



Behavioral Health Redesign

Training and Feedback – Ohio's Medicaid Behavioral Health Redesign

Opportunities

***7/8, 7/12*, 7/15, 7/19, 7/22, 7/26, 7/29, 8/2, 8/5, 8/12
2016***

****Minor edits made from July 8th presentation***



Agenda

Ohio’s Priorities and Background for Behavioral Health Redesign	10:00 am
Policy and Coverage Outcomes	
National Correct Coding Initiative	
Provider Manual Overview	10:30 am
Pharmacological Management and Medical/Somatic Transition to Medical Services	11:00 am
SUD ASAM Criteria & SUD Outpatient Levels of Care	
MH Outpatient Services	
Prior Authorization Services	11:30 am
Provider Manual Walk-Through Examples	
LUNCH	12:00 pm
Crisis Services	1:00 pm
Evidence-Based Practices for Mental Health	
SUD Scenarios	
<ul style="list-style-type: none"> • SUD Outpatient, IOP, & Residential • SUD Group Counseling (Non-IOP) • SUD Case Management • Urine Drug Screening 	
MH Scenarios	
<ul style="list-style-type: none"> • Nursing (& Code Structure) • Integrated Medical & MH Services • Crisis • ACT Team Model • Family Psychotherapy • CPST, PSR, & TBS 	
BREAK	2:45 pm
Coordination of Benefits	3:00 pm
Coverage and Limitations Work Book	3:30 pm



Behavioral Health Redesign

Ohio's Priorities and Background for Behavioral Health Redesign



Behavioral Health Redesign Vision

OUTCOMES & VISION:

- » **All Providers:** Follow NCCI & practice at the top of their scope of practice
- » Integration of Behavioral Health & Physical Health services
- » High intensity services available for those most in need
- » Developing new services for individuals with high intensity service and support needs;
- » **Services & supports available for all Ohioans with needs:** Services are sustainable within budgeted resources
- » Implementation of value-based payment methodology
- » Coordination of benefits across payers
- » Improving health outcomes through better care coordination; and
- » Recoding of all Medicaid behavioral health services to achieve alignment with national coding standards.



Ohio's Priorities for Behavioral Health (BH) Redesign

1915(i) PROGRAM FOR ADULTS WITH SPMI

- **The Specialized Recovery Services Program ensures continued access to care for ~4-6K adults with SPMI** who meet financial and clinical / needs criteria and who are at risk of potential loss of eligibility for Medicaid
 - **Cover new services** such as Recovery Management, IPS Supported Employment and Peer Recovery Support
-

REBUILDING COMMUNITY BH SYSTEM CAPACITY

- **Recode Medicaid BH services to achieve alignment with national coding standards** (AMA, HCPCS, Medicare, NCCI/PTP/MUE)
 - **Redesigning certain existing services** (Community Psychiatric Supportive Treatment, Case Management and Health Home services) and **provide for lower acuity service coordination** and support services
 - **Develop new services for people with high intensity needs under the Medicaid Rehabilitation Option:** Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse
 - **Services are sustainable** within budgeted resources
-

MANAGED BEHAVIORAL HEALTH CARE

- **Addition of BH services to Managed Care Plan contract**, with specific requirements for MCPs to delegate components of care coordination to qualified Community Behavioral Health providers
-

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



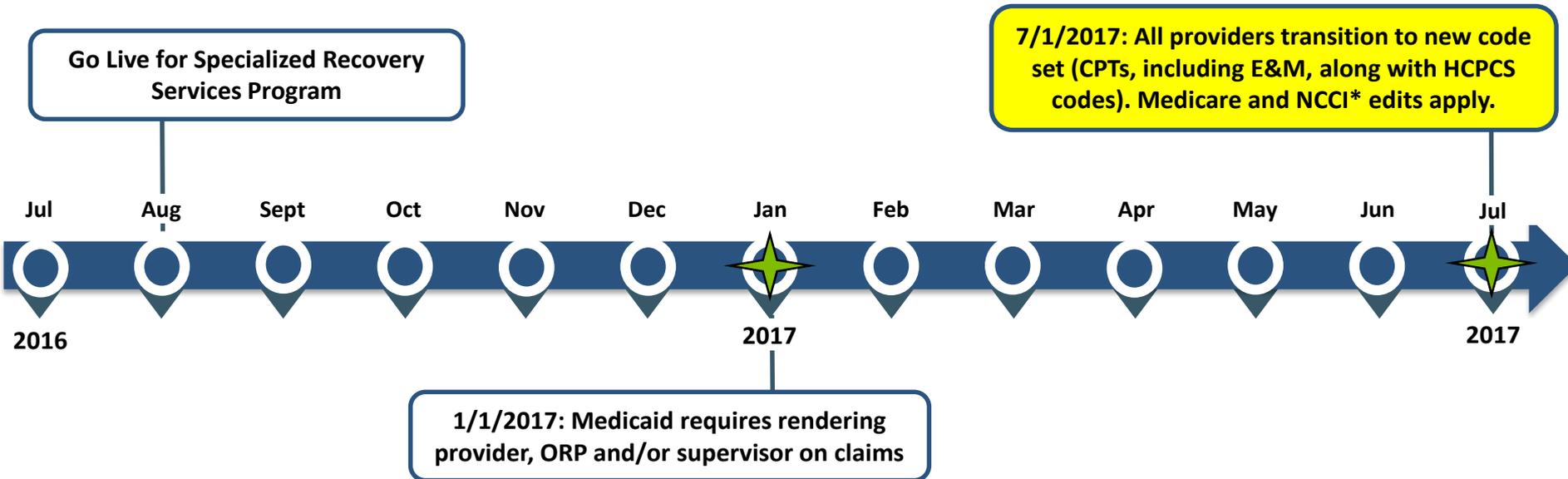
Managed Care Design Decisions To-Date

- Ohio Revised Code 5167.04 (B)(1) [effective 9/29/2015]: “The department shall begin to include the services in the system not later than January 1, 2018.”
- Require MCPs to delegate components of care coordination to qualified community behavioral health providers

Standardized Approach	Align in Principle	Differ by Design
<ul style="list-style-type: none"> • Clinical outcomes and plan performance measures • Care management identification strategy for high risk population • Billing and coding methodologies • Benefit design 	<ul style="list-style-type: none"> • Real time data sharing and use of EHR, where possible • Require value based purchasing/contracting • Utilization management strategies (e.g. prior authorizations, forms, process, etc.) 	<ul style="list-style-type: none"> • Purchase services to enhance expertise in behavioral health service coordination/delivery • Payment strategies • Selective contracting



REVISED Implementation Schedule



Key Dates

1. Specialized Recovery Services Program implementation August 2016
2. Rendering provider, ORP, and/or supervisor on claims requirement starts 1/1/2017 (will not pay claims without rendering provider starting 1/1/2017)
 - a. Licensed Independent Chemical Dependency Counselor (LICDC) able to enroll as a provider as of 7/1/2016
3. All providers begin using new code set starting 7/1/2017



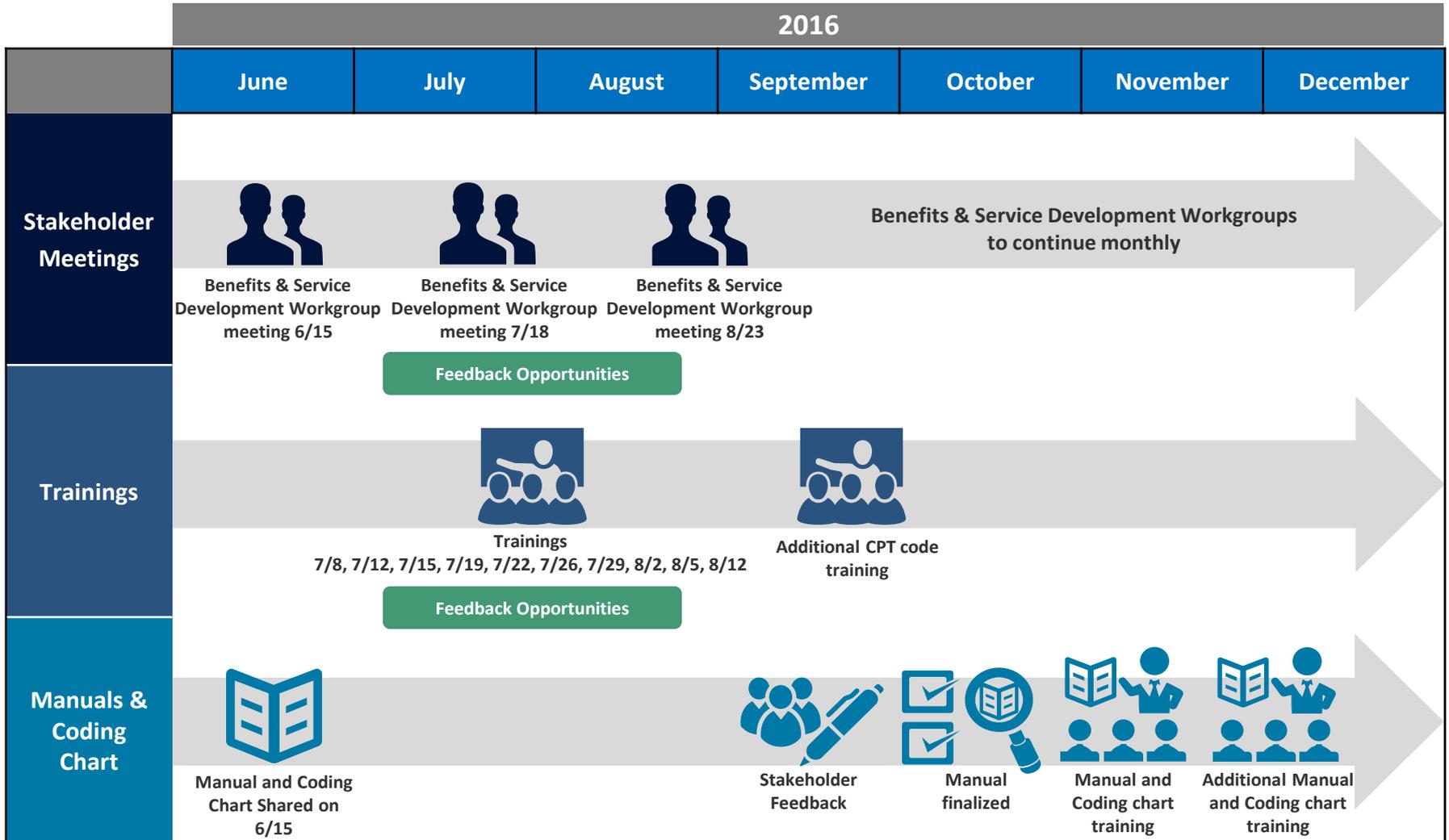
New requirement



*NCCI prohibits use of nonstandard units (i.e., no more decimals)



BH Redesign Feedback/Training Timeline





Behavioral Health Redesign

Policy and Coverage Outcomes



Policy and Coverage Outcomes



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's services provided by licensed practitioners



EKGs

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



Policy and Coverage Outcomes



Expanded Code Set

Expanded code set and practitioner list (e.g., physician-administered J-codes) 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*

*Medicaid cannot pay more than Medicare 



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***

**Policy change formalized on June 15th, 2016 

Policy and Coverage Outcomes



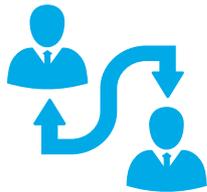
OTPs

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



Policy and Coverage Outcomes



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 common codes/activities (e.g., E&M, nursing, psychotherapy)

Policy and Coverage Outcomes



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.



Expanded Coding for MH & SUD Providers Beginning July 1, 2017



Replaced the mental health pharmacologic management and substance use disorder medical/somatic codes



Added vaccinations and lab codes



Increased the tools available to BH Providers to treat co-occurring medical needs & move practices toward integrated physical and behavioral health care



Added codes to accommodate BH agency use of RNs and LPNs



Increased the rates from baseline



Policy and Outcome Financial Model 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
- Increased Day Treatment TBS Per Diem and MH Day Treatment Hourly rates for unlicensed practitioners (BA ⁺² and MA ⁺¹)
- Increased rates for Peer Recovery Support and Individualized Placement Support: Supported Employment



'Over Budget Neutral' Investments:

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

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

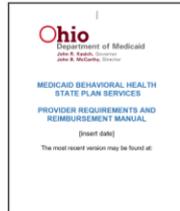


Respite

*Managed care benefit
Targeted implementation January 1, 2017*

- Currently revising criteria for eligibility and place of service

Today's Objectives



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



Code	Service	Rate	Days	Notes
9000	Individual and Family Therapy	100.00	15	
9001	Group Therapy	100.00	15	
9002	Family Therapy	100.00	15	
9003	Individual and Family Therapy	100.00	15	
9004	Group Therapy	100.00	15	
9005	Family Therapy	100.00	15	

Learn how to use and navigate the coverage and limitations work book



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



Behavioral Health Redesign

National Correct Coding Initiative



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 1st, 2010, in rest of Ohio's Medicaid program – not in BH
- To be implemented July 1st, 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:
 - Procedure 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.



Behavioral Health Redesign

Provider Manual Overview



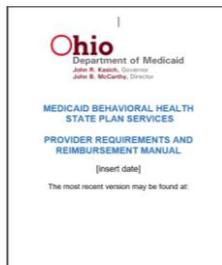
Provider Manual: Draft Disclaimer



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/HCPSC code books, the finalized provider manual, and other materials available (e.g., NCCI, additional professional guidance).



Provider Manual: Under Development

Examples



Prior Authorization



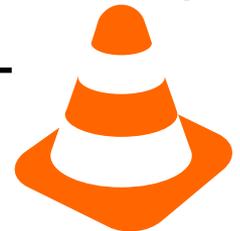
Managed Care Interaction



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, usable document





Manual: Qualified Providers and Enrollment

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
Physician (MD/DO) , Psychiatrist (20)	Licensed Independent Social Worker (37)
Certified Nurse Practitioner (72)	Licensed Professional Clinical Counselor (47)
Clinical Nurse Specialist (65)	Licensed Independent Marriage and Family Therapist (52)
Physician Assistant (24)	Licensed Independent Chemical Dependency Counselor (54)
Registered Nurse (38-384)	Licensed Practical Nurse (38-385)
Licensed Psychologist (42)	

School Psychologists

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



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



Manual: Modifiers Example

Some examples include:

- Individual Psychotherapy, 30 minutes performed by a LSW: 90832, U4 (LSW)
- Therapeutic Behavioral Services (TBS) Group performed by a Bachelor's plus 2 years experience: H2019, HN (Bachelor's level), HQ (Group)
- Crisis Unlicensed Practitioner performed by a QMHS with an Associate's degree: H2017, HM (Associate's), UT (Crisis)



Manual: Supervision

Types of Supervision

- ***General supervision (Licensed non-independent practitioners):*** Supervising practitioner must be available by telephone to provide assistance and direction if needed.
- ***Direct supervision (Trainees and assistants):*** 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.

Supervision specific for CPT Codes



Manual: 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.



Manual: 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.



