



Behavioral Health Redesign

# **Benefit and Service Development Work Group**

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



# Agenda

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Welcome and Opening Remarks	<i>Directors</i>
Implementation and Training Schedule	<i>Angie Bergefurd</i>
Overarching 'On Fire' Themes	<i>Angie Bergefurd</i>
Policy Clarifications and Updates	<i>Angie Bergefurd</i>
Coverage and Limitations Work Book	<i>Sysilie Hill</i>
Proposed Prior Authorization for MH and SUD Services	<i>Mary Haller</i>
Rate Changes	<i>Angie Bergefurd</i>
Next Steps and Schedule	<i>Angie Bergefurd</i>

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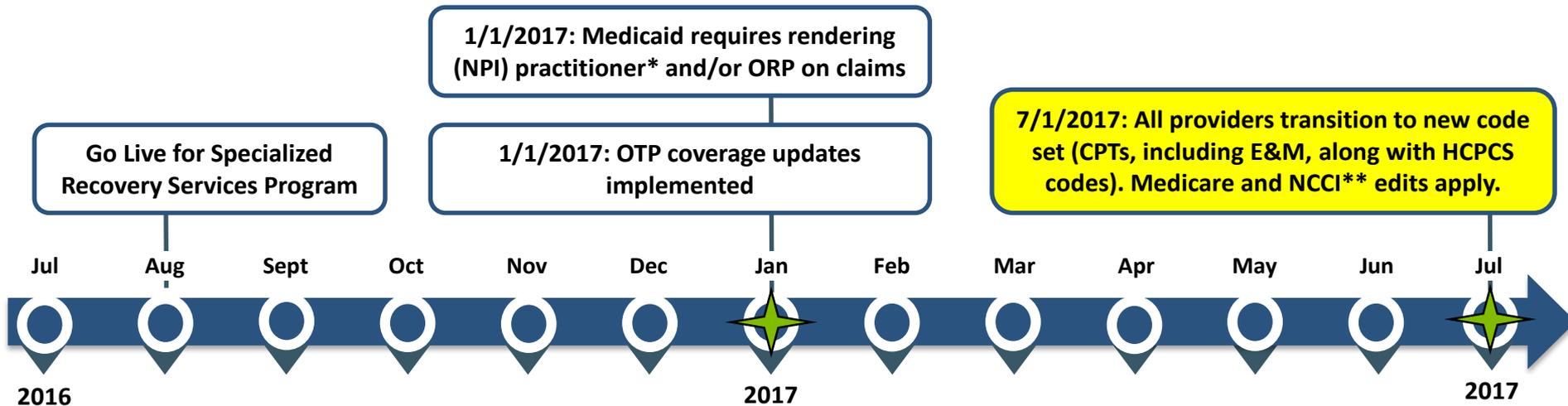


## Behavioral Health Redesign

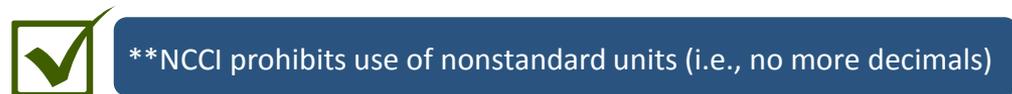
# ***Implementation and Training Schedule***



# Implementation Schedule



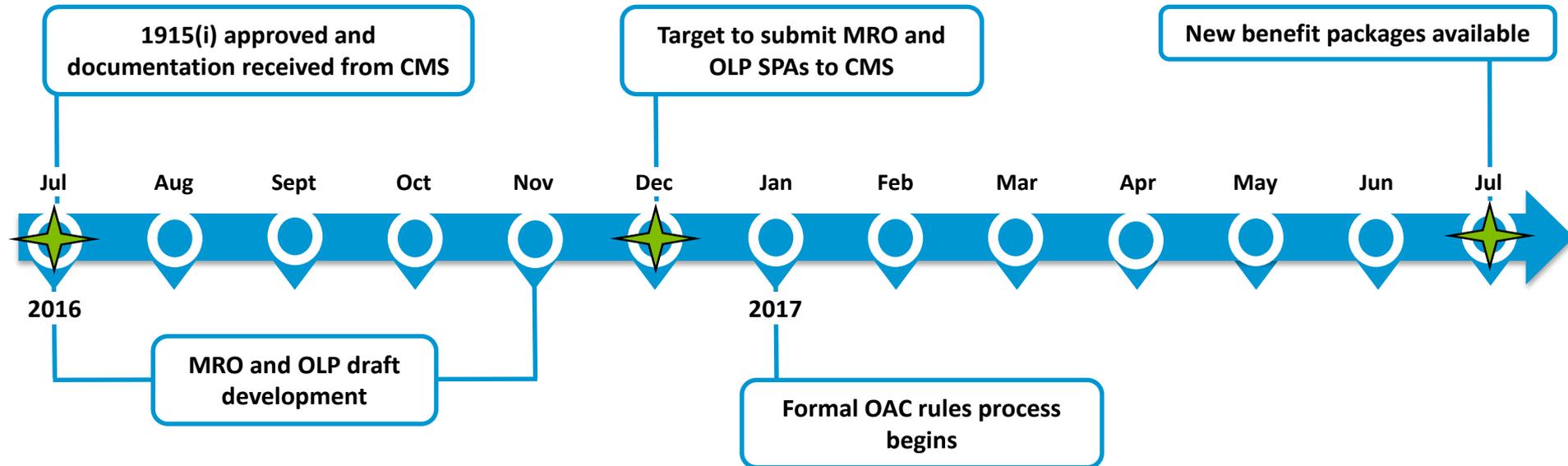
*Practitioners who must enroll with Ohio Medicaid : (If not one of the below, you must put agency NPI for rendering)	
Physicians (MD/DO), Psychiatrists	Licensed Independent Social Workers
Advanced Practice Registered Nurses	Licensed Professional Clinical Counselors
Certified Nurse Practitioners	Licensed Independent Marriage and Family Therapists
Clinical Nurse Specialists	Licensed Independent Chemical Dependency Counselors (LICDC)
Physician Assistants	Registered Nurses
Licensed Psychologists	Licensed Practical Nurses





