per Diem Rate MD/DO CNS
+90785			Interactive Complexity 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 \$11.7
+90785			Interactive Complexity-non E/M use (Use 90785 in conjunction with codes for psychotherapy (90832, 90834, 90837), and group psychotherapy (90853))	NA NA NA
90791			Psychiatric diagnostic evaluation.	NA \$151.31 \$128.
90792			Psychiatric diagnostic evaluation - includes medical	NA \$126.50 \$107.
90832			Psychotherapy, 30 minutes with patient and/or family member.	NA \$63.11 \$53.1
+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 \$55.1
90834			Psychotherapy, 45 minutes with patient and/or family member.	NA \$82.05 \$69.7
+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 \$70.1
90837			Psychotherapy, 60 minutes with patient and/or family member.	NA \$120.36 \$102.
+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 \$93.
90839			Psychotherapy for crisis; first 60 minutes.	NA \$137.07 \$116.
+90840			Psychotherapy for crisis; each additional 30 minutes.	NA \$65.84 \$55.2
90846			Family psychotherapy (without the patient present).	NA \$82.00 \$69.7
90847			Family psychotherapy (conjoint psychotherapy) (with patient present).	NA \$100.72 \$85.

# Coverage and Limitations Work Book: Overview

3

- Each tab contains codes that are grouped by service type.
- These groups can be expanded by clicking on the plus sign on the left of the number sign.
- These groups can be collapsed by clicking on the 'minus sign' to the left of the number row.
- Note: This example shows the user opening up the TMACT Large Team group by clicking on the 'plus sign' next to the title.

Ohio
[Navigation](#)

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Billing Guidance

Service Code	Modifier 1	Modifier 2	Service Description	
<b>ACT Small Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)</b>				
<b>ACT Medium Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)</b>				
<b>ACT Large Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)</b>				

Ohio
[Navigation](#)

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Billing Guidance

Service Code	Modifier 1	Modifier 2	Service Description	
<b>ACT Small Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)</b>				
<b>ACT Medium Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)</b>				
<b>ACT Large Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)</b>				
H0040	AM	NA	Assertive community treatment program, per diem, large team	Minimum of 4 contacts per r not count towards overall bil
H0040	HP	NA	Assertive community treatment program, per diem, large team	Minimum of 4 contacts per r not count towards overall bil
H0040	HO	NA	Assertive community treatment program, per diem, large team	Minimum of 4 contacts per r not count towards overall bil
H0040	HN	NA	Assertive community treatment program, per diem, large team	Minimum of 4 contacts per r not count towards overall bil
H0040	HM	NA	Assertive community treatment program, per diem, large team	Minimum of 4 contacts per r not count towards overall bil


Instructions
Version Control
Table of Contents
Overall Coding Rate Sheet
NCCI Guidance
LABS, Vaccines & Other Meds
ACT
IHBT

# Coverage and Limitations Work Book: Overview

4

• As you select other tabs you wish to view, you will find that each row holds useful information, including, but not limited to, the following:

1. For SUD, ASAM level hour limit/guidance, and specific code guidance
2. For MH, basic Medicaid limit guidance and specific code guidance
3. Code to bill
4. Modifiers for billing purposes
5. Description of the code
6. Rates

Ohio									
		<a href="#">Return to Table of Contents</a>	<a href="#">Return to Overall Coding and Rate</a>						
ASAM Level 1 - SUD Outpatient Less than 9 hours for adults, less than 6 hours for adolescents									
Coverage and Limitation Guidance									
Code	Modifier 1 (If no modifier listed in column, ignore)	Modifier 2 (If no modifier listed in column, ignore)	Description	NCCI Guidance	ASAM Benefit Limit Guidance 1 (Adults: 21 and older)	ASAM Benefit Limit Guidance 2 (Adolescent: Under 21)	General Medicaid Benefit Limit Guidance	Notes	Per Diem Rate
<b>Medical Services</b>									
93201			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history • Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93202		NA
93202			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201		NA
93203			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201		NA
93204			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201		NA
93205			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201		NA
93211			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 the evaluation and management of an established patient, which requires at least two of these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Guidance of 24 visits per individual, per billing provider, per calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93212			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	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Guidance of 24 visits per individual, per billing provider, per calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93213			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	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Guidance of 24 visits per individual, per billing provider, per calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93214			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	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Guidance of 24 visits per individual, per billing provider, per calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93215			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	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Guidance of 24 visits per individual, per billing provider, per calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93341			Home visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93342			Home visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93343			Home visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93344			Home visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA
93345			Home visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to <a href="https://www.medicaid.gov/medicaid-chip-coverage">https://www.medicaid.gov/medicaid-chip-coverage</a>	No more than 8.9 hours per week of this service in combination with any other SUD Outpatient service	No more than 5.9 hours per week of this service in combination with any other SUD Outpatient service	Once per patient per billing provider per 3 years. Guidance of 24 visits per individual per billing providers, in a calendar year. State has the authority to review utilization. Accrues in combination with 93201-93205, 93211-93215, 93341-93345, and 93347-93350.		NA