Manual: Incident to Services & Shared/Split Visit

Guidance

Incident to Services: To qualify as “incident to,” services must be part of the patient’s normal course of treatment, during which a physician or independent practitioner personally performed an initial service that day and subsequent services are provided by the physician or independent practitioner at a frequency that reflects their continuing active participation in and management of the course of treatment.

When a practitioner is permitted to bill for his/her time under the Medicaid State Plan (e.g., OLP or Rehab), it is the State’s expectation that unless the physician or higher level practitioner has seen the patient that day, then the practitioner will bill for his/her time under their own authority.

A **Shared/Split Visit** is for services provided in any location when both the physician and a non-physician practitioner (NPP) provide, document, and sign the work they each performed. There must be a face-to-face encounter with both the physician and NPP. The physician can bill the service to Medicare.

Examples of Incident To Services may be found in the provider manual



Manual: Fraud, Waste, & Abuse

Medicaid Fraud, Waste, & Abuse Guidance

- **Fraud includes obtaining a benefit through intentional misrepresentation or concealment of material facts.**
- **Waste includes incurring unnecessary cost as a result of deficient management, practices or controls.**
- **Abuse includes excessively or improperly using government resources.**

Medicaid fraud, waste, and abuse may include such activities as:

- Billing for items or services not rendered or not provided as claimed;
- Submitting claims for equipment, medical supplies and services that are not reasonable and necessary;
- Double billing resulting in duplicate payment (including billing two separate payors without reporting prior payments and billing for a service performed by an external party, and that party also bills for the same service);
- Billing for non-covered services as if covered (using an office visit code when the actual service was non-covered);
- Knowing misuse of provider identification numbers, which results in improper billing;
- Unbundling (billing for each component of the service instead of billing or using an bundled code);
- Failure to properly use coding modifiers;
- Clustering (the practice of coding/charging one or two middle levels of service codes exclusively under the philosophy that charges will average out over time);
- Up-coding the level of service provided; and
- Modifying information in order to receive reimbursement (such as changing a place of service, inappropriately using modifiers, etc.).



Manual: Errors

Medicaid Errors Guidance

- **Errors happen when a provider inadvertently makes a mistake in the service delivery, documentation, or billing this would constitute an error.**

Some examples of errors may include, but are not limited to:

- Selecting the incorrect service type for the service rendered;
- Not referencing the treatment plan goals or objectives the individual is working on in the session;
- Selecting the incorrect time for the service. Errors are usually random and do not have a pattern to them.

When a provider identifies an error on a paid claim, a claim adjustment must occur and any overpayment refunded. Errors may also be identified by state or federal auditing processes, such as Payment Error Rate Measurement or Surveillance Utilization and Review Section. Any overpayments through these audits may be recovered.



Manual: Interactive Complexity

Interactive Complexity

- Interactive complexity is an add-on code which may be reported in conjunction with Psychiatric Diagnostic Evaluation (90791, 90792), Psychotherapy (90832, 90834, and 90837), Psychotherapy add-ons (90833, 90836, and 90838) and Group Psychotherapy (90853).
- Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure and occur *during* the delivery of the service. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.



Recent Guidance: Interactive complexity was added for physician assistants to bill standalone psychotherapy and psychotherapy add-ons.



Manual: Interactive Complexity Codes

Relevant Codes

90791 – Psychiatric Diagnostic Evaluation

90792 – Psychiatric Diagnostic Evaluation – Includes Medical

90832 – Psychotherapy, 30 minutes (16-37)

90834 – Psychotherapy, 45 minutes (38-52)

90837 – Psychotherapy, 60 minutes (53+)

+90833 – Psychotherapy, 30 minutes, with E&M (16-37)

+90836 – Psychotherapy, 45 minutes, with E&M (38-52)

+90838 – Psychotherapy, 60 minutes, with E&M (53+)

90853 – Group Psychotherapy

Note: Report 90785 in addition to the primary procedure, when certain communication factors are present during the visit. Please see the Provider Manual for further details.



Interactive Complexity Examples



Interactive Complexity

Revised 11/3/12



www.psychiatry.org

Definition	A new concept in 2013, interactive complexity refers to 4 specific communication factors <i>during</i> a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code 90785 .	Typical Patients	Interactive complexity is often present with patients who: <ul style="list-style-type: none"> • Have other individuals legally responsible for their care, such as minors or adults with guardians, or • Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or • Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools. <p>Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.</p>
Code Type	Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.		
Replaces	Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.		
Use in Conjunction With	<p>The following psychiatric "primary procedures":</p> <ul style="list-style-type: none"> • Psychiatric diagnostic evaluation, 90791, 90792 • Psychotherapy, 90832, 90834, 90837 • Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M • Group psychotherapy, 90853 <p>When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work intensity of the psychotherapy service, and does not change the time for the psychotherapy service.</p>	Report 90785	<p>When at least one of the following communication factors is present during the visit:</p> <ol style="list-style-type: none"> 1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care. 2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan. 3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants. 4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.
May Not Report With	<ul style="list-style-type: none"> • Psychotherapy for crisis (90839, 90840) • E/M alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service • Family psychotherapy (90846, 90847, 90849) 		<p>Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for the purpose of translation or interpretation services" as that may be a violation of federal statute.</p>
Complicating Communication Factor Must Be Present During the Visit	<p>The following examples are NOT interactive complexity:</p> <ul style="list-style-type: none"> • Multiple participants in the visit with straightforward communication • Patient attends visit individually with no sentinel event or language barriers • Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors 		

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LINK:

[https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/business_of_practice/cpt/Interactive Complexity Guide 2012.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/business_of_practice/cpt/Interactive_Complexity_Guide_2012.pdf)

For additional AACAP CPT & Reimbursement language, click [here](#)



Manual: Time Conversion Policy

Time Conversion Charts

- The following charts contain time conversions for HCPCS services.*

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

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



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)*



Behavioral Health Redesign

Pharmacological Management and Medical/Somatic Transition to Medical Services

July 1, 2017 Transition



Medical/Somatic Transition to Medical Services

SUD Medical/Somatic (H0016) Replacement Services	HCPCS/CPT Codes				Unit Definition
	Evaluation and Management (E/M)				
	Office (CBHC)		Home		
Medical Services Provided by:	New Patients	Established Patients	New Patients	Established Patients	
Physicians, Physician Assistants, Clinical Nurse Specialists and Certified Nurse Practitioners	99201	99211	99341	N/A	Encounter
	99202	99212	99342	99347	Encounter
	99203	99213	99343	99348	Encounter
	99204	99214	99344	99349	Encounter
	99205	99215	99345	99350	Encounter
Prolonged Service add ons to E/M codes					
Prolonged Service in the Office (or Home) - First Hour				+99354	Encounter
Prolonged Service in the Office (or Home) - Each				+99355	Encounter
Psychotherapy Add On to E/M					
Psychotherapy add on for 30 (16 - 37*) minutes				+90833	Encounter
Psychotherapy add on for 45 (38 - 52*) minutes				+90836	Encounter
Psychotherapy add on for 60 (53+*) minutes				+90838	Encounter
Interactive Complexity Add On to					
Interactive Complexity				+90785	Encounter
Medical Services Provided by:					
Registered Nurse				99211	Encounter
				else H0016	15 Minutes
Licensed Practical Nurse				99211	Encounter
				else H0016	15 Minutes



Pharmacological Management Transition to Medical Services

MH Pharmacological Management (90863) Replacement Services	HCPCS/CPT Codes				Unit Definition
	Evaluation and Management (E/M)				
	Office (CBHC)		Home		
Medical Services Provided by:	New Patients	Established Patients	New Patients	Established Patients	
Physicians, Physician Assistants, Clinical Nurse Specialists and Certified Nurse Practitioners	99201	99211	99341	N/A	Encounter
	99202	99212	99342	99347	Encounter
	99203	99213	99343	99348	Encounter
	99204	99214	99344	99349	Encounter
	99205	99215	99345	99350	Encounter
Prolonged Service add ons to E/M codes					
Prolonged Service in the Office (or Home) - First Hour				+99354	Encounter
Prolonged Service in the Office (or Home) - Each				+99355	Encounter
Psychotherapy Add On to E/M					
Psychotherapy add on for 30 (16 - 37*) minutes				+90833	Encounter
Psychotherapy add on for 45 (38 - 52*) minutes				+90836	Encounter
Psychotherapy add on for 60 (53+*) minutes				+90838	Encounter
Interactive Complexity Add On to					
Interactive Complexity				+90785	Encounter
Medical Services Provided by:					
Registered Nurse				99211	Encounter
				else H2019	15 Minutes
Licensed Practical Nurse				99211	Encounter
				else H2017	15 Minutes



Behavioral Health Redesign

***Pharmacological Management and
Medical/Somatic Transition to
Medical Services***

***July 1, 2017 Transition
Laboratory Services and Vaccines***



Laboratory Services and Vaccinations

As health care continues to evolve, the State recognizes that there is a level of appropriateness for certain general health care services that BH providers are able to perform.

Scenario 1

An established patient (child) comes in for a scheduled appointment with their parent/guardian and there is no evidence that they have ever received a mumps/measles vaccination, what can a provider do?



Scenario 2

An established patient (woman) comes in to the CBHC for a regularly scheduled medical appointment and reveals that she may be pregnant, what can a provider do?



Discuss the benefits of vaccinations and offer a measles/mumps vaccination



Discuss pregnancy in relation to psychotropic medication(s) and treatment for her MH condition and offer a pregnancy test.

Why are we doing this?

To aid in health and welfare of our consumers using sound medical judgment and practice



CLIA – Clinical Laboratory Improvement Amendments

CLIA requires all facilities that perform even one test, including waived tests, on “materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings” to meet certain Federal requirements.

Types of CLIA Certificates

Certificate of Waiver

Certificate issued to laboratory to perform only waived tests

Certificate of Provider-Performed Microscopy Procedures

Certificate issued to lab with a physician/midlevel practitioner or dentist and performs only microscopy procedures

Certificate of Registration

Certificate issued to a lab that allows for moderate or high complexity lab testing or both until deemed in compliance with CLIA

Certificate of Compliance

Certificate issued to lab after inspection finds lab to be in compliance with CLIA

Certificate of Accreditation

Certificate issued to a lab on the basis of the lab’s accreditation by an organization approved by HCFA

Must be coordinated with Managed Care Plans due to carve in (Both MyCare and Regular Medicaid Managed Care)