# State Plan and Rule Amendments

## Timeline: 2016-2017

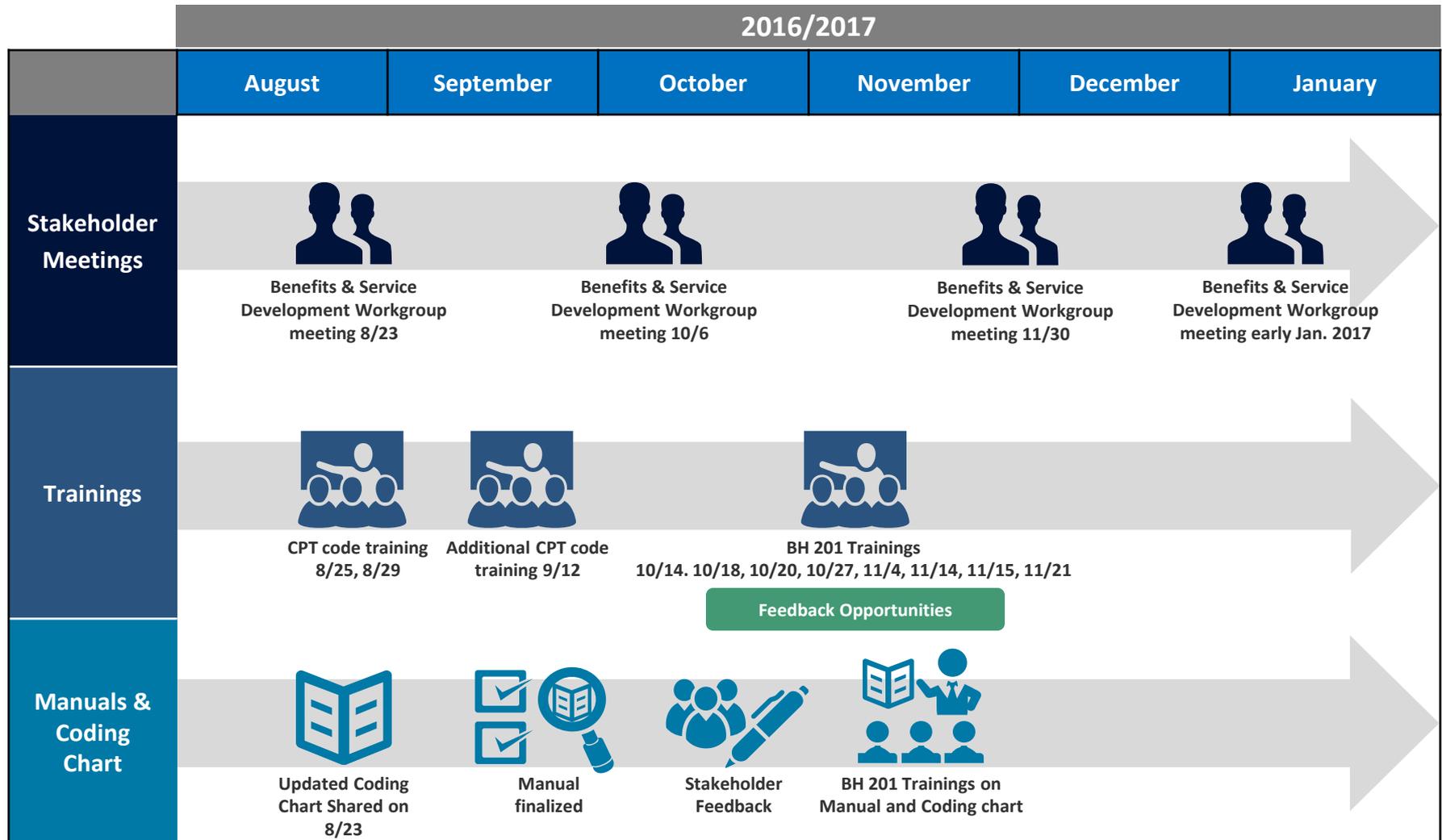


 Milestone

 Note: Respite is not listed here because it is a managed care benefit



# BH Redesign Feedback/Training Timeline





## Behavioral Health Redesign

# ***Overarching 'On Fire' Themes***

# Overarching 'On Fire' Themes

## Coverage

- ✓ Partial Hospitalization
- ✓ Opioid Treatment Programs
- ✓ School Psychologists
- ✓ Crisis
- ✓ TBS/PSR/CPST Disaggregation
- ✓ SUD Residential Staffing
- ✓ Counseling Services



## Reimbursement

- ✓ Coverage and Limitations Work Book
- ✓ Investments
- ✓ Budget



## Criteria

- ✓ Years of Experience
- ✓ Implementation Timelines
- ✓ Alignment with ASAM Levels
- ✓ Benefit limits and Parity Laws





## Behavioral Health Redesign

# ***Policy Clarifications and Updates***



# Policy Clarifications and Updates

## Opioid Treatment Programs



The following will be available on January 1, 2017, for opioid treatment programs (OTPs):

**Clarifications & Updates**

- 1** The daily and weekly buprenorphine administration and buprenorphine-based medications will be available for federally-certified OTPs

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- 2** The daily and weekly methadone administration will be available for state-licensed OTPs

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- 3** Oral naltrexone

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- 4** Injectable/nasal naloxone

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- 5** The established patient office visit (99211) will be available to be used when administering the naloxone on site

**Note: Guidance is forthcoming that will include additional detail around OTP policy effective January 1, 2017**



# Policy Clarifications and Updates

## TBS Years of Experience



Please see below for policy updates for practitioners providing TBS:

### Clarifications & Updates

- 1** **Eliminated:** The requirement that Master’s-level practitioners have 1 year of experience in order to provide Therapeutic Behavioral Services (TBS)

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- 2** **Eliminated:** The requirement that Bachelor’s-level practitioners have 2 years of experience in order to provide TBS

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- 3** **Modified:** Qualified mental health specialists who have a minimum of 3 years of experience on or before July 1, 2017, will be qualified to provide TBS



Behavioral Health Redesign

***Coverage and Limitations  
Work Book***



# Policy Clarifications and Updates

## Coverage and Limitations Work Book



The following changes have been made to the coverage and limitations work book:

### Clarifications & Updates

- 1** Physician assistants are able to provide the evaluation & management (E&M) services as well as the psychotherapy, prolonged service, and interactive complexity add-on services
- 2** The coverage and limitations work book has been updated to reflect the correct rate for ASAM Level 3.3
- 3** Psychology assistants are included in the coverage and limitations work book
- 4** Board-licensed school psychologists are included in the coverage and limitations work book



# Coverage and Limitations Work Book

## 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 2.0	General Updates: 1. SUD Residential Rate - error in code chart 2. Added in LPNs able to bill OTP codes 3. All services tab was added (all services, codes and coverage and limitations - excluding ACT, IHBT, SUD Residential and SUD Withdrawal Management on this tab) 4. Added in Time Conversion Charts 5. Added Case Management to 'all practitioners' within overall coding chart	State Policy Team	6/23/2016
Version 3.0	General Updates: 1. Physician Assistants are eligible to bill CPT codes as well as Interactive Complexity 2. SUD TCM is added to all practitioner tabs as eligible to bill (previously was only on coding chart)	State Policy Team	NA
Version 4.0	General Updates: 1. Physician Assistants are eligible to bill psychotherapy 2. Incident to language was removed from the code chart 3. Psych. Assistants supervision requirements updated to reflect only a need for general supervision 4. Removed IHBT Bachelor's	State Policy Team	NA
Version 5.0	General Updates: 1. Updated Assistants and Trainee cells in CPT codes to say "See Supervisor Rate" for direct supervision 2. Increased rates for: H0014, H2017 (PSR), H2017 (LPN Service), H2019 (TBS), H2019 (RN Services), H2019 (Group) 3. Replaced H0016 with T1002 and T1003 for SUD nursing Codes 4. Updated Crisis Modifier to UT 5. Added Physician Assistants to Methadone and BUP 6. Added Physician Assistants to Psychotherapy and Psychotherapy add-ons 7. Removed the requirements for years of experience for Bachelor's and Master's TBS 8. Updated IHBT to Licensed Practitioners 9. Decreased the following rates to 100% of Medicare: 90791, 90839, 90840, 90863 10. Changed APRN modifier to match rest of Medicaid (SA/UC) 11. Added HI (Cognitive Impairment), SA (CNP), UC (CNS), TV (Weekly Administration) modifiers to modifier table in "Overall Coding_Rate Sheet" 12. Added ACT, IHBT, SUD Residential, and SUD Withdrawal Management services to "All Services" tab 13. Updated all internal links 14. Updated Benefit Limits to new proposals 15. General aesthetic changes	State Policy Team	8/23/2016