# Coverage and Limitations Work Book: Overview

## Version Control

Behavioral Health Coverage and Limitations Work Book

Current Version	Description of Changes	Last Editor	Release Date
Version 1.0	Initial DRAFT Version	State Policy Team	6/14/2016

- ✓ Version updates will be noted on a separate tab sheet
- ✓ Each new Version release will be uploaded onto the Ohio Behavioral Health Redesign website



Governor's Office of  
Health Transformation

***Topic:***  
**Using the Draft Provider Manual**



Behavioral Health Redesign

# Provider Manual: Draft Disclaimer



## *PLEASE READ*



Please understand that this is not a 'final' billing manual and is in draft format. Updates will be made over the next 2-3 months. Version controls to be included.



**FOR BILLING GUIDANCE:** Providers should review CPT/HCCPCS code books, the finalized provider manual, and other materials available (e.g., NCCI, additional professional guidance).

# Provider Manual: Under Development

## Examples



Prior Authorization



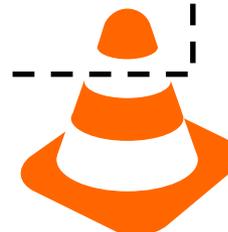
Managed Care Interaction



ACT and IHBT Provider Enrollment

## Note:

- This 'Examples' list is not all-encompassing
- Manual is still in **DRAFT** form
- Updates will be made based on trainings and public feedback
- Ultimate goal is to create a functional and usable document



# Manual: General Information

## Provider Types 84 (MH) and 95 (SUD)

This manual covers services performed by qualified providers who are employed by OhioMHAS certified programs/agencies (provider type 84 for mental health services and/or provider type 95 for substance use disorder services). Policies and guidance contained in this manual **CANNOT** be applied to services provided by qualified providers who are not employed at OhioMHAS certified programs and agencies.

## General Groupings of Professionals – Licensed and Unlicensed Practitioners

Lists the current qualified Ohio practitioners

## Provider enrollment information for Organizations/bill-to Providers and Rendering

Providers licensed by a professional board and required to enroll in Medicaid are listed below:

Rendering Practitioner	Rendering Practitioner
Physicians (MD/DO) , Psychiatrists (20)	Licensed Independent Social Workers (37)
Certified Nurse Practitioners (72)	Licensed Professional Clinical Counselors (47)
Clinical Nurse Specialists (65)	Licensed Independent Marriage and Family Therapists (52)
Physician Assistants (24)	Licensed Independent Chemical Dependency Counselors (54)
Registered Nurses (38-384)	Licensed Practical Nurses (38-385)
Licensed Psychologists (42)	

# Manual: Modifier Tables and Documentation

## Modifier Tables

- ✓ Modifiers are two-character codes reported with CPT/HCPCS codes to give additional information about the provider or procedure.
- ✓ **It is extremely important to accurately report modifiers since they affect benefit limits, payments, claims adjudication, and/or provide additional information.**
- ✓ Modifiers are always two characters in length and may consist of two numbers ranging from 21-99, two letters or a mix (alphanumeric).

## Documentation

Providers are required to keep clear and concise documentation which is critical to high quality care. This is required for the provider to receive accurate and timely payment for furnished services. Medical records involve the following components:

- 1 | **Assessments**
- 2 | **Progress Notes**
- 3 | **Treatment Plan(s)**
- 4 | **Treatment Plan Reviews**

# Manual: Supervision

## Three Types of Supervision

- **General supervision:** Supervising practitioner must be available by telephone to provide assistance and direction if needed.
- **Direct supervision:** Supervising practitioner must be “immediately available” and “interruptible” to provide assistance and direction throughout the performance of the procedure; however, he or she does not need to be present in the room when the procedure is performed.
- **Incident to Services:** To qualify as “incident to,” services must be part of the patient’s normal course of treatment, during which an independent practitioner personally performed an initial service that day and remains actively involved in the course of treatment.