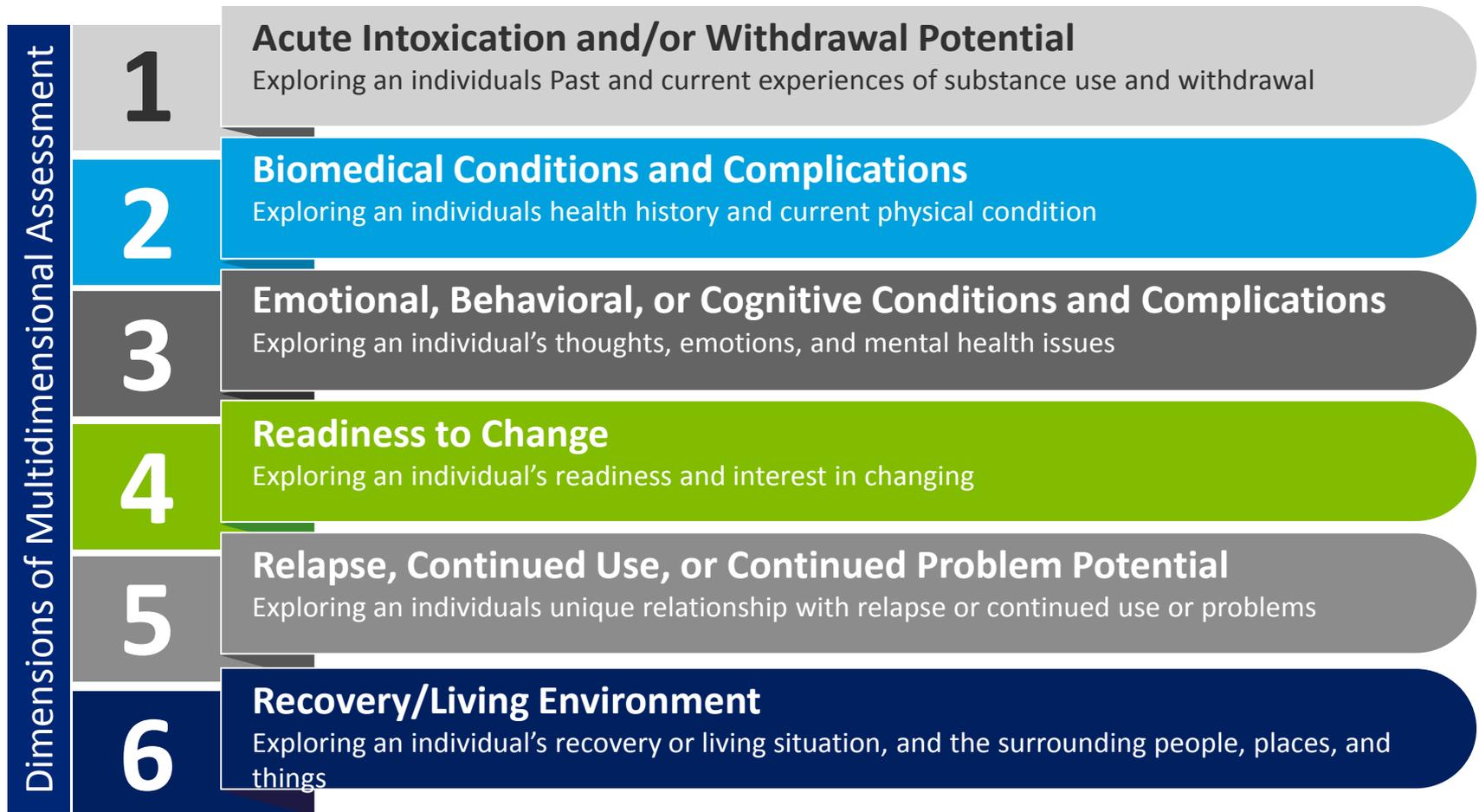
Behavioral Health Redesign

Substance Use Disorder (SUD) Benefit

ASAM Criteria



ASAM Criteria

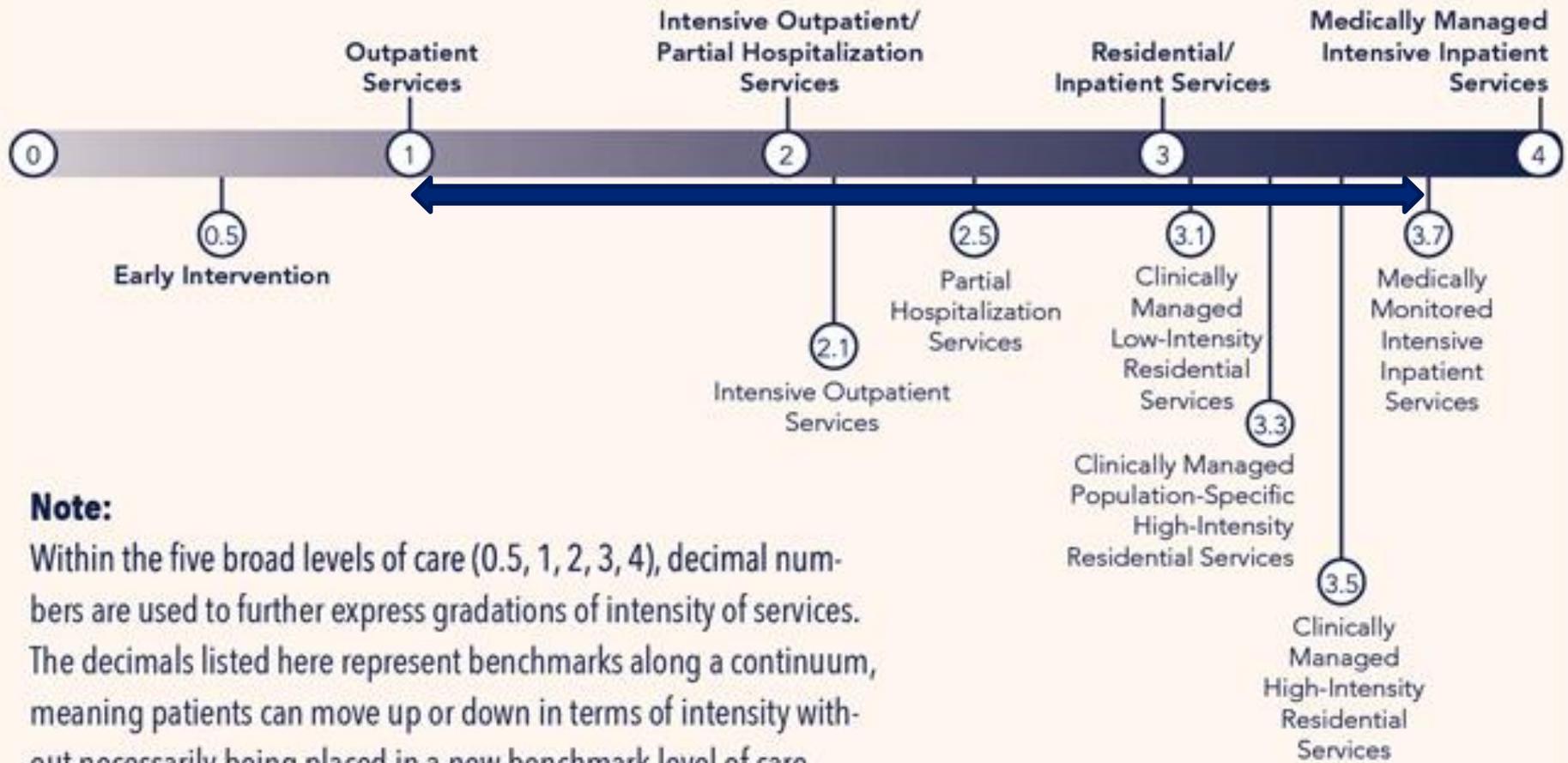


ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care.



ASAM Levels of Care

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

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



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**



ASAM-Aligned SUD Coding - July 1, 2017

Substance Use Disorder Benefit	ASAM Level of Care
Diagnostic Assessment	All ASAM Levels
J codes for Buprenorphine & Injectable Naltrexone	All ASAM Levels
Psychotherapy – Individual, group & crisis	ASAM 1 & 2
Group & Individual Counseling	ASAM 1 & 2
Targeted Case Management	ASAM 1 & 2
Peer Recovery Support	ASAM 1 & 2
Drug testing – Collection and handling	ASAM 1 & 2
Methadone & Buprenorphine Administration	All ASAM Levels
Sub-Acute Detoxification – Outpatient	ASAM 2 (Withdrawal – 23HR)
Ambulatory Detoxification	ASAM 2 (Withdrawal)
Intensive Outpatient Program – Group Counseling	ASAM 2.1
Partial Hospitalization	ASAM 2.5
SUD Residential Treatment Program Halfway House	ASAM 3.1
SUD Residential Treatment Program – Sub Acute Detoxification	ASAM 3.2 (Withdrawal)
SUD Residential, Clients with Cognitive Impairment	ASAM 3.3 & ASAM 3.5
SUD Residential Treatment Program	ASAM 3.7
SUD Residential Treatment Program – Acute Detoxification	ASAM 3.7 (Withdrawal)



Behavioral Health Redesign

SUD Outpatient Levels of Care



SUD Outpatient Levels of Care: Medical Services

SUD Medical/Somatic (H0016) Replacement Services	HCPCS/CPT Codes				Unit Definition
	Evaluation and Management (E/M)				
	Office (CBHC)		Home		
Medical Services Provided by:	New Patients	Established Patients	New Patients	Established Patients	
Physicians, Physician Assistants, Clinical Nurse Specialists and Certified Nurse Practitioners	99201	99211	99341	N/A	Encounter
	99202	99212	99342	99347	Encounter
	99203	99213	99343	99348	Encounter
	99204	99214	99344	99349	Encounter
	99205	99215	99345	99350	Encounter
Prolonged Service add ons to E/M codes					
Prolonged Service in the Office (or Home) - First Hour				+99354	Encounter
Prolonged Service in the Office (or Home) - Each				+99355	Encounter
Psychotherapy Add On to E/M					
Psychotherapy add on for 30 (16 - 37*) minutes				+90833	Encounter
Psychotherapy add on for 45 (38 - 52*) minutes				+90836	Encounter
Psychotherapy add on for 60 (53+*) minutes				+90838	Encounter
Interactive Complexity Add On to					
Interactive Complexity				+90785	Encounter
Medical Services Provided by:					
Registered Nurse				99211	Encounter
				else H0016	15 Minutes
Licensed Practical Nurse				99211	Encounter
				else H0016	15 Minutes

Other Medical Services Codes

H0048 – Urine Drug Screening

96372 – Therapeutic Injection

Relevant ASAM Levels of Care	
ASAM Level 1	<ul style="list-style-type: none"> For Adolescents, less than 6 hours per week; For Adults, less than 9 hours per week
ASAM Level 2.1 IOP	<ul style="list-style-type: none"> For Adolescents, 6-19.9 hours per week; For Adults, 9-19.9 hours per week
ASAM Level 2.5 PH	<ul style="list-style-type: none"> For Adolescents & Adults, 20 or more hours per week



SUD Outpatient Levels of Care: Medical Services, Nursing Activities

Nursing Codes	
Evaluation and Management	
99211 – E&M, office (RN & LPN)	
Medical/Somatic	
H0016 – office (RN/LPN)	
H0016 – home or community (RN/LPN)	
H0016 HQ – office, group (RN)	

Relevant ASAM Levels of Care	
ASAM Level 1	<ul style="list-style-type: none"> • For Adolescents, less than 6 hours per week; • For Adults, less than 9 hours per week
ASAM Level 2.1 IOP	<ul style="list-style-type: none"> • For Adolescents, 6-19.9 hours per week; • For Adults, 9-19.9 hours per week
ASAM Level 2.5 PH	<ul style="list-style-type: none"> • For Adolescents & Adults, 20 or more hours per week



SUD Outpatient Levels of Care: Counseling and Therapy

CPT Codes

90832 – Psychotherapy, 30 minutes (16-37)

90834 – Psychotherapy, 45 minutes (38-52)

90837 – Psychotherapy, 60 minutes (53+)

90846 – Family Psychotherapy (without patient present)

90847 – Psychotherapy, 60 minutes with patient and/or family member

90849 – Multiple-family group psychotherapy

90853 – Group psychotherapy (other than of a multiple-family group)

HCPCS Codes

H0004 – BH Counseling and Therapy, per 15 minutes

H0005 – Alcohol and/or drug services. Group counseling by a clinician.

Relevant ASAM Levels of Care

ASAM Level 1	<ul style="list-style-type: none"> • For Adolescents, less than 6 hours per week; • For Adults, less than 9 hours per week
ASAM Level 2.1 IOP	<ul style="list-style-type: none"> • For Adolescents, 6-19.9 hours per week; • For Adults, 9-19.9 hours per week
ASAM Level 2.5 PH	<ul style="list-style-type: none"> • For Adolescents & Adults, 20 or more hours per week



Screening, Assessment and Psychological Testing

Codes

90791 – Psychiatric diagnostic evaluation

90792 – Psychiatric diagnostic evaluation – includes medical

96101 – Psychological testing, per hour

96111 – Developmental testing with interpretation and report

96116 – Neurobehavioral status exam, per hour

96118 – Neuropsychological testing, per hour

H0001 – Alcohol and/or drug assessment (not incident to a licensed practitioner’s assessment)

Relevant ASAM Levels of Care	
ASAM Level 1	<ul style="list-style-type: none"> • For Adolescents, less than 6 hours per week; • For Adults, less than 9 hours per week
ASAM Level 2.1 IOP	<ul style="list-style-type: none"> • For Adolescents, 6-19.9 hours per week; • For Adults, 9-19.9 hours per week
ASAM Level 2.5 PH	<ul style="list-style-type: none"> • For Adolescents & Adults, 20 or more hours per week



Other SUD Services

Other SUD Services Codes

H0038 – Peer recovery support

H0038 HQ – Peer recovery support group

H0006 – Case management

Relevant ASAM Levels of Care

ASAM Level 1	<ul style="list-style-type: none">• For Adolescents, less than 6 hours per week;• For Adults, less than 9 hours per week
ASAM Level 2.1 IOP	<ul style="list-style-type: none">• For Adolescents, 6-19.9 hours per week;• For Adults, 9-19.9 hours per week
ASAM Level 2.5 PH	<ul style="list-style-type: none">• For Adolescents & Adults, 20 or more hours per week



Services Available at Outpatient Levels But that Do Not Accrue to the Weekly Limitations Across All ASAM Levels of Care

OTP Medication Administration Codes

T1502 – Buprenorphine/naloxone administration, per visit, daily

T1502 TV – Buprenorphine/naloxone administration, per visit, weekly

H0020 – Methadone administration, per visit, daily

H0020 TV – Methadone administration, per visit, weekly

Crisis Coding

90839 – Psychotherapy for crisis, first 60 minutes

+90840 – Psychotherapy for crisis, each additional 30 minutes

H0004 UT – BH counseling and therapy, per 15 minutes with crisis modifier

Urine Drug Screening Coding

H0048 – Urine Drug Screening, per screen, independent of panels being tested

Therapeutic Injection Code

96372 – Therapeutic Injection, per screen, independent of panels being tested

Buprenorphine Medication J-Codes

J0571

Buprenorphine, oral, 1 mg.

J0572

Buprenorphine/naloxone, oral, less than or equal to 3 mg.

J0573

Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg.

J0574

Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg.

J0575

Buprenorphine/naloxone, oral, greater than 10 mg.



Behavioral Health Redesign

MH Outpatient Services



MH Outpatient: Medical Services

Other Medical Services Codes

H0048 – Urine Drug Screening

96372 – Therapeutic Injection

MH Pharmacological Management (90863) Replacement Services	HCPCS/CPT Codes				Unit Definition
	Evaluation and Management (E/M)				
	Office (CBHC)		Home		
Medical Services Provided by:	New Patients	Established Patients	New Patients	Established Patients	
Physicians, Physician Assistants, Clinical Nurse Specialists and Certified Nurse Practitioners	99201	99211	99341	N/A	Encounter
	99202	99212	99342	99347	Encounter
	99203	99213	99343	99348	Encounter
	99204	99214	99344	99349	Encounter
	99205	99215	99345	99350	Encounter
Prolonged Service add ons to E/M codes					
Prolonged Service in the Office (or Home) - First Hour				+99354	Encounter
Prolonged Service in the Office (or Home) - Each				+99355	Encounter
Psychotherapy Add On to E/M					
Psychotherapy add on for 30 (16 - 37*) minutes				+90833	Encounter
Psychotherapy add on for 45 (38 - 52*) minutes				+90836	Encounter
Psychotherapy add on for 60 (53+*) minutes				+90838	Encounter
Interactive Complexity Add On to					
Interactive Complexity				+90785	Encounter
Medical Services Provided by:					
Registered Nurse				99211	Encounter
				else H2019	15 Minutes
Licensed Practical Nurse				99211	Encounter
				else H2017	15 Minutes



MH Outpatient Levels of Care: Medical Services, Nursing Activities

Nursing Codes

Evaluation and Management

99211 – E&M, office (RN & LPN)

Therapeutic Behavioral Services

H2019 – TBS, office (RN)

H2019 – TBS, home or community (RN)

H2019 HQ – TBS, office, group (RN)

Psychosocial Rehabilitation

H2017 – PSR, office (LPN)

H2017 – PSR, home or community (LPN)



MH Outpatient: Counseling and Therapy

Counseling and Therapy CPT Codes

90832 – Psychotherapy, 30 minutes (16-37)

90834 – Psychotherapy, 45 minutes (38-52)

90837 – Psychotherapy, 60 minutes (53+)

90846 – Family psychotherapy (without patient present)

90847 – Family psychotherapy (conjoint with patient)

90849 – Multiple-family group psychotherapy

90853 – Group psychotherapy (other than a multiple-family group)

90839 – Psychotherapy for crisis, first 60 minutes (31 to 90 minutes)

+90840 – Psychotherapy for crisis, each additional 30 minutes (91 to 120 minutes)



Screening, Assessment and Psychological Testing

Screening, Assessment and Psychological Testing Codes

90791 – Psychiatric Diagnostic Evaluation

90792 – Psychiatric diagnostic evaluation – includes medical

96101 – Psychological testing

96111 – Developmental testing

96116 – Neurobehavioral status exam

96118 – Neuropsychological testing



Screening, Brief Intervention and Referral to Treatment

SBIRT Codes	
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services, 15 to 30 minutes.
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services, over 30 minutes.



TBS, PSR, & CPST

Counseling and Therapy HCPCS Codes

Therapeutic Behavioral Services

H2019 HN – TBS, office (Bachelor’s +2)

H2019 HO – TBS, office (Master’s +1)

H2019 HN HQ – TBS, office, group
(Bachelor’s +2)

H2019 HO HQ – TBS, office, group (Master’s
+1)

H2019 HN – TBS, home or community,
(Bachelor’s +2)

H2019 HO – TBS, home or community
(Master’s +1)

Psychosocial Rehabilitation

H2017 HM – PSR, office, (less than a
Bachelor’s)

H2017 HM – PSR, home or community (less
than a Bachelor’s)

CPST Codes

H0036 – CPST

H0036 HQ – CPST, Group



Code Activities/Billing Strategy for CPT & TBS, PSR, CPST

Bill: CPT Codes

Medical & Licensed Practitioners



CPT Codes Would Include the Following:

1. Assessments
2. Psychological Testing
3. Individual/Group/ Family Therapy
4. Crisis

Bill: HCPCS Codes

Unlicensed TBS (H2019)
MAs⁺¹
BAs⁺²
QMHSs⁺⁵ (as of 7/1/17)



HCPCS Code Would Include the Following:

1. Development of Treatment plan
2. Service Planning
3. Care coordination
4. Collateral contacts
5. Identify triggers/Interventions
6. Individual/Group/Family Activities

Unlicensed PSR (H2017)
HS, Assoc., BA, or MA gaining experience



HCPCS Code Would Include the Following:

1. Implement the plan established

CPST (H0036)
QMHS & above



HCPCS Code Would Include the Following:

1. Coordination and support services



Behavioral Health Redesign

Prior Authorization Services

Limitation Types

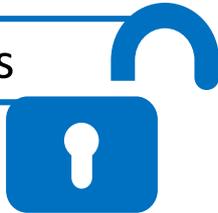
Types of Limitations

Limitation by Policy



- 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**

Prior Authorized Services – Fully Prior Authorized

All services listed below require prior authorization for payment. Claims submitted without prior authorization will be automatically denied.