- ✓ Version updates are noted on a separate tab sheet
- ✓ New Version releases will be uploaded onto the Ohio Behavioral Health Redesign website

**Version 5.0 of the Coverage and Limitations Work Book is now available at [bh.medicaid.ohio.gov](http://bh.medicaid.ohio.gov)**



# What has changed with the C&L Work Book?

Unit of Measure	ASAM	CPT/HCPCS Procedure Code	Pricing Modifier(s)		Description	Licensed BH Pract															
			1	2		Per Diem Rate	Medical Behavioral Health (BH) Practitioners					Independent BH Professionals									
							MD/DO	CNS	CNP	PA	RN	LPN	PSY	LISW	LIMFT	LPCC/LPCC-S	LICDC	LI School PSY** (HB)	LPC		
Encounter		+90785			Interactive Complexity Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90781, 90782], psychotherapy [90824, 90827], psychotherapy when performed with an evaluation and management service [90833, 90836, 90838, 90201-90205, 90304-90327, 90341-90350], and group psychotherapy [90853]	N/A	\$13.81	\$11.74	\$11.74	\$11.74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Encounter		+90785			Interactive Complexity-non ERM use (Use 90785 in conjunction with codes for psychotherapy [90832, 90834, 90837], and group psychotherapy [90853])	N/A	NA	NA	NA	NA	NA	NA	\$13.81	\$11.74	\$11.74	\$11.74	\$11.74	\$11.74	\$11.74	\$11.74	\$11.74
Encounter		90791			Psychiatric diagnostic evaluation.	NA	\$130.72	\$111.11	\$111.11	\$111.11	NA	NA	\$130.72	\$111.11	\$111.11	\$111.11	\$111.11	\$111.11	\$111.11	\$111.11	\$111.11
Encounter		90792			Psychiatric diagnostic evaluation - includes:	NA	\$126.50	\$107.53	\$107.53	\$107.53	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Encounter		90832			Psychotherapy, 30 minutes with patient and/or family member.	NA	\$63.11	\$53.64	\$53.64	\$53.64	NA	NA	\$63.11	\$53.64	\$53.64	\$53.64	\$53.64	\$53.64	\$53.64	\$53.64	\$53.64
Encounter		+90833			Psychotherapy, 30 minutes with patient and/or family member when performed with an ERM service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 90201-90205, 90304-90327, 90341-90350).	NA	\$65.37	\$55.56	\$55.56	\$55.56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Encounter		90834			Psychotherapy, 45 minutes with patient and/or family member.	NA	\$82.05	\$68.74	\$68.74	\$68.74	NA	NA	\$82.05	\$68.74	\$68.74	\$68.74	\$68.74	\$68.74	\$68.74	\$68.74	\$68.74
Encounter		+90836			Psychotherapy, 45 minutes with patient and/or family member when performed with an ERM service (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 90201-90205, 90304-90327, 90341-90350).	NA	\$83.03	\$70.58	\$70.58	\$70.58	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Encounter		90837			Psychotherapy, 50 minutes with patient and/or																

## Changes Made to the Coding Chart Since June 15, 2016

- ✓ Updated Assistants and Trainee cells in CPT codes to say "See Supervisor Rate" for direct supervision.
- ✓ Increased rates for: H0014; H2017 (PSR); H2017 (LPN Services); H2019 (TBS); H2019 (RN Services); H2019 (Group)
- ✓ Replaced H0016 with T1002 and T1003 for SUD nursing codes and aligned rates with above
- ✓ Updated Crisis modifier to "UT"
- ✓ Added physician assistants to methadone and buprenorphine administration
- ✓ Added physician assistants to psychotherapy and psychotherapy add-on's
- ✓ Removed the requirements for years of experience for Bachelor's and Master's TBS
- ✓ Updated IHBT to MH licensed practitioners
- ✓ Assured all rates are not higher than 100% of Medicare
- ✓ Changed APRN modifier to match rest of Medicaid (SA/UC)
- ✓ Added HI (Cognitive Impairment), SA (CNP), UC (CNS), TV (Weekly Administration) modifiers to modifier table in "Overall Coding\_Rate Sheet"
- ✓ Added ACT, IHBT, SUD Residential, and SUD Withdrawal Management services to "All Services" tab
- ✓ Updated all internal links
- ✓ Updated benefit limits





# C&L Work Book Clarification – Registered Nurses and Licensed Practical Nurses

For services provided on and after July 1, 2017, the following 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:

## CPT/HCPCS Codes for Nursing Activities

SUD	SUD & MH	MH
T1002	99211	H2019
T1003		H2017
H0014		



### 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 When not billing with 99211, please be sure to select the correct code.