# Manual: Medicaid Fraud Education

## Fraud

**Medicaid fraud involves making false or misleading statements, or causing such statements to be made, in order to get Medicaid reimbursement.**

**Medicaid fraud may include such activities as:**

- Billing for, but not providing, services or goods, and providing medically unnecessary services;
- billing for a more expensive product or service than was actually delivered;
- billing separately for services that should be billed together;
- billing twice for the same product or service;
- dispensing generic medications while billing for more expensive brand-name medications;
- submitting false information on Medicaid cost reports;
- charging co-pays;
- and providing kickbacks or rebates for goods or services for which Medicaid reimbursement will be sought.

# Example #1 – 96372: Medication Injection

## High Level Overview

- ✓ There is a table for every service or groups of services
- ✓ The table includes the following:
  - ✓ Service Code
  - ✓ Eligible practitioners
  - ✓ Service definition
  - ✓ Admission criteria
  - ✓ Continuing stay criteria
  - ✓ Discharge criteria

MH / SUD			
Service	Provider	Code	R
Medication administration-physician administered	MD, DO, CNS, CNP	96372	
	PA, RN, LPN	96372	
<b>Unit Value</b>			
<b>Service Definition</b>	<p>Medication administration includes the act of introducing a medication (any chemical substance when absorbed into the body of a living organism, alters normal bodily function) into the body of another person by any number of routes including, but not limited to the following: oral, inhaled, intramuscular injection, intravenous, topical, suppository or intraocular. Medication administration requires a written service order for medication administration and a written order for the medication and the administration of the medication. This service does not cover the administration of self-administration of medications. (See Clinical Exclusions below).</p> <p>The service must include:</p> <ul style="list-style-type: none"> <li>○ An assessment, by the licensed or credentialed medical personnel administering medication, of the individual's physical, psychological and behavioral status in order to make a recommendation regarding whether to continue the medication and/or its means of administration, and whether to refer the individual to the physician for a medical assessment;</li> <li>○ Education to the individual and/or family/responsible caregiver(s), by appropriate medical personnel, on the proper administration and monitoring of prescribed medication in accordance with the individual's recovery plan.</li> <li>○ For individuals who need opioid maintenance, the methadone administration service must be requested. <b>Do not bill this service for administering methadone.</b></li> </ul>		
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>○ Individual presents symptoms that are likely to respond to pharmacological intervention;</li> <li>○ Individual has been prescribed medications as a part of the treatment/service arrangement;</li> <li>○ Individual and family/responsible caregiver is unable to self-administer/administer medication because:               <ul style="list-style-type: none"> <li>○ It is in an injectable form and must be administered by licensed medical personnel;</li> <li>○ It is a Schedule II controlled substance which must be stored and dispensed by licensed medical personnel in accordance with federal law; or</li> <li>○ Administration by licensed/credentialed medical personnel is necessary to ensure an assessment of the individual's physical, psychological and behavioral status required in order to make a determination regarding whether to continue medication and/or its means of administration and/or whether to refer the individual to the physician for a medication review.</li> </ul> </li> <li>○ Due to the family/caregiver's lack of capacity there is no responsible party to manage/supervise self-administration of medication.</li> </ul>		
<b>Continuing Stay Criteria</b>	Individual continues to meet admission criteria.		
<b>Discharge Criteria</b>	<ul style="list-style-type: none"> <li>○ Individual no longer needs medication; or</li> <li>○ Individual/family/caregiver is able to self-administer, administer, or supervise self-administration medication; and</li> <li>○ Adequate treatment plan has been established.</li> </ul>		

# Example #2 –

## H0004: SUD Individual Counseling

### High Level Overview

- ✓ There is a table for every service or groups of services
- ✓ The table includes the following:
  - ✓ Service Code
  - ✓ Eligible practitioners
  - ✓ Service definition
  - ✓ Admission criteria
  - ✓ Continuing stay criteria
  - ✓ Discharge criteria