Code	Description
H0040	Assertive Community Treatment (ACT)
H2015	Intensive Home Based Treatment (IHBT)
H0015	Alcohol and/or drug services; intensive outpatient - unlicensed practitioner*
H0015-HK	Alcohol and/or drug services; intensive outpatient - licensed practitioner*
H0015-TG	ASAM SUD Partial Hospitalization - unlicensed practitioner*
H0015-HK-TG	ASAM SUD Partial Hospitalization - licensed practitioner*
H0010	Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H2034	Alcohol and/or drug abuse halfway house services, per diem
H2036-HI	Alcohol and/or other drug treatment program, per diem. Cognitive Impairment
H2036	Alcohol and/or other drug treatment program, per diem
H2036-TG	Alcohol and/or other drug treatment program, per diem

*** Prior authorization allows providers to be paid for these services**

Examples of Prior Authorized Services – To Exceed Benefit Limit

All other existing services have **Soft Limits** – must be prior authorized to exceed limit.

Examples of Prior Authorization to Exceed Soft Limits

Code	Description	Limit	Prior Authorized?
96101	Psychological Testing	8 hours or encounters total (all codes) per calendar year	Must be prior authorized to exceed limit
96111	Developmental Testing		
96116	Neurobehavioral Testing		
96118	Neuropsychological Testing		
H2017	Psychosocial Rehab (PSR)	104 hours combined (all codes) per patient per calendar year	Must be prior authorized to exceed limit
H2019	Therapeutic Bh Svc (TBS)		
H0036	CPST		

This is not an exhaustive list of limitations



Behavioral Health Redesign

Provider Manual Walk-Through Examples



Example #1 – 96372: Therapeutic 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	Rate
Injection of Physician Administered Medications	MD, DO	96372	\$21.39
	Certified nurse specialist Certified nurse practitioner Physician assistant RN, LPN	96372	\$18.18
Unit Value			
Service Definition	<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, nasal, 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 supervision of self-administration of medications. (See Clinical Exclusions below).</p> <p>The service must include:</p> <ul style="list-style-type: none"> ○ An assessment, by the licensed or credentialed medical personnel administering the 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 medication review. ○ Education to the individual and/or family/responsible caregiver(s), by appropriate licensed medical personnel, on the proper administration and monitoring of prescribed medication in accordance with the individual's recovery plan. ○ For individuals who need opioid maintenance, the methadone administration service must be requested. Do not bill this service for administering methadone. 		
Admission Criteria	<ul style="list-style-type: none"> ○ Individual presents symptoms that are likely to respond to pharmacological intervention. ○ Individual has been prescribed medications as a part of the treatment/service array; and ○ Individual and family/responsible caregiver is unable to self-administer/administer prescribed medication because: <ul style="list-style-type: none"> ○ It is in an injectable form and must be administered by licensed medical personnel. ○ It is a Schedule II controlled substance which must be stored and dispensed by licensed medical personnel in accordance with federal law; or ○ Administration by licensed/credentialed medical personnel is necessary because of the assessment of the individual's physical, psychological and behavioral status in order to make a determination regarding whether to continue the medication and/or its means of administration and/or whether to refer the individual to the physician for a medication review. ○ Due to the family/caregiver's lack of capacity there is no responsible party to manage/supervise self-administration of medication. 		
Continuing Stay Criteria	Individual continues to meet admission criteria.		
Discharge Criteria	<ul style="list-style-type: none"> ○ Individual no longer needs medication; or ○ Individual/family/caregiver is able to self-administer, administer, or supervise self-administration medication; and ○ Adequate treatment plan has been established. 		



Example #2 – 90837: Individual Psychotherapy

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 Type	Code	Req'd Mod	Rate	
Individual Psychotherapy	MD/DO	90832		\$63.11	
		90834		\$82.05	
		90837		\$120.36	
	Certified nurse specialist or Certified nurse practitioner or Physician assistant	90832			\$53.64
		90834			\$69.74
		90837			\$102.31
	Psychologist	90832			\$63.11
		90834			\$82.05
		90837			\$120.36
	Licensed independent	90832			\$53.64
		90834			\$69.74
		90837			\$102.31
	Board licensed school psychologist	90832		UB	\$53.64
		90834		UB	\$69.74
		90837		UB	\$102.31
	Licensed professional counselor	90832		U2	\$53.64
		90834		U2	\$69.74
		90837		U2	\$102.31
Licensed social worker	90832		U4	\$53.64	
	90834		U4	\$69.74	
	90837		U4	\$102.31	
Licensed marriage and family therapist	90832		U5	\$53.64	
	90834		U5	\$69.74	
	90837		U5	\$102.31	
Licensed chemical dependency counselor II or III	90832		U3	\$53.64	
	90834		U3	\$69.74	
	90837		U3	\$102.31	
Psychology assistant, intern, trainee	90832		U1		
	90834		U1		
	90837		U1		
Social worker trainee	90832		U9		
	90834		U9		
	90837		U9		
Marriage and family therapist trainee	90832		UA		
	90834		UA		
	90837		UA		
Chemical dependency counselor assistant	90832		U6		
	90834		U6		
	90837		U6		
Counselor trainee	90832		U7		
	90834		U7		
	90837		U7		



Example #3 – 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	Licensed chemical dependency counselor II, III	H0004	U3	UT
		Social worker trainee	H0004	U9	UT
		MFT-T	H0004	UA	UT
		Chemical dependency counselor assistant	H0004	U6	UT
		Counselor trainee	H0004	U7	UT
		Counselor trainee	H0004	U7	UT
Service Definition	<p>Techniques employed involve the principles, methods and procedures of counseling that assist the individual in identifying and resolving personal, social, vocational, intrapersonal and interpersonal concerns. Services are directed toward achievement of specific goals defined by the individual, family 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"> • 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); • Problem solving and cognitive skills; • Healthy coping mechanisms; • Adaptive behaviors and skills; • Interpersonal skills; • Knowledge regarding the emotional disturbance, substance related disorders and other relevant issues that assist in meeting the individual's needs • 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, and others as appropriate to the individual and clinical issues to be addressed 				
Admission Criteria	<ul style="list-style-type: none"> • The individual must have a substance use disorder diagnosis. 				
Continuing Stay Criteria	<ul style="list-style-type: none"> • Individual continues to meet admission criteria; and • Individual demonstrates documented progress relative to goals identified in the treatment plan, have not yet been achieved. 				
Discharge Criteria	<p>Adequate continuing care plan has been established; and one or more of the following:</p> <ul style="list-style-type: none"> • Goals of the treatment plan have been substantially met; or • Individual/family requests discharge and individual is not in imminent danger of harm to self or others; or • Transfer to another service is warranted by change in individual's condition; or • Individual requires a service approach which supports less or more intensive need. 				
Clinical Exclusions	<ul style="list-style-type: none"> • Severity of behavioral health disturbance precludes provision of services. • Severity of cognitive impairment precludes provision of services in this level of care. • There is a lack of social support systems such that a more intensive level of service is needed. • There is no outlook for improvement with this particular service • ASAM criteria indicates a higher level of care is more appropriate. 				
Required Components	<p>The treatment orientation, modality and goals must be specified and agreed upon by the individual/family/caregiver.</p>				



Example #4 – H2017: MH Psychosocial Rehabilitation (PSR)

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							
Service	Provider Type	Code	Req'd Mod	If Group Setting?	If Crisis? (not in group)	Place of Service	Rate
Psychosocial Rehabilitation (PSR)	LPN	H2017		HQ	UT	11 All others	\$17.5 \$22.3
	Psychology assistant, intern, trainee	H2017	U1	HQ	UT		\$14.4
	School psychology assistant/trainee (ODE)	H2017	U1	HQ	UT	03	\$14.4
	Social worker assistant	H2017	U8	HQ	UT	11 All others	\$14.4 \$18.5
	Social worker trainee	H2017	U9	HQ	UT	11 All others	\$14.4 \$18.5
	MFT trainee	H2017	UA	HQ	UT	11 All others	\$14.4 \$18.5
	Counselor trainee	H2017	U7	HQ	UT	11 All others	\$14.4 \$18.5
	QMHS - high school	H2017	HM	HQ	UT	11 All others	\$14.4 \$18.5
	QMHS - Associates	H2017	HM	HQ	UT	11 All others	\$14.4 \$18.5
	QMHS - Bachelors	H2017	HN	HQ	UT	11 All others	\$14.4 \$18.5
QMHS - Masters	H2017	HO	HQ	UT	11 All others	\$14.4 \$18.5	
Unit Value	15 minutes						
Service Definition	<p>Psychosocial rehabilitation (PSR) is comprised of individual face-to-face interventions purpose of rehabilitative skills building, the personal development of environmental supports considered essential in improving a person's functioning, learning skills to promote person's self-access to necessary services and in creating environments that promote support the emotional and functional improvement of the individual. The service activities include:</p> <ul style="list-style-type: none"> • Providing skills support in the person's self-articulation of personal goals and objectives • Assisting the person in the development of skills to self-manage or prevent crisis situations • Individualized interventions in living, learning, working, other social environments, and have as objectives: <ul style="list-style-type: none"> • Identification, with the person, of strengths which may aid him/her in achieving as well as barriers that impede the development of skills necessary for functioning with peers, and with family/friends; • Supporting skills development to build natural supports (including support/assistance defining what wellness means to the person in order to assist them with recovery goal setting and attainment); • Assistance in the development of interpersonal, community coping and functioning (which may include adaptation to home, adaptation to work, adaptation to health 						



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+1, Home/Cmty**
 TBS, per 15 minutes: **Bachelor's+2, Home/Cmty**
 TBS, per 15 minutes: **Master's+1, Office**
 TBS, per 15 minutes: **Bachelor's+2, 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

Evidence-Based Practices for Mental Health



Assertive Community Treatment (ACT) – Fidelity Measurement

Please see the printout (ACT Fidelity Rating Tool) for reference and review:

ACT Fidelity Measurement

1. Fidelity Measures to qualify for ACT billing methodology were built on recommendations and discussions from November 2015

ACT Fidelity Document

Program _____ Reviewer _____ Date _____

Provisional and Basic Fidelity Recommendations
Minimum of 3.0 average for entire TMACT
with minimum averages/scores for certain
subscale measures

**Tool for Measurement of Assertive Community Treatment (TMACT)
Summary Scale
Version 1.0**

NOTE: This document represents only a summary of the TMACT items, definitions, and anchored ratings. A TMACT fidelity evaluation should not be completed without using the TMACT Protocol (Parts I and II) and Appendices.

Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2013). *The tool for measurement of assertive community treatment (TMACT)*. In M. P. McGovern, G. J. McHugo, R. E. Drake, G. R. Bond, & M. R. Mermis, (Eds.), *Implementing evidence-based practices in behavioral health*. Center City, MN: Hazelden.

For questions regarding the TMACT, including training and consultation in administering this fidelity measure, contact:
Maria Monroe-DeVita, PhD: mmdv@unc.edu
Lorita Moser, PhD: lorita_moser@med.unc.edu CR
Gregory Teague, PhD: teague@ust.edu



ACT 'Small Team' Monthly Billing Example

DACTS/TMACT
with MD/DO:
Code - H0040

Unit Rates

TMACT w/APRN:
Code - H0040



Under TMACT, the team can bill an additional Bachelor's rate for Supported Employment



Intensive Home Based Treatment (IHBT) – Fidelity Measurement

Please see the printout (IHBT Fidelity Rating Tool) for reference and review:

IHBT Fidelity Measurement

1. Fidelity Measures to qualify for the IHBT billing methodology were built on premises similar to ACT

IHBT Fidelity Document

Minimum rating to qualify for Medicaid billing.
Case Recommendations
State Recommendations

IHBT Fidelity Rating Tool Version V

Rating	1	2	3	4	5
1) Intensity of service	Averages one or less service hours per week and less than 1 contact per week for each IHBT consumer. Intensity is insufficient to meet mental health needs of youth	Averages 2 or less service hours per week and 1 face-to-face contact per week for each IHBT consumer.	Averages 3 service hours per week and 2 face-to-face contacts per week, one of which has to be with the youth and family during the intensive phase. Intensity is adequate in meeting mental health needs of youth.	Averages 4 service hours per week and a minimum of 2 face-to-face contacts with the youth and family and collaterals per week during the intensive phase.	Averages 5 or more service hours per week and 3 or more face-to-face contacts with the youth, family, and collaterals per week during the intensive phases of IHBT. Intensity matches presenting mental health needs of youth and family and is modified during course of treatment as needed.
2) Location of service	49% or less of IHBT services delivered in home & community	50 to 74% of IHBT delivered in home and community	75% to 90% of IHBT service is delivered in home & community	90% to 99% of IHBT service is delivered in home & community	100% of IHBT service is delivered in home & community
3) Caseload	For single provider: Averages 12 or greater For team of two: Averages 20 or greater Mixed caseloads (non-IHBT and IHBT)	For single provider: Averages 9 to 11 For team of two: Averages 17 to 19 Mixed caseloads (non-IHBT & IHBT)	For single provider: Averages 8 cases. For team of two: Averages 15 to 16 Serve IHBT cases only	For single provider: Averages 7 cases For team of two: Averages 13 to 14 Serve IHBT cases only	Small caseloads. Providers serve IHBT cases only. For single provider: Caseload averages 4 to 6 youth/families. For team of two: Caseload averages 8 to 12
4) Crisis response and availability	IHBT service not on-call; No outreach availability. Coordination of crisis response is delegated to a third party.	24 hour agency on-call system or county-wide on-call system. IHBT team notified of crisis call. No immediate crisis response available. Follow up done the next day.	24 hour crisis response is available through agency on-call system At least one IHBT staff is accessible and is available to client and family around the clock. Face to face response as needed.	Provider on-call during office hours 5 days a week. IHBT team or agency on-call system rotates on-call after hours and on weekends IHBT team backup available. Face-to-face response as needed. Program has comprehensive crisis protocols & policies.	24/5 or 24/7 on-call by provider with IHBT team rotating weekend on-call. IHBT team backup available. Face-to-face response available as needed. Program has comprehensive crisis protocols & policies. Immediate response to crisis calls

Intensive Home-Based Treatment Fidelity Rating Tool Version V (10-14) 1



IHBT Billing Structure

Code - H2015

Unit Rate (15 minute)

Master's*
HO modifier



\$33.26

Must meet minimum fidelity requirements, 3 contacts per week.

***Medicaid will only cover when service is provided by Master's level clinician**

IHBT is a fully prior authorized service



Behavioral Health Redesign

Substance Use Disorder Scenarios



Behavioral Health Redesign

SUD Scenarios: SUD Outpatient, IOP, & Residential



SUD Outpatient Level of Care Scenario

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)	4 units
H0006	SUD Case Management	Unit based (15 minutes)	4 units
H0048	Urine Screening	Collection	Collection

Scenario is for **illustrative purposes only** for today's training.



