Benefit and Service Development Work Group

June 15th, 2016
<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Opening Remarks</td>
<td>Director Tracy Plouck</td>
<td>10 min</td>
</tr>
<tr>
<td>Today’s Objectives</td>
<td>Angie Bergefurd</td>
<td>5 min</td>
</tr>
<tr>
<td>BH Redesign Feedback/Training Timeline and Opportunities</td>
<td>Angie Bergefurd</td>
<td>10 min</td>
</tr>
<tr>
<td>BH Redesign Process Results</td>
<td>Angie Bergefurd</td>
<td>10 min</td>
</tr>
<tr>
<td>Updated SFY 2014 Budget Model</td>
<td>Director John McCarthy</td>
<td>20 min</td>
</tr>
<tr>
<td>National Correct Coding Initiative</td>
<td>Sysilie Hill</td>
<td>10 min</td>
</tr>
<tr>
<td>Using the Coding Chart</td>
<td>Sysilie Hill</td>
<td>15 min</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td>Coverage and Limitations Work Book</td>
<td>Douglas Day</td>
<td>20 min</td>
</tr>
<tr>
<td>Using the Draft Provider Manual</td>
<td>Sysilie Hill/ Mary Haller</td>
<td>20 min</td>
</tr>
<tr>
<td>Scenarios</td>
<td>State and Mercer</td>
<td>45 min</td>
</tr>
<tr>
<td>Next Steps and Schedule</td>
<td>Angie Bergefurd</td>
<td>5 min</td>
</tr>
</tbody>
</table>
Topic: Today’s Objectives
Today’s Objectives

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

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

Learn how to use the coding chart, the coverage and limitations work book, and the provider manual in conjunction with one another to effectively bill services.
Topic: BH Redesign Feedback/Training Timeline and Opportunities
# BH Redesign Feedback/Training Timeline

## 2016

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stakeholder Meetings</strong></td>
<td>Benefits &amp; Service Development Workgroup meeting 6/15</td>
<td>Benefits &amp; Service Development Workgroup meeting 7/18</td>
<td>Benefits &amp; Service Development Workgroup meeting 8/23</td>
<td>Benefits &amp; Service Development Workgroups to continue monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trainings</strong></td>
<td>Trainings 7/6, 7/8, 7/12, 7/15, 7/19</td>
<td>Trainings 7/22, 7/26, 7/29</td>
<td>Trainings 8/2 &amp; 8/5</td>
<td>Additional CPT code training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Manuals &amp; Coding Chart</strong></td>
<td>Manual and Coding Chart Shared on 6/15</td>
<td></td>
<td>Public review and comment</td>
<td>Manual finalized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Manual and Coding chart training</td>
<td>Additional Manual and Coding chart training</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Feedback/Training Opportunities: *Save the Date*

- **Wednesday, July 6th**
  - **Webinar**

- **Friday, July 8th**
  - **Columbus, OH**
  - Ohio Department of Transportation

- **Tuesday, July 12**
  - **Webinar**

- **Friday, July 15**
  - **Parma, OH**
  - Cuyahoga County Public Library

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

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

- **Tuesday, July 26**
  - **Columbus, OH**
  - Wagnalls Memorial Library Auditorium

- **Friday, July 29**
  - **Ohio Department of Agriculture Reynoldsburg, OH**

- **Tuesday, August 2**
  - **Webinar**

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

---

**Target Audience:** IT, clinical, and billing staff
Topic:
BH Redesign Process Results
Results

- **ACT and IHBT**: Added evidence-based/state-best practices and associated payments
- **ASAM Levels of Care**: Aligned SUD Benefit with ASAM levels of care
- **Children’s BH Services**: No diagnosis edits for children services provided by licensed practitioners
- **EKGs**: Monitoring of cardiac health for individuals receiving BH medications through use of EKG
Results

**Expanded Code Set**

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

**Labs and Vaccines**

- Inclusion of certain clinical laboratory tests and vaccinations

**Medical Services**

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

**MH Professional Experience**

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

**OTPs**

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

**Peer Support: Medicaid**

Introduced peer recovery support as a covered Medicaid service.