Service	MH	SUD			
		Provider Type	Code	Req'd Mod	Crisis Mod
Individual Counseling by Unlicensed Practitioner	Not covered	Social worker trainee	H0004	U9	UC
		MFT-T	H0004	UA	UC
		Chemical dependency counselor assistant	H0004	U6	UC
		Counselor trainee	H0004	U7	UC
Service Definition	<p>Techniques employed involve the principles, methods and procedures of counseling that assist the identifying and resolving personal, social, vocational, intrapersonal and interpersonal concerns. Set directed toward achievement of specific goals defined by the family and by the parent(s)/responsible caregiver(s) and specified in the individualized treatment plan. These services address goals/issues promoting resiliency, and the restoration, development, enhancement or maintenance of:</p> <ul style="list-style-type: none"> <li>• The illness/emotional disturbance and medication self-management knowledge and skills (e.g. management, behavioral management, relapse prevention skills, knowledge of medications and effects, and motivational/skill development in taking medication as prescribed);</li> <li>• Problem solving and cognitive skills;</li> <li>• Healthy coping mechanisms;</li> <li>• Adaptive behaviors and skills;</li> <li>• Interpersonal skills;</li> <li>• Knowledge regarding the emotional disturbance, substance related disorders and other relevant assist in meeting the individual's needs</li> <li>• Best/evidence based practice modalities may include (as clinically appropriate): motivational interviewing/enhancement therapy, cognitive behavioral therapy, behavioral modification, behavior management, rational behavioral therapy, dialectical behavioral therapy, interactive play therapy others as appropriate to the individual and clinical issues to be addressed</li> </ul>				
Admission Criteria	<ul style="list-style-type: none"> <li>• The individual must have a substance use disorder diagnosis.</li> </ul>				
Continuing Stay Criteria	<ul style="list-style-type: none"> <li>• Individual continues to meet admission criteria; and</li> <li>• Individual demonstrates documented progress relative to goals identified in the treatment plan, have not yet been achieved.</li> </ul>				
Discharge Criteria	<p>Adequate continuing care plan has been established; and one or more of the following:</p> <ul style="list-style-type: none"> <li>• Goals of the treatment plan have been substantially met; or</li> <li>• Individual/family requests discharge and individual is not in imminent danger of harm to self or others;</li> <li>• Transfer to another service is warranted by change in individual's condition; or</li> <li>• Individual requires a service approach which supports less or more intensive need.</li> </ul>				
Clinical Exclusions	<ul style="list-style-type: none"> <li>• Severity of behavioral health disturbance precludes provision of services.</li> <li>• Severity of cognitive impairment precludes provision of services in this level of care.</li> <li>• There is a lack of social support systems such that a more intensive level of service is needed.</li> <li>• There is no outlook for improvement with this particular service</li> </ul>				
Required Components	<p>The treatment orientation, modality and goals must be specified and agreed upon by the individual/family/caregiver.</p>				
Clinical Operations	<ul style="list-style-type: none"> <li>• Practitioners and supervisors of those providing this service are expected to maintain knowledge regarding current research trends in best/evidence based counseling practices.</li> </ul>				

# Example #3 – H2019: MH Therapeutic Behavioral Services (TBS)

## High Level Overview

- ✓ There is a table for every service or groups of services
- ✓ The table includes the following:
  - ✓ Service Code
  - ✓ Eligible practitioners
  - ✓ Service definition
  - ✓ Admission criteria
  - ✓ Continuing stay criteria
  - ✓ Discharge criteria

MH							SUD
Service Code	Provider Type	Code	Req'd Mod	Group Mod	Crisis Mod	Rate	
Therapeutic Behavioral Services (TBS)	RN	H2019		HQ	UT		Not Cov
	Psychology assistant	H2019	U1	HQ	UT		
	School psychology assistant/trainee (ODE)	H2019	U1	HQ	UT		
	Board licensed school psychologist	H2019	UB	HQ	UT		
	LSW	H2019	U4	HQ	UT		
	LMFT	H2019	U5	HQ	UT		
	Social worker trainee	H2019	U9	HQ	UT		
	MFT trainee	H2019	UA	HQ	UT		
	Counselor trainee	H2019	U7	HQ	UT		
	QMHS+10 yrs. exp	H2019	HM	HQ	UT		
	QMHS - high school	H2019	HM	HQ	UT		
	QMHS - Associates	H2019	HM	HQ	UT		
QMHS - Bachelors	H2019	HN	HQ	UT			
QMHS - Masters	H2019	HO	HQ	UT			
Unit Value							
Service Definition	<p>TBS consists of rehabilitative skill, environmental support and resources coordination considered to assist an individual/family in gaining access to necessary services and in creating environments promote resiliency and support the emotional and functional growth and development of the indiv. The activities of TBS include:</p> <ul style="list-style-type: none"> <li>• Assistance to the individual and family/responsible caregivers in the facilitation and coordination individual treatment plan including providing skills support in the individual/family's self-articulate personal goals and objectives;</li> <li>• Planning in a proactive manner to assist the individual/family in managing or preventing crisis si</li> <li>• Individualized interventions, which shall have as objectives:               <ul style="list-style-type: none"> <li>○ Identification, with the individual, of strengths which may aid him/her in achieving resiliency, as well as barriers that impede the development of skills necessary for appropriate functioning in school, with peers, and with family;</li> <li>○ Support to facilitate enhanced natural and age-appropriate supports (including support/assistance with defining what wellness means to the individual in order to them with recovery-based goal setting and attainment;</li> <li>○ Assistance in the development of interpersonal, community coping and functional (including adaptation to home, school and healthy social environments);</li> <li>○ Encouraging the development and eventual succession of natural supports in living, learning, working, other social environments;</li> <li>○ Assistance in the acquisition of skills for the individual to self-recognize emotional triggers and to self-manage behaviors related to the individual's identified emotional disturbance;</li> <li>○ Assistance with personal development, school performance, work performance, and functioning in social and family environment through teaching skills/strategies to ameliorate the effect of behavioral health symptoms;</li> </ul> </li> </ul>						