SUD IOP Level of Care Scenario

Scenario (patient-specific weekly IOP schedule)

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
Monday, Wednesday, Friday			
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)
Tuesday and Thursday			
90847	1 hour	Family psychotherapy	Encounter
H0006	30 min	SUD Targeted Case Management	Unit based (15 minutes)
Thursday: H0048	1 unit	Urinalysis	Collection
Sunday			
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** for today's training.



SUD Intensive Outpatient Level of Care: Group Counseling - Billing

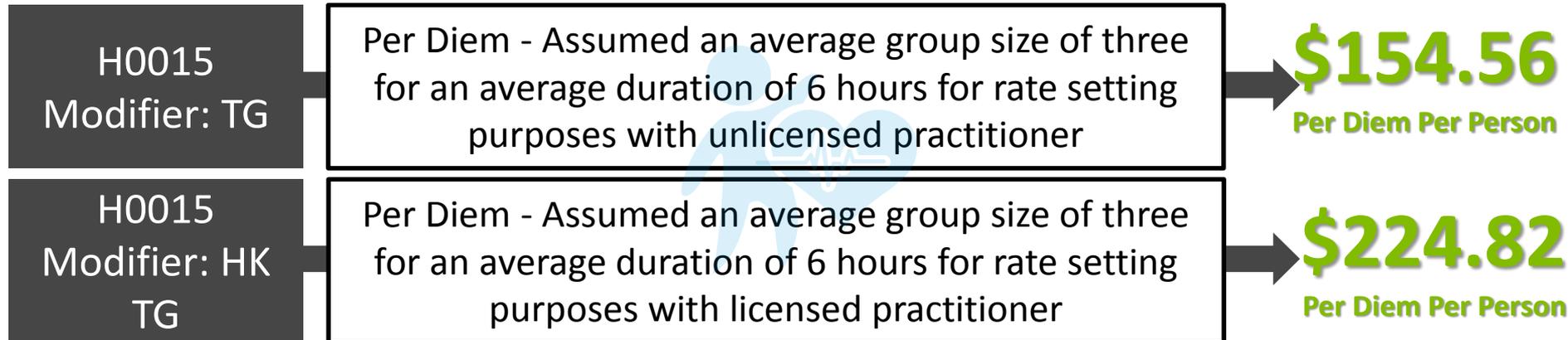
H0015	Per Diem - Assumed an average group size of three for an average duration of 4 hours for rate setting purposes with unlicensed practitioner leading	\$103.04 Per Diem Per Person
H0015 HK	Per Diem - Assumed an average group size of three for an average duration of 4 hours for rate setting purposes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

SUD Intensive Outpatient Group Counseling: Additional Details

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



SUD Partial Hospitalization Level of Care: Group Counseling - Billing



SUD Partial Hospitalization: Additional Details

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



SUD Residential Scenario

Scenario (patient-specific SUD Residential day)

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	ASAM Level 3.5: Alcohol and Other Drug Treatment Program, Per Diem

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 in this scenario is methadone administration (H0020).

Scenario is for **illustrative purposes only** for today's training.



Behavioral Health Redesign

SUD Scenarios: SUD Group Counseling (Non-IOP)



SUD Group Counseling (Non-IOP) Scenario 1a

Scenario (SUD Group Counseling led by non-independent practitioner)

An LSW and a CDCA facilitate an outpatient level of care group counseling session with 10 male clients with moderate to severe substance use disorders as well as co-occurring mental health disorders such as depression, PTSD, anxiety, and/or bipolar disorder. One or 2 clients may be self-referred due to their opiate addiction, but most are on probation, doing intervention in lieu of conviction, or involved with children's services. During the group counseling session time is spent identifying and processing each client's current issues and progress toward goals as well as providing psychoeducation on SUD and men's issues (including trauma education, relationship issues, thinking errors, and skill building).

Future Billing Options

Code	Service Name	Unit of Measure
90853	Group Psychotherapy (other than of a multiple-therapy group)	Encounter (per participant)

Other Considerations:

- Even though the CDCA is co-facilitating, all services are billed under the LSW.

Scenario is for **illustrative purposes only** for today's training.



SUD Group Counseling (Non-IOP) Scenario 1b

Scenario (SUD Group Counseling led by independent practitioner)

An LISW and a CDCA facilitate an outpatient level of care group counseling session with 10 male clients with moderate to severe substance use disorders as well as co-occurring mental health disorders such as depression, PTSD, anxiety, and/or bipolar disorder. One or 2 clients may be self-referred due to their opiate addiction, but most are on probation, doing intervention in lieu of conviction, or involved with children’s services. During the group counseling session time is spent identifying and processing each client’s current issues and progress toward goals as well as providing psychoeducation on SUD and men’s issues (including trauma education, relationship issues, thinking errors, and skill building).

Future Billing Options

Code	Service Name	Unit of Measure
90853	Group Psychotherapy (other than of a multiple-therapy group)	Encounter (per participant)

Other Considerations:

- Even though the CDCA is co-facilitating, all services are billed under the LISW.
- *Claims for any patients with other insurance, including Medicare, must be submitted to the other insurer first.*

Scenario is for **illustrative purposes only** for today’s training.



Behavioral Health Redesign

SUD Scenarios: SUD Case Management



Psychotherapy and SUD Case Management Scenario

Scenario (opiate-dependent female)

An LCDC III is providing services in the office to a 24 year old opiate-dependent female client who is a single parent of three children under the age of 8. She is struggling to maintain abstinence from heroin while waiting to get an appointment with a doctor for MAT. She continues to use enough of whatever opioid she can find in order to avoid going into withdrawal. She is not employed, has no transportation, and lives with family members who regularly drink and smoke marijuana but look down on her because she injects heroin. She would like to work, but has no one reliable to watch the children. She is not currently on probation or involved with child protective services, just seeking help because she can no longer manage her opioid addiction. She is a trauma survivor, having been a victim of domestic violence by her children’s fathers (there are two different fathers). She is a victim of verbal abuse in the home she resides in presently. She is willing to seek assistance from Job and Family Services, though she is fearful they will remove her children from her custody if she isn’t clean when she contacts them.

- Individual psychotherapy is provided to help her process her current stressors and to explore and develop coping skills, strategies to manage her situation.
- The LCDC III assists her in contacting her prospective MAT provider to see if her appointment time can be moved up sooner. The LCDC III also assists her in understanding in how to use her Medicaid transportation benefit to get to and from her medical appointments.

Potential Coding Scenario

Code	Service Name	Unit of Measure
90832 OR 90834 OR 90837	<ul style="list-style-type: none"> • Individual Psychotherapy, 30 minutes (16-37) • Individual Psychotherapy, 45 minutes (38-52) • Individual Psychotherapy, 60 minutes (53+) 	Encounter
H0006	SUD Case Management	Unit Based (15 minutes)

Other Considerations:

- Individual psychotherapy should be coded based on medical documentation of duration

Scenario is for **illustrative purposes only** for today’s training.



SUD Case Management Scenarios

Scenario (SUD case management - LSW)

An LSW spends 15 minutes calling the referral source of a client with a substance use disorder and possibly also a co-occurring mental health disorder such as depression or PTSD to provide the referral source with an update on the status and progress of the client in treatment, any issues that are of mutual concern, and to learn about the status of the client's case with the referral source.

Scenario (SUD case management - CMS)

A CMS spends 20 minutes assisting an alcohol dependent client with identifying local self-help support groups, such as AA. The CMS assists the client with identifying where these meetings are held and transportation options in order to become involved with self-help support groups.

Potential Coding Scenario

Code	Service Name	Unit of Measure
H0006	SUD Case Management	Unit Based (15 minutes)

Scenario is for **illustrative purposes only** for today's training.



Behavioral Health Redesign

SUD Scenarios: Urine Drug Screening



Urine Drug Screening Scenario

Scenario (urine drug screening performed by RN with confirmation testing)

Urinalysis performed by an RN for a MAT client between medication visits.

- The client presents for a scheduled urine drug screen between MAT medication visits to ensure compliance with MAT protocol. The RN takes vitals, counts suboxone wrappers, and obtains a verbal progress report regarding side-effects or positive impacts of MAT. The RN, following agency protocol, obtains sample and reviews instacup positive result for opiates with patient.
- The RN fills out a lab order form for the confirmation testing that will be done on the sample with the clients demographics, list of substances to be tested, the bar code of the cup/sample.

Potential Coding Scenario

Code	Service Name	Unit of Measure
99211	E&M - Office	Encounter
H0048	Urine Drug Screening	Collection

Other Considerations:

1. Choose the code that best aligns with the service delivered
2. Ensure that services are provided within scope of practitioner
3. Medical documentation: the positive instacup reading supports the confirmation testing that must be coordinated with the Medicaid managed care plan

Scenario is for **illustrative purposes only** for today's training.



Behavioral Health Redesign

Nursing Coding Structure



Registered Nurses and Licensed Practical Nurses

For services provided on and after July 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:

CPT/HCPCS Codes for Nursing Activities

SUD

H0016
H0014

SUD & MH

99211

MH

H2019
H2017



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.



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 (MH) or H0016 (SUD) 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 (MH) or H0016 (SUD) when 99211 is not appropriate or services are delivered outside of the office setting.</p>
Medication Assessment and Education 	
Symptom Management 	



Behavioral Health Redesign

Mental Health Scenarios



Behavioral Health Redesign

***Mental Health Scenarios:
Nursing***



Nursing Scenario 1

Scenario (registered nurse seeing MH patient in office setting)

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 <i>OR</i>	E&M – Office	Encounter
<i>OR</i>		
H2019	TBS – Registered Nurse	Unit based (15 minutes)

Other Considerations:

1. Service must be provided within scope of RN
2. Only use H2019 when 99211 is not appropriate or services are delivered outside of the office setting
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. Ordering practitioner (MD, DO, CNS, CNP, PA) must be reported on the claim

Scenario is for **illustrative purposes only** for today's training.



Nursing Scenario 2

Scenario (licensed practical nurse seeing MH patient in office setting)

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
OR		
H2017	PSR – Licensed Practical Nurse	Unit based (15 minutes)

Other Considerations:

1. Service must be provided within scope of LPN
2. LPN must be appropriately supervised
3. Only use H2017 when 99211 is not appropriate or services are delivered outside of the office setting
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)
6. Ordering practitioner (MD, DO, CNS, CNP, PA) must be reported on the claim

Scenario is for **illustrative purposes only** for today’s training.



Nursing Scenario 3

Scenario (registered nurse seeing MH patient in the community)

An RN goes to an established patient’s home and 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 emergency department visit.

Future Billing Options

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

Other Considerations:

1. Services must be provided within scope of RN
2. Must use H2019 because it is a community service
3. H2019 is billed in units of 15 minutes
4. Can bill multiple units of H2019 (ex. 30 minutes – 2 units of H2019)
5. Place of service will be home (12)

Scenario is for **illustrative purposes only** for today’s training.



Behavioral Health Redesign

MH Scenarios: Integrated Medical and MH Services



Integrated Medical and MH Services Scenario

Scenario (integrated medical and MH services)

Client is a 29 year old female who is diagnosed with schizophrenia. Three weeks ago she had surgery for a medical problem. Since that time she has been experiencing pain and has not been sleeping. Client lives with her mother and cares for her sisters three kids who are at risk of being taken by Children Services due to neglect by clients sister. Client has been caring for these children that recently came to live with client and her mother. Neither her mother nor her sister are helping her. They put a lot of pressure and guilt on her regarding this. Client has a very difficult time setting boundaries with her family members and is often taken advantage of by them.

- 20 minutes: BA+1 worker meets with client and mother prior to appointment with counselor and psychiatrist and discussed how client has been doing in the home and with medication compliance. Worker also follows up with when next doctor appointment is related to follow up from surgery.
- 60 minutes: LPCC meets with client in office for counseling appointment where they address unhealthy relationships client is involved in and setting good boundaries. Discuss ways to cope with the stress of the relationship using CBT for psychosis techniques.
- 30 minutes: Psychiatrist meets with client following the counseling session. Psychiatrist discusses medication compliance, completes required paperwork, and makes changes as needed. Psychiatrist also discussed client's current health issues related to a surgery that was completed and realizes that despite the fact client's surgery occurred three weeks ago she is not healing properly and is in a lot of pain. This is causing client to become symptomatic because she has not been sleeping well due to the pain, the infection is also causing her to have an increase in symptoms.
- 40 minutes: RN Care Coordinator attends assists client with linkage to the appointment and attends the appointment with client (with client's permission) to ensure the surgeon understands client's mental health treatment and needs and to advocate with for client regarding lack of recovery from surgery. Surgeon prescribes antibiotics and dressing for the wound.
- 20 minutes: RN Care Coordinator contacted client's parent with client to convey what happened at the appointment with the psychiatrist and then with the surgeon. Discussed what the treatment is and what to watch for regarding the infection and mental health symptoms.
- 20 minutes: BA+1 worker works with client to get to the pharmacy that date to pick up prescriptions and dressing for the wound. Ensure client and her parent understand what transpired that day and ensure that RN Care Coordinator had called and educated parent on medications and treatment of wounds and how it will impact clients mental and physical health.

Potential Coding Scenario

Code	Service Name	Unit of Measure
H2017	Psychosocial Rehabilitation (PSR)	Unit Based (15 minutes)
90837	Psychotherapy – 60 minutes	Encounter
99212 OR 99213 OR 99214 OR 99215	Evaluation and Management – office visit, established patient	Encounter
H2019	TBS	Unit Based (15 minutes)
H0036	CPST	Unit Based (15 minutes)

Not a Community Mental Health Service – Covered Under Surgeon.

Scenario is for **illustrative purposes only** for today's training.



Behavioral Health Redesign

MH Scenarios: Crisis



Crisis Services Scenario 1

Scenario (crisis)

An LISW is treating a 20 year old, female client with a Major Depressive disorder that is severe and recurrent. She has had at least one suicide attempt by overdose at age 19, resulting in an ICU stay and psychiatric hospital admission. Family reported that they have noticed that she has been more depressed in the past month, she recently lost her job and is at risk of losing her apartment. They suspect that she is having suicidal thoughts.

- The LISW provided crisis interventions to evaluate the client’s mental status and possible need for hospitalization. Client is despondent, tearful, and reports she has written a note to her parents apologizing for her failures. Client reports she has had increasing thoughts about walking alone on the train tracks that are near her apartment and has obtained the train schedule. Based on client’s history, risk, and the presence of an active plan, the LISW has determined she is in need of inpatient care.
- The LISW arranges an inpatient psychiatric bed. The LISW speaks with the admitting RN to review client’s history, presenting problem and plan. Admission requires medical clearance, including screening for substance use.
- The LISW contacts the client’s Medicaid MCO to request prior authorization for inpatient admission. Reviewed client’s history, presenting problem, current suicide plan, and discussed lack of alternative resources to manage client behaviors at a lower level of care. Inpatient admission is approved.
- The LISW transports the client to a local emergency room to obtain medical clearance and substance use screening.
- The LISW remains with the client at the local emergency room. During that time, the LISW speaks with family members and reviews the plan for inpatient hospitalization. The LISW also coordinates medical transportation to the inpatient unit and follows up with the inpatient admitting RN.