**Psychotherapy Codes**

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

**Psychological Testing**

Added psychological testing codes.
Results

**SUD Basic Benefit Package**

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

**SUD Residential**

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

**MH Day Treatment**

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

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

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

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

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

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

**Mobile Crisis and BH Urgent Care Work Group kick off meeting: Late Summer 2016**
- Meeting will be used to identify timeline for implementation and identification of all payers involved

**Continued commitment to High Fidelity Wraparound: Work Group kick off meeting: Summer 2016**
- Meeting will be used to identify timeline for implementation
Summary Results

Rate Increases From Original Proposal:

- Increased rates for SUD Partial Hospitalization Group Counseling, SUD Intensive Outpatient Group Counseling, and SUD Group Counseling
- Increased CPT Rates (other than E&M and associated add-ons) to 146.8% of the Medicaid maximum (91% of Medicare)
- Increased E&M office based rates to 100% of Medicare
  - Added E&M home visit codes at 100% of Medicare
- Increased rates for RNs and LPNs (H2019 and H2017)
- Increased Day Treatment TBS Per Diem and MH Day Treatment Hourly rates for unlicensed practitioners (BA +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
Topic: Updated SFY 2014 Budget Model
Updated SFY 2014 Budget Model

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

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

Key reminders regarding the budget model

- Generally includes costs associated with BH carve-out services
- Does not include costs for 1915(i) and most new laboratory/vaccine codes available to community BH providers
Updated SFY 2014 Budget Model

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

Key Results
- Reflects projected increase in total expenditures of $37.6M
- CPT rates to 146.8% of the Medicaid maximum (91% of Medicare)
- E&M, Interactive Complexity and Psychotherapy add-on codes are set at 100% of Medicare
- Modeled fees generally set at the upper bound of the fee range
- Investment in children’s mental health estimated at $18.7M
## Updated SFY 2014 Budget Model: Projected Increase/(Decrease) in Expenditures

<table>
<thead>
<tr>
<th>Service</th>
<th>Category</th>
<th>Adults</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH Services</td>
<td>Baseline</td>
<td>$284.2M</td>
<td>$360.4M</td>
<td>$644.6M</td>
</tr>
<tr>
<td></td>
<td>Projected Increase/(Decrease)</td>
<td>$11.2M</td>
<td>$18.7M</td>
<td>$29.9M</td>
</tr>
<tr>
<td></td>
<td>Percent Change</td>
<td>4.0%</td>
<td>5.2%</td>
<td>4.6%</td>
</tr>
<tr>
<td>SUD Services</td>
<td>Baseline</td>
<td>$125.4M</td>
<td>$32.7M</td>
<td>$158.0M</td>
</tr>
<tr>
<td></td>
<td>Projected Increase/(Decrease)</td>
<td>$7.7M</td>
<td>($0.1M)</td>
<td>$7.7M</td>
</tr>
<tr>
<td></td>
<td>Percent Change</td>
<td>6.2%</td>
<td>(0.3%)</td>
<td>4.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Baseline</td>
<td>$409.5M</td>
<td>$393.1M</td>
<td>$802.6M</td>
</tr>
<tr>
<td></td>
<td>Projected Increase/(Decrease)</td>
<td>$19.0M</td>
<td>$18.6M</td>
<td>$37.6M</td>
</tr>
<tr>
<td></td>
<td>Percent Change</td>
<td>4.6%</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
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 January 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:
  - Procedures to procedure edits: Pairs of codes that may not be reported together when delivered by the same provider for the same recipient on the same date of service. Applied to current and historic claims.
  - Medically unlikely edits: These edits define the maximum number of units of service that are, under most circumstances, billable by the same provider, for the same recipient on the same date of service.
Procedure to Procedure (PTP) Edits Overview

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)

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.

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)

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.
Topic: Using the Coding Chart
What has changed?

<table>
<thead>
<tr>
<th>March 9th, 2016 – Coding Chart</th>
<th>Updated June 15th, 2016 – Coding Chart</th>
</tr>
</thead>
</table>

### Changes Made to the Coding Chart Since March 2016

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

1. Read the coding chart from left to right, you can start at any row and read across the columns to the cell in which you are interested.