# ASAM Levels of Care

The provider manual contains information about each ASAM Level.

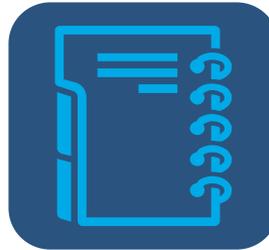
- ✓ **Opioid Treatment Services: Opioid Treatment Programs (OTPs) and Medically Managed Opioid Treatment (MMOT)**
- ✓ **ASAM Level 1- Outpatient Services**
- ✓ **ASAM Level 2- WM Ambulatory Withdrawal Management with Extended Onsite Monitoring**
- ✓ **ASAM Level 2.1- Intensive Outpatient Services**
- ✓ **ASAM Level 2.5- Partial Hospitalization Services**
- ✓ **ASAM Level 3.1- Clinically Managed Low-Intensity Residential Treatment (Halfway House)**
- ✓ **ASAM Level 3.2- WM Clinically Managed Residential Withdrawal Management**
- ✓ **ASAM Level 3.3- Clinically Managed Population-Specific High Intensity Residential Treatment**
- ✓ **ASAM Level 3.5- Clinically Managed High Intensity Residential Treatment**
- ✓ **ASAM Level 3.7- Medically Monitored Intensive Inpatient Treatment (Adults) and Medically Monitored High-Intensity Inpatient Services (Adolescent)**
- ✓ **ASAM Level 3.7- WM Medically Monitored Inpatient Withdrawal Management**

# Other Sections Included in the Provider Manual

## Additional Sections

✓ *Specialized Recovery Services (SRS)*

✓ *Intensive Home-Based Treatment (IHBT)*



✓ *Assertive Community Treatment (ACT)*

✓ *Appendices (e.g., SRS program diagnoses, background check exclusions, EPSDT, vaccines, labs)*



Governor's Office of  
Health Transformation

# *Topic:* Scenarios



Behavioral Health Redesign

# Illustrative Scenario Disclaimer

i

## PLEASE READ

i

- Scenarios are for **illustrative purposes only** with today's (6/15/16) Benefit and Service Development Work Group
- All practitioners are assumed to operate within their scope of practice
- Proper documentation is assumed to exist for each scenario(s)
- Other coding variations may exist



**FOR BILLING GUIDANCE:** Providers should review CPT/HCPCS code books, the finalized provider manual, and other materials available (e.g., NCCI, additional professional guidance).

# 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
Nursing Assessment (RN Only) 	<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>
Medication Assessment and Education 	
Symptom Management 	

# Nursing Scenario 1

## Scenario Provided By Practitioners

A registered nurse (RN) sees a stable patient for a scheduled medication check-up in a MH outpatient in office setting, completing a nursing assessment, including Health and Physical related to nursing services, medication adherence, evaluates symptom management, identifies potential labs/tests for physician review, and completes any additional illness education as needed. The nurse then consults with the physician, who makes medication orders and/or orders labs without seeing the patient. (The physician is simultaneously seeing a more acute or complex patient).

### Future Billing Options

Code	Service Name	Unit of Measure
99211 or	E&M – Office	Encounter
H2019	TBS – Registered Nurse	Unit based (15 minutes)

#### Other Considerations:

1. Choose the code that best aligns with the service delivered
2. Ensure that services are provided within scope of RN
3. 99211 is an encounter based code and H2019 is billed in units of 15 minutes
4. Can bill multiple units of H2019 (ex. 30 minutes – 2 units of H2019)

# Nursing Scenario 2

## Scenario Provided By Practitioners

A licensed practical nurse (LPN) performs routine medication check-ups for established patients in the office as ordered by the prescriber, conducts medication and disease/illness education, reviews symptom management and medication adherence. There is no physician on site during these appointments. The nurse consults with prescribers as needed by phone. Prescriber would make any necessary medication order adjustments.