Behavioral Health Redesign

***Proposed Prior Authorization for  
Mental Health and Substance  
Use Disorder Services***



# Limitation Types

## Types of Limitations

### Limitation by Policy



- Example: Evaluation & Management codes (office and home) are subject to post-payment review *in excess of 24 visits per calendar year*
- Affects all E&M providers
- Claims in excess of 24 visits **will not** be automatically denied by MITS

### Soft Limits



- Includes all other Medicaid services, including services subject to 100% prior authorization, and those subject to prior authorization to exceed the basic benefit package
- Claims submitted in excess of established limit without prior authorization **will be** automatically denied by MITS

### Hard Limits



- **None**

All claims may be subject to post-payment review



# Services Requiring Prior Authorization Prior to Payment

Prior authorization is required to bill these codes/level of care

Description and Code	Proposed Limit
<b>Assertive Community Treatment (ACT)</b> H0040	ACT must be prior authorized and all SUD services must be prior authorized for individuals receiving services from an ACT team.
<b>Intensive Home Based Treatment (IHBT)</b> H2015	IHBT must be prior authorized.
<b>SUD Partial Hospitalization</b> (20 or more hours per week)	Prior authorization is required for this level of care for adults and adolescents.



# Services Requiring Prior Authorization to Exceed Established Limit

Claims will be denied once limit is reached if prior authorization is not in place

Description and Code	Proposed Limit
<b>Psychiatric Diagnostic Evaluations</b> 90791, 90792	1 encounter per person per calendar year per billing provider for 90791.
<b>Psychological Testing</b> 96101, 96111, 96116, 96118	<b>Up to 8 hours/encounters per calendar year of any combination of the three psychological testing codes. Up to 12 hours/encounters per calendar year of the neuropsychological testing code.</b>
<b>Screening Brief Intervention and Referral to Treatment (SBIRT)</b> G0396, G0397	One of each code (G0396 and G0397), per billing provider, per patient, per year. Only available in the mental health benefit.
<b>Alcohol or Drug Assessment</b> H0001	2 hours (8 units) per person per calendar year per billing provider. Does not count toward ASAM level of care benefit limit.
<b>Mental Health Nursing Services</b> H2019 (RN), H2017 (LPN)	24 hours (96 units) combined per year per patient.
<b>SUD Residential</b> H2034, H2036	<b>Up to 30 consecutive days without prior authorization. Prior authorization then must support the medical necessity of continued stay, if not, only the initial 30 consecutive days are reimbursed. Applies to first two stays; any stays after that would be subject to full prior authorization.</b>



# Services Subject to Limitation by Policy

Limitations by policy may result in informational edits only and are subject to utilization review and/or retrospective review.

Description and Code	Proposed Limit
<b>Psychosocial Rehabilitation</b> H2017	104 hours combined of H2019, H2017, and H0036 per patient per calendar year.
<b>Therapeutic Behavioral Services</b> H2019	
<b>Community Psychiatric Support Treatment</b> H0036	
<b>Psychotherapy Services</b> 90832, 90834, 90837, 90846, 90847, 90849, 90853	52 encounters per year, any combination of the following codes: 90832, 90834, 90837, 90846, 90847, 90849, 90853. Applies to Mental Health only and not applied to SUD because of ASAM levels of care.
<b>Evaluation and Management – Office</b> 99201, 99202, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Any combination of 24 visits per calendar year, per billing NPI. <b>The policy will be updated to identify certain chronic mental health and SUD conditions that are exempted from counting towards the recipient’s year to date total visits.</b> Psychotherapy add-on codes must be associated with an evaluation and management code.
<b>Evaluation and Management – Home</b> 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350	

Note: All add-on codes are subject to the limitation associated with the base code