Future Billing Options

Code	Service Name	Unit of Measure
90839	Psychotherapy for Crisis, first 60 minutes	Encounter (31 to 74 minutes)
+90840	Crisis Psychotherapy add on, additional 30 minutes (must be provided for a minimum of 16 minutes)	Encounter (each additional 30 minutes) (i.e. 75 to 105, 106 to 136 minutes, etc.)

Not Covered – administrative activity related to Medicaid MCO and transportation

Scenario is for **illustrative purposes only** for today’s training.



Behavioral Health Redesign

MH Scenarios: Assertive Community Treatment (ACT) Team Model



DACTS/TMACT Team Model Scenario

Scenario (DACTS/TMACT)

A 57 year old client is receiving services from an ACT team. She has Schizophrenia and has a long history of multiple inpatient hospitalizations due to chronic paranoia, hallucinations, disorganized and delusional thinking. She has been able to maintain community living since initiating services with the ACT team 2 years ago. However, she continues to have poor medication compliance, poor hygiene skills and overall poor ADL's and IADL's. She receives multiple services throughout the month to help her maintain in independent living and to reduce periods of decompensation.

- An RN monitors self-medication administration to help stabilize symptoms of schizophrenia. The RN educates the client on the importance of taking medications as prescribed and the side effects of prescribed medications. RN providers the client with her evening dose of medication to take with her.
- Every evening (7 days a week) and twice a day (on weekends only) unlicensed BA staff member (acting as a medication monitor) goes to the client's home to prompt and monitor her self-administration of medication. The BA staff member reminds the client about importance of medication compliance and praises the client for taking medication.
- Weekly, an LPN provides verbal direction and supervision when the client fills her weekly medication box which stays at the clinic due to her disorganized thinking. The LPN educates of side effects and how medication compliance can reduce and stabilize symptoms of Schizophrenia, as well as, help client maintain in her own apartment without disruption.
- Weekly, an RN provides education about medications and their relationship to mental health diagnoses. One week the education is about Clozaril and how it positively impacts Schizophrenia. The RN educates the client about the necessity of regular lab work to monitor her Clozaril levels. The RN encourages the patient to take her daily medication to increase optimal thinking levels and to increase performance of ADL's and IADL's.
- Weekly, an unlicensed BA accompanies client into the community and works with them in the home to teach money management and healthy nutrition due to her disorganized thinking. Redirects and keeps client focused to work on proper ADLS and IADLs to help assure stable living environment.
- The client has a monthly face-to-face visit with MD to review medications.

Potential Coding Scenario

Code	Service Name	Unit of Measure
H0040 – HN	ACT per diem, Bachelor's level, face to face encounter of at least 15 minutes	Per Diem
H0040 – HN	ACT per diem, Bachelor's level, face to face encounter of at least 15 minutes	Per Diem
H0040 – HO	ACT per diem, Master's level, face to face encounter of at least 15 minutes for first weekly session	Per Diem
H0040 – AM	ACT per diem, prescriber	Per Diem

Scenario is for **illustrative purposes only** for today's training.



TMACT Team Model Scenario

Scenario (TMACT)

A 57 year old client is receiving services from an ACT team. She has Schizophrenia and has a long history of multiple inpatient hospitalizations due to chronic paranoia, hallucinations, disorganized and delusional thinking. She has been able to maintain community living since initiating services with the ACT team 2 years ago. However, she continues to have poor medication compliance, poor hygiene skills and overall poor ADL's and IADL's. She receives multiple services throughout the month to help her maintain in independent living and to reduce periods of decompensation.

- An RN monitors self-medication administration to help stabilize symptoms of schizophrenia. The RN educates the client on the importance of taking medications as prescribed and the side effects of prescribed medications. RN providers the client with her evening dose of medication to take with her.
- Every evening (7 days a week) and twice a day (on weekends only) unlicensed BA staff member (acting as a medication monitor) goes to the client's home to prompt and monitor her self-administration of medication. The BA staff member reminds the client about importance of medication compliance and praises the client for taking medication.
- Weekly, an LPN provides verbal direction and supervision when the client fills her weekly medication box which stays at the clinic due to her disorganized thinking. The LPN educates of side effects and how medication compliance can reduce and stabilize symptoms of Schizophrenia, as well as, help client maintain in her own apartment without disruption.
- Weekly, an RN provides education about medications and their relationship to mental health diagnoses. One week the education is about Clozaril and how it positively impacts Schizophrenia. The RN educates the client about the necessity of regular lab work to monitor her Clozaril levels. The RN encourages the patient to take her daily medication to increase optimal thinking levels and to increase performance of ADL's and IADL's.
- Weekly, an unlicensed BA accompanies client into the community and works with them in the home to teach money management and healthy nutrition due to her disorganized thinking. Redirects and keeps client focused to work on proper ADLS and IADLs to help assure stable living environment.
- The client has a monthly face-to-face visit with APRN to review medications.

Potential Coding Scenario

Code	Service Name	Unit of Measure
H0040 – HN	ACT per diem, Bachelor's level, face to face encounter of at least 15 minutes	Per Diem
H0040 – HN	ACT per diem, Bachelor's level, face to face encounter of at least 15 minutes	Per Diem
H0040 – HO	ACT per diem, Master's level, face to face encounter of at least 15 minutes for first weekly session	Per Diem
H0040 – HP	ACT per diem, prescriber	Per Diem

Scenario is for **illustrative purposes only** for today's training.



Behavioral Health Redesign

MH Scenarios: Family Psychotherapy



Family Psychotherapy Scenario 1

Scenario (family psychotherapy provided at home)

LPC provides 60 minutes of intervention to a 10-year-old client who is diagnosed with reactive attachment disorder, persistent, severe and oppositional defiant disorder. Client presents with irritability and engages in physically and verbally aggressive behaviors several times per week. Client is often distressed and physically aggressive in the home toward primary caregiver and sibling. He engages in age-inappropriate risk-taking and has been found to have dangerous objects in his possession in both the home and school settings. He is often irritable and easily agitated by adults and other children; he has no identifiable friends and is typically avoidant of peers. LPC provided the following:

- Thirty minutes of crisis management support following an incident of physical aggression that resulted in client targeting adults in the school setting with hitting, kicking and spitting. During crisis support, client engaged in de-escalation activities that included facilitating client’s verbalization of source of his anger and his perception of the events that preceded the outburst. LPC modeled and encouraged client to practice previously taught anger management strategies and coping skills.
- Thirty minutes of consultation and education with primary caregiver regarding client’s attachment difficulties and presentation of irritability and aggression in the home and school settings. LPC identified and modeled parenting strategies intended to facilitate client’s adaptive self-expression and self-regulation in the home.

Potential Coding Scenario

Code	Service Name	Unit of Measure
90832 – UT	Psychotherapy, with patient and/or family member – with crisis modifier	Encounter
90846	Family psychotherapy (without the patient present)	Encounter

Scenario is for **illustrative purposes only** for today’s training.



Family Psychotherapy Scenario 2

Scenario (family psychotherapy provided in the office)

An LSW provides 60 minutes of counseling in the office to a 15 year old diagnosed with depressive disorder: reducing depressed mood, poor appetite, difficulty going to sleep and staying asleep, poor concentration, and feelings of helplessness and hopelessness. The client’s symptoms are impairing the clients functioning in school and at home. In addition to the LSW’s counseling, a BA degreed-worker (with no years of experience) spends 1 hour with the client to build skills to help reduce depressive symptoms and improve functioning.

- LSW spends 60 minutes of counseling with the client, including addition of the client’s family, addressing the underlying reasons for his depressive symptoms. Also, counseling with the client addresses the client’s self-esteem, communication patterns at home and disciplining techniques used by his parents. Counseling assists the client in identifying strengths that can be used to improve symptoms.
- BA+0 worker spends 60 minutes providing skill building for the client around stress management, anger management, and distracting activities. BA+0 worker also assists the family with re-enforcing the clients use and mastery of skills taught.

Potential Coding Scenario

Code	Service Name	Unit of Measure
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	Encounter
H2017	Psychosocial Rehabilitation	Unit Based (15 minutes)

Scenario is for **illustrative purposes only** for today’s training.



Behavioral Health Redesign

MH Scenarios: CPST, PSR, and TBS



MH Services Provided by QMHS Scenario

Scenario (QMHS services coded as PSR & CPST)

A QMHS (HS+4) provided services to a 16 year old girl diagnosed with PTSD, depression, and reactive attachment disorder. Client has been in a treatment foster home for the past 3 months, which is the longest sustained placement in the past year. Biological mother is currently in jail for theft and attempted arson. Client has never met her biological father and his whereabouts are unknown.

- The QMHS accompanies client to appointment with her Child Protective Services (CPS) case worker to discuss her case plan and independent living programs. The QMHS provides supports to the client in implementing strategies to address anger management, anxiety, and staying mentally and physically present to participate in the discussion.
- The QMHS accompanies the client to her CPS 6 month case review. The QMHS provides an update on the client’s current MH treatment plan and functioning. Discusses with the client and CPS worker her need for assistance in developing more independent living skills. The QMHS assists with referral to independent living skill training program.
- The QMHS and patient return to her foster home.
- The QMHS spends time with the client supporting her in processing her feelings as a result of the CPS appointment and outcomes, using meditation to reduce stress and reconnect client to physical body to reduce likelihood of disassociation.
- The QMHS works with the client and her foster parents by reviewing the CPS case plan, processing the client’s reaction to the meeting and outcomes, and reviewing triggers and coping skills client and her foster parents can use to address and reduce anxiety and anger. The QMHS reassures the client that her foster care placement is stable.

Future Billing Options

Code	Service Name	Unit of Measure
H2017 – HM	PSR (Home/Community)	Unit Based (15 minutes)
H0036	CPST	Unit Based (15 Minutes)

Not Covered - Transportation

Scenario is for **illustrative purposes only** for today’s training.



MH Services Provided by LISW Scenario

Scenario (LISW services coded as CPT & CPST)

An LISW spends 2 hours with a 26 year old client with bipolar disorder, severe, who is a parent to a 9 month old child, is on intensive supervision (probation), and involved with child welfare. She 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
90837	60 minute psychotherapy	Encounter
+90785	Interactive Complexity	Encounter
H0036	Community Psychiatric Supportive Treatment	Unit Based (15 minute unit)

Scenario is for **illustrative purposes only** for today’s training.



MH Day Treatment Scenario

Scenario (3 hours of group therapy/activities, licensed practitioner)

A child spends 3 hours in group therapy/activities Monday through Friday led by a licensed practitioner.

Note: All non-group therapy activities (e.g., medication management, individual therapy, individual psychotherapy) will be billed separate from the MH Day Treatment.

Potential Coding Scenario

Code	Service Name	Unit of Measure
H2020* – HK	MH Day Treatment, TBS - licensed	Per Diem

*H2020 used because child received 3 hours (more than 2.5) – qualifies for per diem billing

Scenario (2 hours of group therapy/activities, licensed practitioner)

A child spends 2 hours in group therapy/activities Monday through Friday led by a licensed practitioner.

Note: All non-group therapy activities (e.g., medication management, individual therapy, individual psychotherapy) will be billed separate from the MH Day Treatment.

Potential Coding Scenario

Code	Service Name	Unit of Measure
H2012** – HKHQ	MH Day Treatment - licensed	Hourly

**H2012 used because child received 2 hours (less than 2.5) – qualifies for hourly billing

Scenario is for **illustrative purposes only** for today's training.



MH Day Treatment Group Activities - Billing

H2012
Modifiers:
HN HQ

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

\$18.54
Hourly Per Person

H2012
Modifiers:
HO HQ

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

\$21.05
Hourly Per Person

H2012
Modifiers:
HK HQ

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

\$28.10
Hourly Per Person

MH Day Treatment: Additional Details

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⁺² and MA⁺¹.
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 Group Therapeutic Behavioral Services - Billing

Rate Development and Methodology

H2020
HN Modifier

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

\$104.55
Per Diem Per Person

H2020
HO Modifier

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

\$117.05
Per Diem Per Person

H2020
HK Modifier

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

\$140.51
Per Diem Per Person

MH Group Therapeutic Behavioral Services: Additional Details

1. Maximum group size: 1:12 Practitioner to client ratio
 - a. For MH Therapeutic Behavioral 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, H2019 (HQ: Modifier for group) may be used for the BA⁺² and MA⁺¹
 - c. Service is billed in whole unit only.
 - d. All other services must be billed outside of 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**

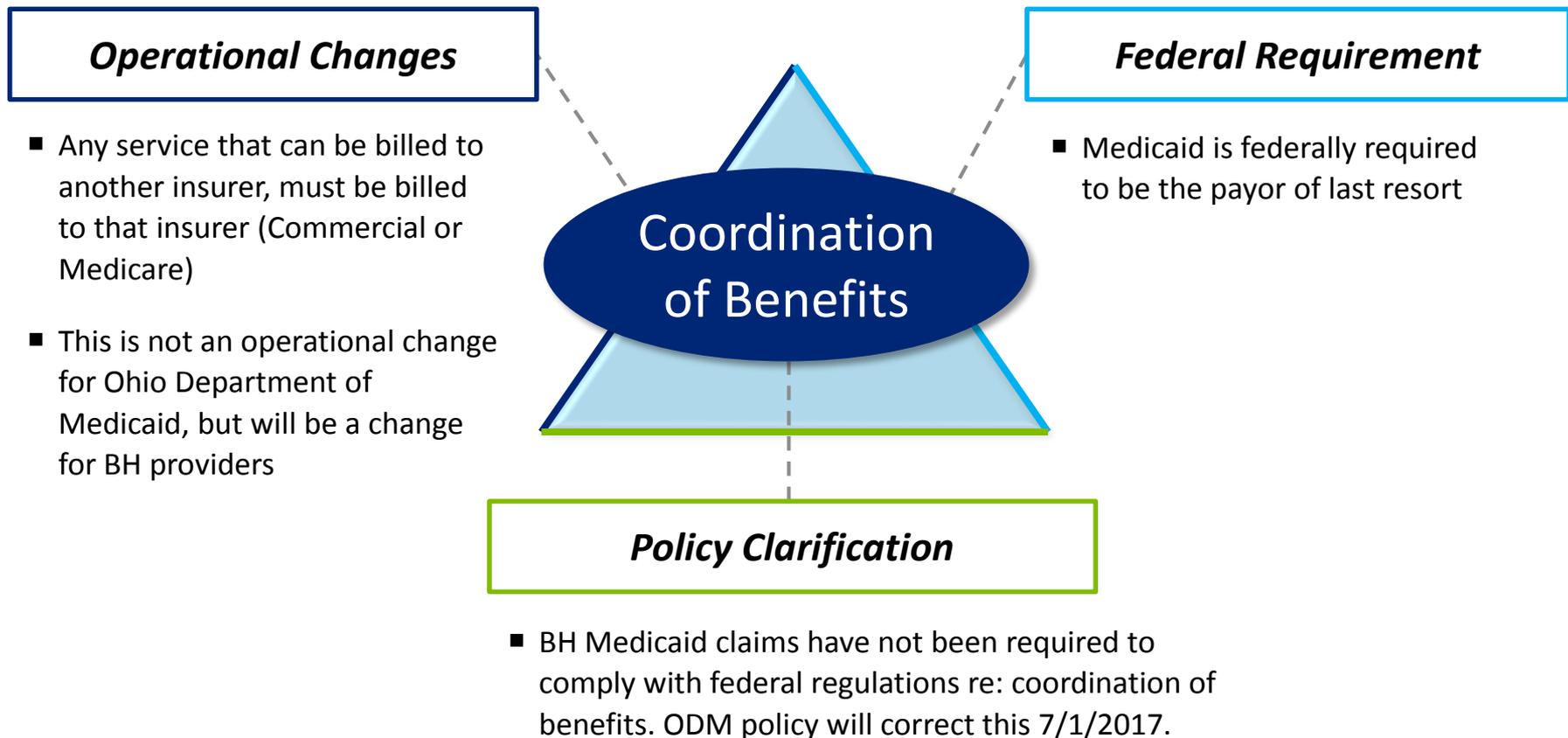


Behavioral Health Redesign

Coordination of Benefits

Medicaid Coordination of Benefits

For behavioral health services provided on or after July 1, 2017, Ohio Medicaid will enforce the policy of Medicaid as the 'payer of last resort'





Medicare Participation Overview

The below chart has been developed to provide additional billing guidance for Community Behavioral Health Centers (CBHCs) employing impacted practitioners.