### Future Billing Options

Code	Service Name	Unit of Measure
99211 or	E&M – Office	Encounter
H2017	PSR – Licensed Practical Nurse	Unit based (15 minutes)

#### Other Considerations:

1. Choose the code that best aligns with the service delivered
2. Ensure that services are provided within scope of LPN
3. Ensure that LPN is appropriately supervised
4. 99211 is an encounter based code and H2017 is billed in units of 15 minutes
5. Can bill multiple units of H2017 (ex. 30 minutes – 2 units of H2017)

# Nursing Scenario 3

## Scenario Provided By Practitioners

An RN goes to an established patient's home in response to a potential crisis situation. The nurse completes a nursing assessment, assesses symptoms, mental status, medication adherence, and physical status. The nurse develops a nursing treatment plan and may consult with the patient's physician to discuss medication changes and additional course of treatment in lieu of hospitalization or ED visit.

### Future Billing Options

Code	Service Name	Unit of Measure
H2019	TBS – Registered Nurse	Unit based (15 minutes)

#### Other Considerations:

1. Choose the code that best aligns with the service delivered
2. Ensure that services are provided within scope of RN
3. 99211 is an encounter based code and H2019 is billed in units of 15 minutes
4. Can bill multiple units of H2019 (ex. 30 minutes – 2 units of H2019)
5. Will be a modifier for crisis and place of service (home) on H2019

# SUD IOP Level of Care Scenario

## Scenario (Did not receive scenario that supported full week of IOP level of care)

Individual has been prior authorized for IOP level of care. On Monday, Wednesday and Friday, the patient receives **2 hours and 30 minutes of group counseling**, **1 hour of individual psychotherapy** and 30 minutes of peer recovery support, the group counseling is provided by a LICDC/CDCA (co-facilitators), and the individual psychotherapy by an LISW. On Tuesday and Thursday the patient and their significant other receive **1 hour of family psychotherapy** by an LISW and **30 minutes of case management** by Care management specialist. On Sunday, the individual receives **1 hour of peer recovery support**. On Thursday, the patient is called for an **unscheduled urine drug screen**.

### Future Billing Options

Code	Time	Service Name	Enc./Unit
<b>Monday, Wednesday, Friday</b>			
H0015 (HK)	2 hours 30 mins	IOP Group Counseling - Licensed	Per Diem
90837	1 hour	Psychotherapy 1 hour	Encounter
H0038	30 min	Peer Recovery Support	Unit based (15 minutes)
<b>Tuesday and Thursday</b>			
90847	1 hour	Family psychotherapy	Encounter
H0006	30 min	SUD Targeted Case Management	Unit based (15 minutes)
Thursday: H0048	1 unit	Urinalysis	Collection
<b>Sunday</b>			
H0038	1 hour	Peer Recovery Support Services	Unit based (15 minutes)

### Other Considerations:

1. Choose the code that best aligns with the service delivered
2. Ensure that services are provided within scope of practitioner
3. IOP level of care is between 9-19.9 hours for adults and 6-19.9 hours for adolescents

Scenario is for **illustrative purposes only** with today's (6/15/16) Benefit and Service Development Work Group

# SUD Residential Scenario

## Scenario

6 month pregnant woman is determined to need residential treatment at the ASAM level of care 3.5. She is currently receiving methadone from an OTP and is receiving pre-natal care coordinated with an OBGYN. All SUD state plan services are covered under the per diem payment, the only SUD state plan service that is covered separately is methadone administration (H0020). The OBGYN services are not included in the per diem payment and will be billed by the OBGYN.

## Future Billing Guidance

Code	Guidance
H2036	Per Diem – ASAM Level 3.5

### Other Considerations:

1. Specialist services, such as an OBGYN, are billed by the specialist, and therefore are outside of the per diem.
2. All SUD state plan services are covered under the per diem payment, the only SUD state plan service that is covered separately is methadone administration (H0020).

# Scenarios: CPST – Interaction w/Other Services

## Scenario

Chemical dependency counselor assistant (CDCA) provides the following services to a 35-year-old male who has alcohol dependency and depression. Client is agitated because he has court tomorrow and child protective services (CPS) has mandated that he get treatment in order to regain custody of children.