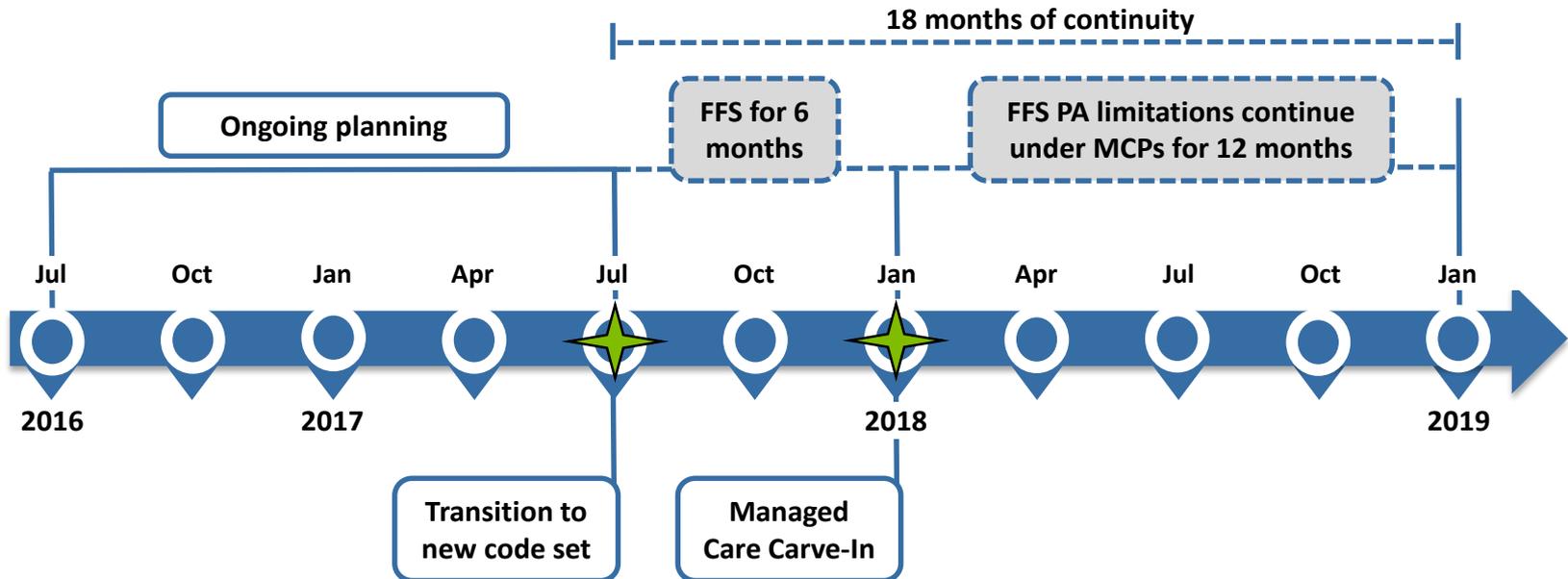


# Services Not Requiring Prior Authorization and Have No Limits

Description and Code
<b>SUD Withdrawal Management</b> H0010, H0011, H0012, H0014
<b>MH Day Treatment</b> H2012, H2020
<b>SUD Intensive Outpatient</b> 6-19.9 hours/week for adolescents 9-19.9 hours/week for adults
<b>SUD Outpatient</b> <6 hours/week for adolescents <9 hours/week for adults
<b>Crisis</b> 90839, +90840, 90832, H0004 UT, H2017 UT, H2019 UT

# Timeline: 2016-2019

## Transition of Care



- Plans will abide by state prior authorization limits for one year after carve-in. Additionally, benefit limits will be reset Jan. 1, 2018, so individuals will have 18 months of continuity under this policy (6 months under FFS and 12 months under managed care).
- Any prior authorizations approved by Medicaid prior to carve-in will be honored by the plans, and the plans will assume the responsibility for the prior authorization process when authorizations under FFS expire.



Milestone



# Behavioral Health Redesign

## ***Rate Changes***



# CPT Rate Corrections

CPT Code	Service	Previously Proposed Draft Rates	100% of 2016 Medicare
90791	Psychiatric diagnostic evaluation	\$151.31	\$130.72
90839	Psychotherapy for crisis; first 60 minutes	\$137.07	\$132.08
+90840	Psychotherapy for crisis; each additional 30 minutes	\$65.84	\$63.04
90853	Group psychotherapy	\$28.29	\$25.45



# CPT Rate Increases

CPT Code	Service	Previously Proposed Draft Rates	100% of 2016 Medicare
90792	Psychiatric diagnostic evaluation - includes medical	\$126.50	\$144.35
90846	Family psychotherapy (without the patient present)	\$82.00	\$102.28



