

Using Ohio's Medicaid Behavioral Health Redesign Coding Chart

On June 15th, 2016 the Ohio Departments of Medicaid and Mental Health and Addiction Services released new Medicaid billing codes and prices for behavioral health services. The new codes align with national health care payment standards, and support the integration of behavioral and physical health care.

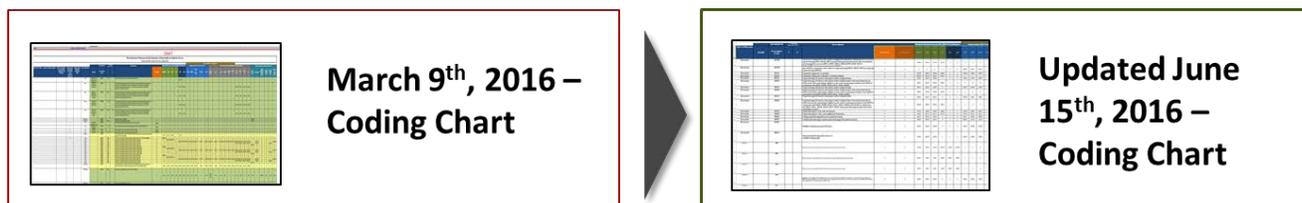
Provider agencies may voluntarily transition to the new code set beginning January 1, 2017. However, all providers will be required to transition to the full new code set for dates of service after June 30, 2017.

This document explains how to read and use the coding and rate chart, located on the Behavioral Health Redesign website here: <http://bh.medicaid.ohio.gov/Providers1#42727-june-15th-meeting>

For more information on Ohio's Behavioral Health Redesign, please visit www.bh.medicaid.ohio.gov.

What has changed?

The Ohio Medicaid behavioral health coding and rate chart shared on June 15th, 2016 has been updated since the last version shared in March 2016.



Changes Made to the Coding Chart since March 9th, 2016 include:

- Added Board Licensed School Psychologists
- Separated Social Work Assistants and Social Work Trainees
- Added U modifiers
- Added Incident-to indicator
- Added EKG codes
- Added Psych Testing Codes
- Increased CPT rates to 146.8% of Medicaid
- Added Home Visit Evaluation & Management codes at 100% of Medicare
- Revised Intensive Outpatient services
- Revised Partial Hospitalization
- Revised Mental Health Day Treatment
- Added administration code for Opioid Treatment Programs to use Buprenorphine based medications
- Updated for Therapeutic Behavioral Services / Psychosocial Rehabilitation practitioners

- Updated information on supervision and required modifiers
- Updated Labs based on CLIA certification
- Moved NCCI columns to a separate tab with examples and link to NCCI website

Reading the Coding and Rate Chart

The chart is set up in a matrix format. Reading from left to right beginning with column C, the columns list specific CPT/HCPCS billing codes that identify health care procedures and a narrative description of each. For each service code as you read from left to right, additional columns describe which practitioners may render the service and the Medicaid payment rate by practitioner type. An “N/A” in the column indicates that the practitioner may not render the service.

The units of measurement for each service are identified in Column A. If the service requires a claims modifier(s) to be used, it will be identified in columns D & E. A key which identifies the meaning of each modifier is found at the bottom of the chart as well as a listing of the practitioner types and their abbreviations, and specific supervision requirements.

Note that the coding chart is an Excel Workbook with multiple tabs. In addition to the “Overall Coding Sheet” tab, there are tabs identifying vaccines, office administered medications, and laboratory procedures. In each case these spreadsheets identify the procedure codes and narrative descriptions of vaccines, drugs, and laboratory procedures that can be performed and billed by Ohio Behavioral Health provider organizations with medical personnel on staff. In the case of laboratory services, additional information is provided regarding the level of laboratory certification status (“CLIA”) that is required for the various services.

The final tab of note is labeled “NCCI” – the National Correct Coding Initiative. Users should pay close attention to the ‘NCCI’ tab, because it lists certain codes that **cannot be billed simultaneously with other codes**, “PTP” or procedure to procedure edits. The spreadsheet also lists Medically Unlikely Edits “MUE” which limit the number of units that can be delivered to the same client on the same day from the same provider. Both PTP and MUE guidance (as part of the National Correct Coding Initiative) is updated quarterly by the Federal Centers for Medicare and Medicaid (CMS). These updates are posted at the following web site: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>

The edits on the Medicaid Behavioral Health Coding Chart dated 6/15/2016 were accurate as of December 2015 and do not reflect the most recent quarterly updates. Providers should familiarize themselves with this website and how to read it in order to assure that their claims are reflective of the latest guidance.

Reading the Chart

Below are two examples that demonstrate how to read the coding chart, using selected behavioral health services (Psychotherapy and Peer Recovery Support).

Reading the Chart: Psychotherapy Example

Unit of Measure	ASAM	CPT/HCPCS		Required Modifier(s)		Description	Per Diem Rate	M/D/O	CNS
		Procedure Code	1	2					
Encounter		+90833				Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201-99255, 99304-99337, 99341-99350).	NA	\$65.37	\$65.56
Encounter		90834				Psychotherapy, 45 minutes with patient and/or family member.	NA	\$82.05	\$69.74
Encounter		+90836				Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201-99255, 99304-99337, 99341-99350).	NA	\$83.03	\$70.58
Encounter		90837				Psychotherapy, 60 minutes with patient and/or family member.	NA	\$120.36	\$102.31
Encounter		+90838				Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M service (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).	NA	\$109.53	\$93.10

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1 Unit of Measure: Explains how the code should be billed (encounter, per diem, 15 minute unit, etc.)
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2 Procedure code: 90837 is used for psychotherapy (53+ minutes).
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3 Description: Description of the code and how it is used.
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4 Rates: Rates are separated by practitioner rates and per diem rates.

Reading the Chart: Psychotherapy Example – NCCI Tab

SAMPLE NCCI Edits***						
*** NCCI edits are updated quarterly. The edits reflected here were updated as of December 2015 and do not reflect the most recent quarterly updates. You can find the quarterly updates at: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html						
Unit of Measure	Procedure Code	Description	NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed together with modifier	NCCI Medical Unlikely Edits	Unit of Measure
Encounter	90837	Psychotherapy, 60 minutes with patient and/or family member.	90791, 90792, 90832-90834, 90836, 90839, 90840, 90845, 99201-99205, 99211-99215	90853, G0396, G0397	1	Encounter

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1 Procedure code: 90837 is used for psychotherapy (53+ minutes).
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2 NCCI PTP Edits: Codes that cannot be billed together.
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3 NCCI PTP Edits: Codes that can be billed together with modifiers.

Reading the Chart: Peer Recovery Support Example

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



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



2 Procedure code: H0038 is used for peer recovery support.



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



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



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