- 60 minutes of individual therapy to process emotions related to removal of children from family home, and expectations placed on client by court and CPS.
- 20-minute phone call to PO advocating for client and discussing client's compliance with treatment plan.
- 20-minute phone call to CPS case worker to coordinate client's family reunification plan.
- 20 minutes completing referrals to Medication Assisted Treatment Program, Vocational Program and completing progress reports with referrals.
- Obtaining urine sample for testing- point of care and laboratory confirmation. [CLIA WAIVED Agency]

## Future Billing Scenario

Code	Service Name	Unit of Measure	Total Time/Encounter
H0004	BH Counseling	Unit based (15 minutes)	1 hour
H0006	SUD Case Management	Unit based (15 minutes)	4 units
H0048	Urinalysis	Collection	Collection

Scenario is for **illustrative purposes only** with today's (6/15/16) Benefit and Service Development Work Group

# Scenarios: Use of CPT Codes by LISW

## Scenario (Example of Individual Psychotherapy and CPST)

An LISW spends 2 hours of billable time with a 26 year old client that has bipolar disorder, severe, is a parent to a 9 month old child, is on intensive supervision (probation), and involved with child welfare. The client recently relocated to a new apartment after a family member refused to allow her to continue living with her due to her mood instability. The LISW provided:

1. 60 minutes of individual psychotherapy to process emotions related to sudden move and adjustment to new apartment. Reinforced positive coping skills and reviewed strategies for managing impulsiveness and anxiety in order to maintain a stable home for client and her child.
2. 20 minutes assisting client with updating her monthly budget to account for \$150 increased rent as current impulsivity and anxiety results in poor decision making related to money. Client agreed to prioritize rent, diapers and formula, and transportation. Identified community resources client is willing to use – food pantry and church community store – to meet her needs. Reviewed bus routes to access these community resources.
3. 20 minutes accompanying client to meeting with her probation officer. Supported client as she described circumstance resulting in her recent move to a new apartment. Reviewed client's current treatment plan with probation officer and reported client is actively involved in care. Probation officer continues to pursue a goal for employment. Discussed referral for a job readiness assessment as a starting point.
4. 20 minutes supporting client in managing her impulsivity to purchase diapers, formula, and basic groceries. Model appropriate use of a shopping list, avoiding areas of the store that trigger impulsive urges, and money management.

## Potential Coding Scenario

Code	Service Name	Unit of Measure	Total Time/Encounter
90837	60 minute psychotherapy	Encounter	1 encounter
+90785	Interactive Complexity	NA – Related to base code	1 encounter
H0036	CPST	Hourly (15 minute unit)	3 units

Scenario is for **illustrative purposes only** with today's (6/15/16) Benefit and Service Development Work Group

# TBS Per Diem Scenario 1

## Scenario

Scenario 1: Weekly billing for 29 children, with two children in Crisis on two separate days spending 3 hours with the licensed practitioner and 2.5 hours in Group Therapy on those days. All 29 children have at least 2 hours of Individual/Family Therapy a week and weekly Medication Management by a nurse.

Partial Group is provided by BA-level practitioner.

- Two children in Crisis do not attend Group Therapy for 2 continuous hours, but have 2.5 hours of non-continuous Group Therapy on days they are in Crisis.
- Pharm Management is provided to each child for 0.5 hour per week by an RN.
- Individual Therapy with licensed practitioner is separately billed. Each child receives 1 hour of Individual Therapy with a licensed practitioner each week.
- Individual Therapy with unlicensed practitioner is not currently billed separately. Each child receives individual therapy with a BA-level practitioner for 1 hour per week.
- CPT rates to 146.8% of the Medicaid maximum (91% of Medicare).
- \*Interactive complexity may be used in accordance with CPT guidelines and supported in documentation.

Service	Code	Fee	Unit	Units Billed						Total Dollars
				Mon.	Tues.	Wed.	Thurs.	Fri.	Total	
TBS Per Diem — BA	H2020 HN	\$ 104.55	Per Diem	29	29	29	29	29	145	\$15,160
Individual Counseling (ad hoc w/ licensed provider)	90837	\$ 102.31	Hour	6	4	6	4	5	25	\$2,558
*Interactive Complexity	90785	\$ 11.74	Per Encounter	3	1	3	1	3	11	\$129
Individual Counseling (ad hoc w/ unlicensed provider)	H2019 HN	\$ 18.54	15 min	24	24	24	24	20	116	\$2,151
TBS Individual — RN (for Pharm Management)	H2019 TD	\$ 25.62	15 min	12	12	12	12	10	58	\$1,486
Crisis — Licensed	90839	\$ 116.51	Hour		2		2		4	\$466
Crisis — Licensed	90840	\$ 55.96	30 min		8		8		16	\$895
<b>Total</b>										<b>\$22,845</b>