# HCPCS Rate Increases

Code	Service	Unit Definition	Previous Rate	Revised Rate
<b>MH</b>				
H2017	PSR – Office	15 Minutes	\$14.42	\$15.84
H2017	PSR – Home/Community	15 Minutes	\$18.55	\$20.32
H2019	TBS – Bachelor’s, Office	15 Minutes	\$18.54	\$19.96
H2019	TBS – Master’s, Office	15 Minutes	\$21.05	\$22.47
H2019 HQ	TBS – Bachelor’s, Office, Group	15 Minutes	\$4.64	\$4.99
H2019 HQ	TBS – Master’s, Office, Group	15 Minutes	\$5.26	\$5.62
H2019	TBS – Bachelor’s, Home/Community	15 Minutes	\$23.69	\$25.46
H2019	TBS – Master’s, Home/Community	15 Minutes	\$26.82	\$28.59
H2019	Mental Health Services; (MH RN Services), Office	15 Minutes	\$25.62	\$27.33
H2019 HQ	Mental Health Services; (MH RN Services), Office, Group	15 Minutes	\$6.41	\$6.83
H2019	Mental Health Services; (MH RN Services), Home/Community	15 Minutes	\$32.52	\$34.65
H2017	Mental Health Services; (MH LPN Services), Office	15 Minutes	\$17.50	\$18.92
H2017	Mental Health Services; (MH LPN Services), Home/Community	15 Minutes	\$22.39	\$24.16
<b>SUD</b>				
H0014	Alcohol and/or drug Services; ambulatory detox (RN)	1 Hour	\$102.57	\$109.32
H0014	Alcohol and/or drug Services; ambulatory detox (LPN)	1 Hour	\$74.81	\$75.68
T1002	Alcohol and/or Drug Services; (SUD RN Services), Office	15 Minutes	\$25.62	\$27.33
T1002 HQ	Alcohol and/or Drug Services; (SUD RN Services), Office, Group	15 Minutes	\$6.41	\$6.83
T1002	Alcohol and/or Drug Services; (SUD RN Services), Home/Cmty.	15 Minutes	\$32.52	\$34.65
T1003	Alcohol and/or Drug Services; (SUD LPN Services), Office	15 Minutes	\$17.50	\$18.92
T1003	Alcohol and/or Drug Services; (SUD LPN Services), Home/Cmty.	15 Minutes	\$22.39	\$24.16



## Behavioral Health Redesign

# ***Next Steps and Schedule***

# Key Topics: Next Steps



## **Respite**

*Managed care benefit*

*Targeted implementation January 1, 2017*



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

*Mobile Crisis and BH Urgent Care Work Group will reconvene in the fall of 2016*



## **High Fidelity Wraparound**

*Work Group will reconvene in the fall of 2016*



## **Payment Innovation**

*Design and implement new health care delivery payment systems to reward the value of services, not volume.*

*Develop approach for introducing episode based payment for BH services.*

- Focusing on ADHD and ODD



## Next Steps and Schedule

- Next Benefit and Service Development Work Group Meetings
  - ✓ Thursday, October 6, 2016 10:00am – 12:00pm
  - ✓ Wednesday, November 30, 2016 1:30pm – 3:30pm

### CPT Code Trainings:

August 25<sup>th</sup>, 2016

September 12<sup>th</sup>, 2016

August 29<sup>th</sup>, 2016

All CPT code trainings will be at the same location – The Crowne Plaza Hotel, Worthington

### Behavioral Health Redesign 201 Trainings:

October 14<sup>th</sup>, 2016

November 4<sup>th</sup>, 2016

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

November 14<sup>th</sup>, 2016

October 20<sup>th</sup>, 2016

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

October 27<sup>th</sup>, 2016

November 21<sup>st</sup>, 2016

*Please visit the Board Association website for locations and registration information:*

[http://www.oacbha.org/behavioral\\_health\\_redesign\\_-\\_r.php](http://www.oacbha.org/behavioral_health_redesign_-_r.php)



# Behavioral Health Redesign

## ***Appendix***



Behavioral Health Redesign

# ***Supervision Requirements***



# Supervision Types

## 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.



# CPT General and Direct Supervision Example

## Example: CPT Codes

**General Supervision:** An LSW conducts a psychotherapy session with a patient with their supervising practitioner available by phone. The claim would be submitted with the U4 modifier (representing the LSW credential) with the supervisor's NPI in the supervisor field. The rendering field and the billing field will contain the agency NPI. MITS will adjudicate the claim using the LSW rate.

**Direct Supervision:** A social worker trainee conducts a psychotherapy session with a patient, and their supervisor (LISW) is immediately available and interruptible if the social worker trainee needs direction while providing this session. The claim would be submitted with the U9 modifier (representing the social worker trainee credential) with the supervisor's NPI in the rendering field and supervisor field. The billing field will contain the agency NPI. The supervisor takes the responsibility for the service. MITS will adjudicate the claim using the LISW rate.



# HCPCS General and Direct Supervision Example

## Example: HCPCS Codes

**General Supervision:** A SWT provides Psychosocial Rehabilitation to a patient in their home with their supervising practitioner available by phone. The claim would be submitted with the U9 modifier (representing the SWT credential) with the supervisor's NPI in the supervisor field. The rendering field and the billing field will contain the agency NPI. MITS will adjudicate the claim using the SWT rate.