Rendering Practitioner	Guidance
Physician Advanced Practice Registered Nurse Physician Assistant Psychologist Licensed Independent Social Worker	A CBHC employing any of these rendering providers must bill the Medicare program prior to billing Medicaid.
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 may submit the claim directly to Medicaid.



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.



Medicaid Enrollment of Rendering Providers

- Practitioners on the chart below who are employed by MH or SUD providers should be enrolled with Ohio Medicaid as an individual practitioner

Rendering Practitioner	Rendering Practitioner
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

Exception: Prescribers already registered with ODM as Ordering, Referring or Prescribing providers need not re-register.

- MH and SUD agencies must use the MITS self service portal to affiliate their agency with rendering practitioners listed above
- Practitioners listed above may also affiliate themselves with their agency or agencies
- Agencies will also need to “un-affiliate” rendering practitioners listed above when necessary
- Effective for dates of service January 1, 2017, all BH Medicaid claims must include rendering practitioner as listed above.**
- Practitioners not listed above will be represented by U- or H-modifiers (please see page 20 of the manual)



Behavioral Health Redesign

Coverage and Limitations Work Book



Finding the Provider Manual and Coverage and Limitations Work Book DRAFT



Search...

Behavioral Health Redesign

- HOME
- ABOUT
- INDIVIDUALS
- PROVIDERS**
- NEWSLETTERS
- CONTACT US

For Providers

The codes used by behavioral health providers to bill the Medicaid program are antiquated and in need of updating.

Taking action to modernize the coding system is essential to integration of behavioral and physical health care.

In addition, coverage might be changing for the individuals you serve.

Here, you can learn how to help them understand those changes, and find details on policy and rate changes.



Innovative efforts reward better quality in health care for all Ohioans

June 15th Meeting	
What's Changing?	Coverage and Limitations Workbook 2.0 - Excel
	Using the Medicaid Behavioral Health Redesign Coding Chart - PDF
	Benefit and Service Development Work Group Presentation - PDF
What do I need to do?	Behavioral Health Provider Manual Version 1.1 - PDF
	Feedback and Training Opportunities Information - PDF
MITS Bits	





Reading the Coverage and Limitations Work Book

The State has developed a coverage and limitations Excel workbook that includes all codes and guidance to practitioners on what the limitations of billing are, as well as tabs that cover overall benefit packages.

Ohio

Tab	Name - click on title to navigate to tab	Description
0	Tab Title	
0.A	Overall Coding Sheet	All Behavioral Health codes and prices for each code for all rendering practitioners
0.B	Labx, Vaccines and Drugs	Prices and codes for laboratory work, vaccinations and other drugs
0.C	Service and Care Management Interaction Overview	How services interact with other services (and restrictions when receiving certain services)
1	Rendering Practitioner	
1.A	MD/DO	Description text here
1.B	CNS	Description
1.C	CNP	Description
1.D	PA	Description
1.E	SN	Description
1.F	LPN	Description
1.G	LSW	Description
1.H	LMFT	Description
1.I	LPC/LPCC/S	Description
1.J	LCDC	Description
1.K	PSY and Assistant/Intern/Trainee	Description
1.L	LPC	Description
1.M	LSW	Description
1.N	LMFT	Description
1.O	LCDC #	Description
1.P	LCDC #	Description
1.Q	SW/ATR	Description
1.R	MFT/TA	Description
1.S	CDC-A2	Description
1.T	C-TR	Description
1.U	Peer Supp.	Description
1.V	CM Spec2	Description
1.W	High School QM Spec	Description
1.X	Table of Contents V2	
1.Y	Overall Coding Sheet	

Ohio Billing Guidance

Code	Modifier	Description	Notes	MD/DO	CNS	CNP
12018	HN	IHBT per 15 minutes (Bachelor's)		NA	NA	NA
12018	HO	IHBT per 15 minutes (Master's)		NA	NA	NA

Ohio

Benefit/Plan Category	Service	80000	CNS	CNP	PA	SN	LPN	LSW	LMFT	LPC	LPCC	LCDC	PSY	PEER	APT	LPC
8001	Office or other independent call for the evaluation and management of a new patient, which requires three brief key components: • A detailed history. • A detailed examination. • Medical decision making of low complexity. Counseling and/or coordination of care with other practitioners, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	41.87	41.87	41.87	35.87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8002	Office or other independent call for the evaluation and management of a new patient, which requires three brief key components: • A detailed history. • A detailed examination. • Medical decision making of low complexity. Counseling and/or coordination of care with other practitioners, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	71.87	71.87	71.87	61.87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8003	Office or other independent call for the evaluation and management of a new patient, which requires three brief key components: • A detailed history. • A detailed examination. • Medical decision making of moderate complexity. Counseling and/or coordination of care with other practitioners, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are of moderate to major severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	104.49	104.49	104.49	85.02	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8004	Office or other independent call for the evaluation and management of a new patient, which requires three brief key components: • A detailed history. • A detailed examination. • Medical decision making of moderate complexity. Counseling and/or coordination of care with other practitioners, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are of moderate to major severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	169.21	169.21	169.21	136.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

EXAMPLES

This tool will not replace the provider manual but is complimentary to the provider manual



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



Coverage and Limitations Work Book: Overview

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• 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

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- 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](#)

Billing Guidance

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

Ohio [Navigation](#)

Billing Guidance

Service Code	Modifier 1	Modifier 2	Service Description
ACT Small Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)			
ACT Medium Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)			
ACT Large Team (Note: DACT Team would not bill Peer Recovery Supporter or APRN)			
H0040	AM	NA	Assertive community treatment program, per diem, large team
H0040	HP	NA	Assertive community treatment program, per diem, large team
H0040	HO	NA	Assertive community treatment program, per diem, large team
H0040	HN	NA	Assertive community treatment program, per diem, large team
H0040	HM	NA	Assertive community treatment program, per diem, large team

Instructions | Version Control | **Table of Contents** | Overall Coding Rate Sheet | NCCI Guidance | Labs, Vaccines & Other Meds | **ACT** | HBT



Coverage and Limitations Work Book: Overview

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

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
Medical Services									
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 history and physical examination.	Refer to the NCCI Guidance Tab for examples and navigate to https://www.medicaid.ohio.gov/medicaid-chip-coverage	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 • 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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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 a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to https://www.medicaid.ohio.gov/medicaid-chip-coverage	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 a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to https://www.medicaid.ohio.gov/medicaid-chip-coverage	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 a new patient, which requires these three key components: • A problem focused history	Refer to the NCCI Guidance Tab for examples and navigate to https://www.medicaid.ohio.gov/medicaid-chip-coverage	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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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
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 https://www.medicaid.ohio.gov/medicaid-chip-coverage	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

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



Questions?

Behavioral Health Redesign Website

Go To:

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
Up” in the bottom right corner
to subscribe to the BH
Providers List serve.

Behavioral Health Redesign

HOME ABOUT INDIVIDUALS PROVIDERS NEWSLETTERS CONTACT US

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.
[learn more >](#)

Individuals
Information about your health care coverage.
[learn more >](#)

Providers
Information about your patients' coverage and tools to guide your business.
[learn more >](#)

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: 1-877-275-6364 (1-888-636-4889 TTV)

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bh.medicaid.ohio.gov – Contact Us



Behavioral Health Redesign

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Contact Us

Have a question about BH Redesign? Let us know by submitting the form below.

Name

City or County

E-mail

Comment or Question

Submit

OhioMHAS Consumer & Family Toll-Free Bridge

1-877-275-6364

Ohio Medicaid Consumer Hotline

1-800-324-8680

Frequently Asked Questions

As questions come in, they will be routed appropriately for an answer. Many people may have similar questions, so the most frequently asked questions (FAQs) and their answers will be posted on this site soon.



Behavioral Health Redesign

APPENDIX



Behavioral Health Redesign

Specialized Recovery Services

Disability Determination Redesign

Section 209(b) and Spend Down

Individuals can meet the Spend Down in various ways:



Recurring

Person has established monthly costs or unpaid past medical bills that meet the spend down. Person gets their Medicaid card monthly without additional action on their part



"Pay in"

Spend Down is considered met as of the first of the month, even if the payment was made on the 15th of the month.



Delayed

The person "incurs" costs in the amount of the Spend Down. Cost is "incurred" whether the person pays up front or receives an itemized bill for services

Individuals can group expenses into certain months so that they meet the spend down in those months



The 1634 Option

The 1634 option **allows states to accept the Social Security Administration's decision** for SSI:

- » In Ohio, **Opportunities for Ohioans with Disabilities** will make decision that a person is eligible for SSI.
- » SSI beneficiaries are **automatically enrolled on Medicaid**.
- » The state **does not reconsider** the determination.



The 1634 Option

Fairness in the 209(b) and MAGI (Modified Adjusted Gross Income) adult world:

- A person under 65 without Medicare can get MAGI adult coverage with income up to 138% Federal Poverty Level (FPL).
- A person 65 or older, or with Medicare, has to Spend Down to 64%
- Two people with the same Spend Down amount may have very different results based on what treatment they need from what provider.
 - In one case, the provider never actually attempts to collect on the “incurred” bill.
 - In another case, the person has to pay up front to get services

Administrative simplification:

- No more Spend Down calculation or collection



Disability Determination Redesign

- ✓ In August 2016, Ohio Medicaid will eliminate the program that allows individuals to “spend down” a portion of their income to qualify for Medicaid as a result of the state’s initiative to streamline the disability determination process from two systems into one.
 - ✓ It is important to note that although the change in disability determination will take place in August 2016, an individual on spend down will not lose their Medicaid benefit on that date
 - ✓ At the point of conversion, every individual who would have been eligible for Medicaid ABD under the current system, including individuals who qualified by spending down to the income limit in any month during the previous year, will be automatically enrolled in full Medicaid without spend down.
- ✓ Ohio Medicaid requested, from CMS, a six-month waiver of ABD renewals to ensure that every current beneficiary who is potentially impacted has time to transition to other sources of Medicaid, including the SRS program or, if they are no longer eligible for Medicaid, to seek other sources of coverage.
 - ✓ Medicaid eligibility renewals will resume on January 1, 2017 and, from that date forward, the new eligibility criteria will apply to individuals seeking Medicaid ABD renewals.



Behavioral Health Redesign

Specialized Recovery Services program

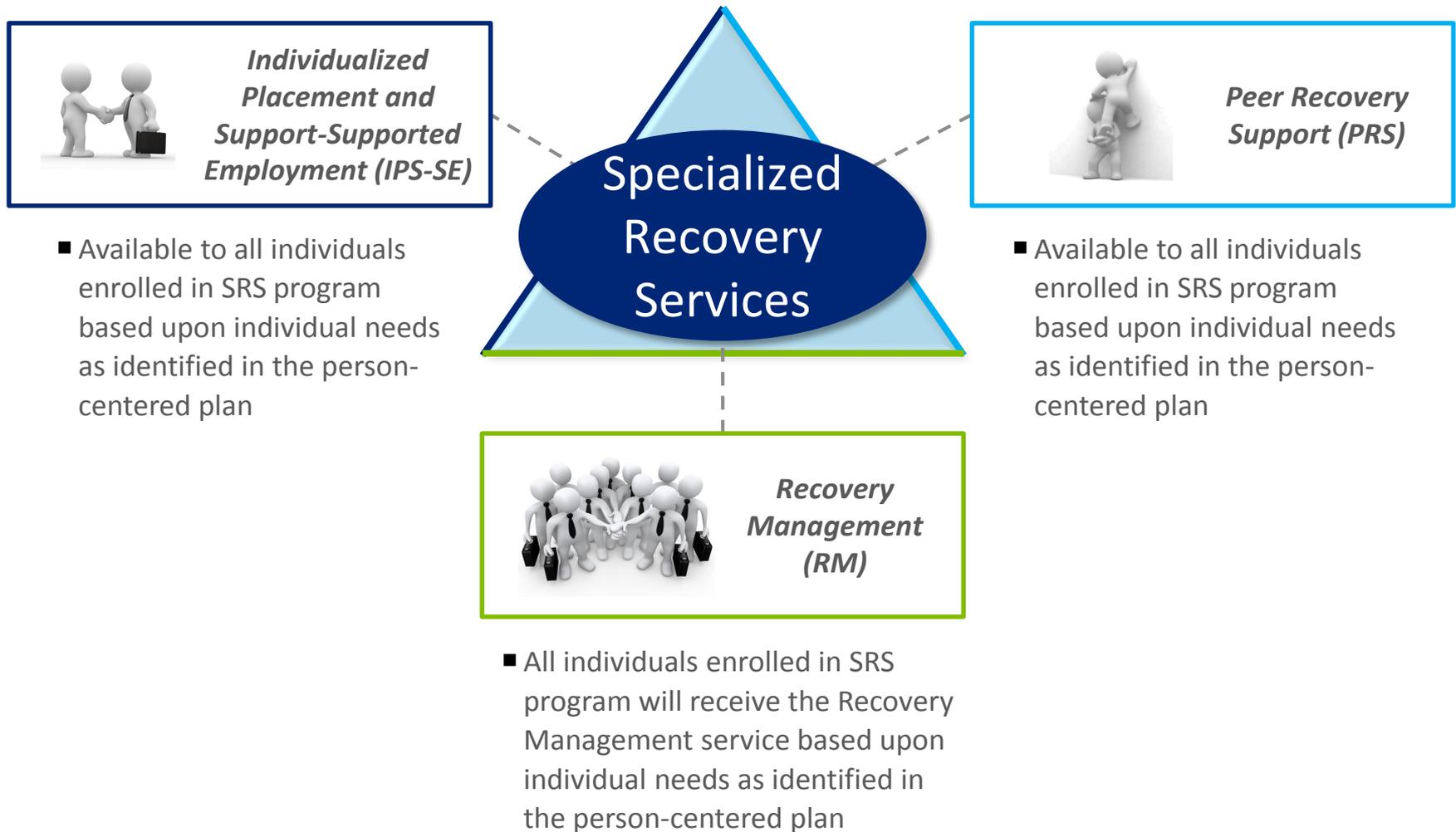
***Medicaid 1915(i) State Plan Program for
SPMI Adults***



Specialized Recovery Services Program

- Ohio has developed a 1915(i) state plan program to help the estimated 4,000 – 6,000 individuals with SPMI who would otherwise lose Medicaid eligibility to maintain Medicaid eligibility.
- 1915(i) state plan programs are Home and Community Based Services (HCBS) programs and must comply with federal HCBS requirements.