# TBS Per Diem Scenario 2

## Scenario

- Weekly billing for 29 children, with two children in Crisis on two separate days spending 3 hours with the licensed practitioner and only 3 hours in Group Therapy on those days. All 29 children have at least one Individual/Family Therapy session a week and weekly Medication Management by a nurse.
- Partial Group is provided by licensed practitioner.
- Two children in Crisis do not attend Group Therapy for 2 continuous hours, but have 3 hours of non-continuous Group Therapy per day.
- Pharm Management is provided to each child for 0.5 hour per week.
- Individual Therapy with licensed practitioner is separately billed. Each child receives 1 hour of Individual Therapy with a licensed practitioner each week.
- Individual Therapy with unlicensed practitioner is not currently billed separately. Each child receives individual therapy with a BA-level practitioner for 1 hour per week.
- CPT rates to 146.8% of the Medicaid maximum (91% of Medicare)
- \*Interactive complexity may be used in accordance with CPT guidelines and supported in documentation.

Service				Units Billed						Total Dollars
	Code	Fee	Unit	Mon.	Tues.	Wed.	Thurs	Fri.	Total	
TBS Per Diem — Licensed	H2020 HK	\$ 140.51	Per Diem	29	29	29	29	29	145	\$ 20,374.00
Individual Counseling (ad hoc w/ licensed provider)	90837	\$ 102.31	Hour	6	4	6	4	5	25	\$ 2,558.00
*Interactive Complexity	90785	\$ 11.74	Per Encounter	3	1	3	1	3	11	\$ 129.00
Individual Counseling (ad hoc w/ unlicensed provider)	H2019 HN	\$ 18.54	15 min	24	24	24	24	20	116	\$ 2,151.00
TBS Individual — RN (for Pharm Management)	H2019 TD	\$ 25.62	15 min	12	12	12	12	10	58	\$ 1,486.00
Crisis — Licensed	90839	\$ 116.51	1 hour		2		2		4	\$ 466.00
Crisis — Licensed	90840	\$ 55.96	30 min		8		8		16	\$ 895.00
<b>Total</b>										\$ <b>28,059.00</b>



Governor's Office of  
Health Transformation

***Topic:***  
**Next Steps and Schedule**



Behavioral Health Redesign

# Next Steps and Schedule

## Future Benefit and Service Development Work Groups:

June 29<sup>th</sup> – *CANCELLED*

July 18<sup>th</sup>, 2016

August 23<sup>rd</sup>, 2016

## Upcoming Trainings:

July 6, 8, 12, 15, 19, 22, 26, 29

August 2, 5

# Behavioral Health Redesign Website

Go To:

[bh.medicaid.ohio.gov](http://bh.medicaid.ohio.gov)

Sign up online for the  
*BH Redesign Newsletter.*

Go to the following OhioMHAS  
webpage: <http://mha.ohio.gov/Default.aspx?tabid=154> and  
use the “BH Providers Sign  
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to subscribe to the BH  
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Behavioral Health Redesign

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## Helping Your Patients

Modernizing business practices to improve patient outcomes.

### What is Ohio's Behavioral Health Redesign?

A transformative initiative aimed at rebuilding Ohio's community behavioral health system capacity. Key proposals include adding new services for people with high intensity service and support needs and aligning the procedure codes used by Ohio's behavioral health providers to better integrate physical and behavioral healthcare.

Changes begin July 1, 2016.

**About**  
Details about this important initiative and additional resources.  
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Information about your health care coverage.  
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**Providers**  
Information about your patients' coverage and tools to guide your business.  
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**Newsletter Sign-up**  
Sign up for the BH Redesign Newsletter and stay up-to-date with the latest BH Redesign news!

**Partners**  
Ohio's Behavioral Health Redesign is a collaborative effort of the Governor's Office of Health Transformation and the Ohio Departments of Medicaid and Mental Health and Addiction Services.

**Contact Us:**  
Questions about BH Redesign? [Contact Us](#)  
Questions about your Ohio Medicaid coverage?  
Call the Ohio Medicaid Consumer Hotline: 1-800-324-8680  
Questions about mental health and addiction services, supports, and referrals?  
Call the OhioMHAS Consumer and Family Toll-Free Bridge: 1-877-275-4364 (1-888-436-4889 TTY)

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