**Direct Supervision:** Not likely to occur because the direct supervisor would have to be present with the supervised clinician.



## Behavioral Health Redesign

# ***Crisis Services***

# MH and SUD Crisis Services for Licensed Practitioners

## Guidance for Licensed Practitioners 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.

**90839**

Psychotherapy for crisis; first 60 minutes

MD/DOs and psychologists

All other licensed practitioners\*

**+90840**

Psychotherapy for crisis; each additional 30 minutes

MD/DOs and psychologists

All other licensed practitioners\*

**90832**

Based on Medicare, can be billed with a UT crisis modifier if crisis service does not reach 31 minutes

MD/DOs and psychologists

All other licensed practitioners\*



**\* Review supervision requirements for billing guidance**



# MH and SUD Crisis Services for Unlicensed Practitioners

## Guidance for 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)

## SUD Crisis Billing for Unlicensed Practitioners

### H0004

UT modifier will be used to differentiate a crisis service vs. a non-crisis service

BH counseling and therapy, per 15 minutes.

## MH Crisis Billing for Unlicensed Practitioners

### H2019

UT modifier will be used to differentiate a crisis service vs. a non-crisis service

TBS, per 15 minutes **Master's, Home/Cmty**  
TBS, per 15 minutes: **Bachelor's, Home/Cmty**



TBS, per 15 minutes: **Master's, Office**  
TBS, per 15 minutes: **Bachelor's, Office**



### H2017

UT modifier will be used to differentiate a crisis service vs. a non-crisis service

Psychosocial rehabilitation service: **Home/Cmty**, per 15 mins



Psychosocial rehabilitation service: **Office Setting**, 15 minute units.





## Behavioral Health Redesign

# ***Coordination of Benefits***



# Medicare Participation Rendering Practitioners

Rendering Practitioner	Guidance
Physician Advanced Practice Registered Nurse Physician Assistant Psychologist Licensed Independent Social Worker	A CBHC employing any of these rendering providers <b>must bill the Medicare program prior to billing Medicaid if the service is covered by Medicare.</b>
Licensed Professional Clinical Counselor Independent Marriage and Family Therapist Licensed Independent Chemical Dependency Counselor Licensed Professional Counselor Marriage and Family Therapist Licensed Chemical Dependency Counselor Licensed Social Worker School Psychologists	A CBHC employing any of these rendering providers <b>may submit the claim directly to Medicaid.</b>

# Medicare Certification vs. Medicare Participation

## Medicare Certification

- ✓ CMHCs have the option to enroll as an institutional provider to deliver Medicare services such as partial hospitalization.
- ✓ Certification requires accreditation or survey performed by the CMS designated state survey agency (In Ohio, ODH).

Dates of  
Service  
July 1, 2017



## Medicare Participation

- ✓ CBHCs (MH, SUD or both) have the option to enroll as a group practice.
- ✓ Eligible practitioners employed by CBHCs should also enroll as individual practitioners (to be listed as the rendering provider on claim).
- ✓ Once the Medicare Administrative Contractor (MAC) has received an application it has 60 days to review and approve or deny it. In Ohio, the MAC is CGS Administrators LLC.



## Behavioral Health Redesign

# ***MH Day Treatment***



# MH Day Treatment Group Activities - Hourly

## Rate Development and Methodology

H2012

Assumes 1 hour of unlicensed BA in an average group size of four

**\$18.54**  
Hourly Per Person

H2012

Assumes 1 hour of unlicensed MA in an average group size of four

**\$21.05**  
Hourly Per Person

H2012

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

**\$28.10**  
Hourly Per Person

## MH Day Treatment: Additional Details

1. Maximum group size: 1:12 practitioner to client ratio
  - a. 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.
  - b. 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 and MA.
2. 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 Day Treatment Group Activities - Per Diem

## Rate Development and Methodology

H2020

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

**\$104.55**  
Per Diem Per Person

H2020

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

**\$117.05**  
Per Diem Per Person

H2020

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

**\$140.51**  
Per Diem Per Person

## MH Day Treatment: Additional Details

1. Maximum group size: 1:12 Practitioner to client ratio
  - a. For MH Day Treatment Services, only used if the person attends for the minimum needed to bill the per diem (2.5+ hours).
  - b. If person doesn't meet the minimum, 90853, H2019 (HQ: Modifier for group), and/or H2012 may be used.
  - c. Service is billed in whole unit only.
  - d. All other services must be billed outside of H2020. H2020 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.
2. **Only one H2020 per diem, per patient, per day**
3. **Must be nationally accredited**
4. **Must be supervised by a licensed independent practitioner**