Specialized Recovery Services Program

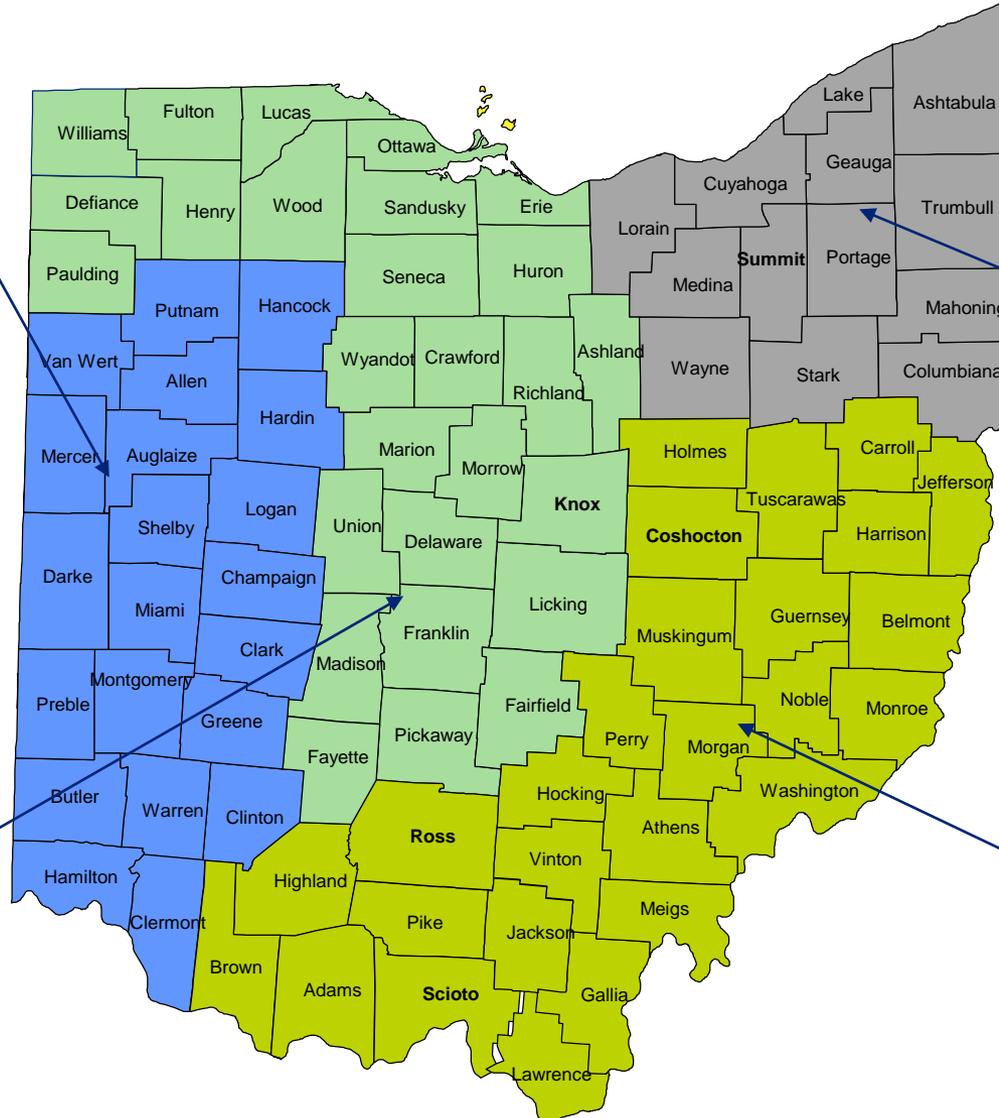




Specialized Recovery Services Program – Recovery Management Contractors

Cincinnati Region – Available Recovery Management

Council on Aging
(855) 372-6176
CareStar
(800) 616-3718



Cleveland Region – Available Recovery Management:

CareSource
(877) 209-3154
CareStar
(800) 616-3718

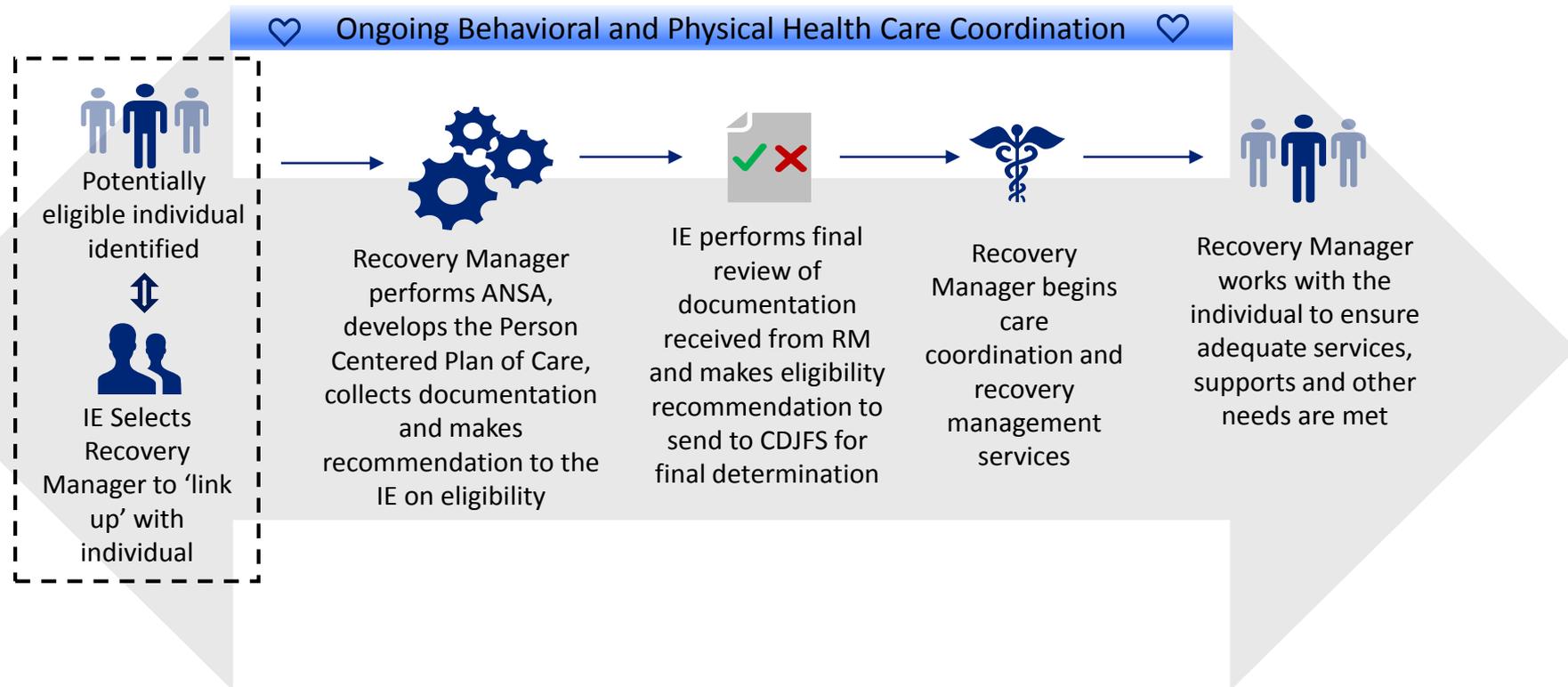
Columbus Region – Available Recovery Management

CareSource
(844) 832-0159
CareStar
(800) 616-3718

Marietta Region – Available Recovery Management:

CareSource
(855) 288-0003
CareStar
(800) 616-3718

Recovery Manager and IE Interaction



The above visual explains the interaction between the Recovery Manger and the IE to enroll an individual into the Specialized Recovery Services Program

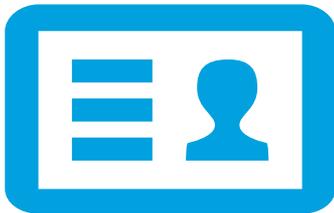
Recovery Manager Overview

Why have a Recovery Manager?



- Facilitates the initial eligibility determination and streamlines overall enrollment process
- Supports the Person-centered planning process

What is a *Recovery Manager?



- Works with the individual to perform care coordination
- Works with individual to develop the person centered plan of care and documents individuals desires, needs, and goals.
- Performs the ANSA to assess the needs and strengths of the individual

What are the Qualifications to be a Recovery Manager?

- 1 Bachelor's degree in social work, counseling, psychology, or similar field
- 2 Trained in administering ANSA
- 3 Trained in evaluating HCBS living arrangements
- 4 Minimum of 3 years post degree experience working with individuals with serious mental illness (SMI)
- 5 Trained in person centered planning
- 6 Trained in incident reporting and Meet state conflict of interest standards



Specialized Recovery Services Program

Recovery Management

Recovery management activities include:

- Face-to-face eligibility evaluation, including:
 - Administration of the ANSA;
 - Verification of the individual's residence in a home and community-based setting as described in rule 5160-44-01 of the Administrative Code. See ODM HCBS Checklist in clearance: <http://medicaid.ohio.gov/Portals/0/Resources/LegalandContracts/Rules/DR-NonBIA/W03212016.pdf>
 - Verification of the individual's qualifying behavioral health diagnoses as described in the appendix to rule 5160-43-02 of the Administrative Code; and
 - Evaluation of all other eligibility criteria as described in paragraph (A) of rule 5160-43-02 of the Administrative Code.
 - Person-centered care planning, monitoring and updating the care plan, as described in rule 5160-44-02 of the Administrative Code.





Specialized Recovery Services Program

Recovery Management

Procedure Code for Recovery Management

- T1016 – Case Management

Billing and Certification Information

- Billed in 15 minute increments
- Recovery Management providers are selectively contracted with ODM and **are not** certified by OhioMHAS. RM providers will be enrolled in Ohio Medicaid as a provider type 45.





Specialized Recovery Services Program

Individualized Placement and Support-Supported Employment

IPS-SE activities include:

- Benefits planning;
- Development of a vocational plan;
- General consultation, including advocacy and building and maintaining relationships with employers;
- Individualized job supports, including regular contact with the individual's employer(s), family members, guardians, advocates, treatment providers, and other community supports;
- Job coaching;
- Job development and placement;
- Job seeking skills training





Specialized Recovery Services Program

Individualized Placement and Support-Supported Employment

IPS-SE activities (Cont'd) include:

- On-the-job training and skill development;
- Vocational rehabilitation guidance and counseling;
- Time unlimited vocational support; and
- Vocational assessment.





Specialized Recovery Services Program

Individualized Placement and Support-Supported Employment

Procedure Codes for IPS-SE

- H2023-Initial Visit
- H2025-Ongoing Visits



Billing and Certification Information

- Billed in 15 minute units
- Agencies providing IPS-SE are certified by the Ohio Department of Mental Health and Addiction Services and enrolled in Medicaid under provider type 84.

* Agency providers will be responsible for assuring IPS-SE employees whose services are billed to Medicaid meet the participation requirements, including offense exclusions for Medicaid. Public Consulting Group (PCG), a contractor to ODM, will check professional requirements during structural review visits. See <http://ohiohchs.pcgus.com/>.





Specialized Recovery Services Program

Peer Recovery Support

Peer Recovery Support is the only Specialized Recovery Service with a limit. A person can receive no more than four hours of peer recovery support per day.

Peer Recovery Support activities include:

- Assisting the individual with accessing and developing natural support systems in the community;
- Attending and participating in care team meetings;
- Conducting outreach to connect individuals with resources;
- Coordinating and/or assisting in crisis interventions and stabilization needed;
- Developing and working toward achievement of the individual's personal recovery goals;
- Facilitating development of daily living skills;
- Modeling personal responsibility for recovery;
- Promoting coordination among similar providers;





Specialized Recovery Services Program

Peer Recovery Support

Peer Recovery Support activities (Cont'd) include:

- Providing group facilitation that addresses symptoms, behaviors, and thought processes to assist an individual in eliminating barriers to seeking and maintaining recovery, employment, education, and housing;
- Supporting individuals in achieving personal independence as identified by the individual; and
- Teaching skills to effectively navigate the health care delivery system to utilize services.





Specialized Recovery Services Program

Peer Recovery Support

Procedure Code for Peer Recovery Support

- H0038 – individual
- H0038/HQ - group

Billing and Certification* Information

- Billed in 15 minute increments
- Agencies providing Peer Recovery Support are certified by the Ohio Department of Mental Health and Addiction Services and enrolled in Ohio Medicaid as a provider type 84.
- Agencies must employ individuals who are professionally qualified to provide PRS.

* There are differences between the Ohio Medicaid offense exclusions (OAC 5160-43-09) and the OhioMHAS offense exclusions for peer recovery support professionals (OAC 5122-29-15.1). Agency providers will be responsible for assuring PRS employees whose services are billed to Medicaid meet the participation requirements, including offense exclusions for Medicaid. Public Consulting Group (PCG), a contractor to ODM, will check professional requirements during structural review visits. See <http://ohiohcbcs.pcgus.com/>.





Specialized Recovery Services Program

- The SRS program budget is independent from the budget for the overall BH Redesign. Recovery Management is a selectively contracted service and not reflected below.



Individual Peer Recovery Support

\$15.51 per 15 minute unit



Group Peer Recovery Support

\$1.94 per 15 minute unit



Individual Placement and Support-Supported Employment

\$19.53 per 15 minute unit



Specialized Recovery Services Program – MyCare Managed Care

MyCare Responsibilities

- 1 Individuals enrolled in the SRS program may be enrolled in MyCare Ohio and vice versa
 - Transition of care requirements will apply to individuals enrolled in SRS who then subsequently enroll in MyCare
- 2 MyCare Ohio Plans may prior authorize SRS program services in accordance with 42 CFR 438.210
- 3 My Care Ohio Plans are responsible for the payment of SRS program services
- 4 MyCare Ohio Plans will need to contract with these providers in their networks
 - Plans are not permitted to perform recovery management services-they must contract with at least 1 of the recovery management providers in each region



Specialized Recovery Services Program – MyCare Managed Care

MyCare Responsibilities Cont'd

5

Care Management:

- Recovery Manager will be included as part of the individual's MyCare Ohio trans-disciplinary team
- The SRS plan will be integrated into the individual's comprehensive care plan

6

Incident Management

- Reporting of incidents in accordance with policy

7

The IE will perform annual eligibility re-determinations for SRS program continued enrollment



Specialized Recovery Services Program - non-MyCare Managed Care

Responsibilities of Medicaid Managed Care

- Managed Care Plans must coordinate with the Recovery Manager and IE for individuals enrolled in traditional managed care
- Managed Care Plans are not financially responsible for SRS program services until behavioral health is carved into managed care

Key Takeaways

- Specialized Recovery Services Program will be its own benefit plan with MITS.
- Assessment and service plan data will be sent from the IE to the plans.
 - » A process similar to what is used for Waiver/MyCare may be used