2. The chart is set up to read in a matrix format. The columns include the code, description, modifiers, unit type, practitioners and associated rates. If the practitioner column has a rate, the practitioner is eligible bill that service code.

3. Providers reading the chart should pay particularly close attention to the NCCI tab, there are certain codes that cannot be billed at the same time as other codes. Providers should navigate to the website provided in the tab; to check for updates.

4. Providers should review the lab and vaccines tab if they are enrolled as a lab or if they are providing a CLIA waived service.
# Reading the Coding Chart: Psychotherapy Example

<table>
<thead>
<tr>
<th>Unit of Measure</th>
<th>ASAM</th>
<th>Procedure Code</th>
<th>Required Modifier(s)</th>
<th>Description</th>
<th>Per Diem Rate</th>
<th>MD/DO</th>
<th>CNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter</td>
<td></td>
<td>+90833</td>
<td></td>
<td>Psychotherapy, 30 minutes with patient and/or family member when performed with an E&amp;M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201-99255, 99304-99337, 99341-99360).</td>
<td>NA</td>
<td>$65.37</td>
<td>$55.56</td>
</tr>
<tr>
<td>Encounter</td>
<td></td>
<td>90834</td>
<td></td>
<td>Psychotherapy, 45 minutes with patient and/or family member.</td>
<td>NA</td>
<td>$82.05</td>
<td>$69.74</td>
</tr>
<tr>
<td>Encounter</td>
<td></td>
<td>+90836</td>
<td></td>
<td>Psychotherapy, 45 minutes with patient and/or family member when performed with an E&amp;M service (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201-99255, 99204-99237, 99341-99360).</td>
<td>NA</td>
<td>$83.03</td>
<td>$70.58</td>
</tr>
<tr>
<td>Encounter</td>
<td></td>
<td>+90837</td>
<td></td>
<td>Psychotherapy, 60 minutes with patient and/or family member.</td>
<td>NA</td>
<td>$120.36</td>
<td>$102.31</td>
</tr>
<tr>
<td>Encounter</td>
<td></td>
<td>+90833</td>
<td></td>
<td>Psychotherapy, 60 minutes with patient and/or family member when performed with an E&amp;M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201-99255, 99204-99237, 99341-99360). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes Interdisciplinary services).</td>
<td>NA</td>
<td>$109.53</td>
<td>$93.10</td>
</tr>
</tbody>
</table>

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

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

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

**Rates:** Rates are separated by practitioner rates and per diem rates.
**NCCI Tab**

### SAMPLE NCCI Edits

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

<table>
<thead>
<tr>
<th>Unit of Measure</th>
<th>Procedure Code</th>
<th>Description</th>
<th>NCCI PTP Edits - cannot be billed together</th>
<th>NCCI PTP Edits - Can be billed together with modifier</th>
<th>NCCI Medical Unlikely Edits</th>
<th>Unit of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter</td>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient and/or family member.</td>
<td>90791, 90792, 90832-90834, 60836, 90839, 90840, 90845, 99201-99205, 99211-99215</td>
<td>90853, G0396, G0397</td>
<td>1</td>
<td>Encounter</td>
</tr>
</tbody>
</table>

1. Procedure code: 90837 is used for psychotherapy (53+ minutes).
2. NCCI PTP Edits: Codes that cannot be billed together.
3. NCCI PTP Edits: Codes that can be billed together with modifiers.
### Reading the Coding Chart: Peer Recovery Support

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

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

**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)

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

**Rates:** Rates are separated by practitioner rates and per diem rates.
Topic:
Coverage and Limitations Work Book
Coverage and Limitations Work Book: Overview

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

- This workbook should be used to understand basic benefit packages and limitations
- Please refer to the Provider Manual for additional billing guidance and instructions
Coverage and Limitations Work Book: Overview

Grouping by Tab

- Reference and Instruction Tabs
- Benefit Package Tabs
- Practitioner Tabs

Grouping by Services Within the Tabs

- Counseling and Therapy
- Medical Services
- Other Services
- PH and IOP
- Mental Health Day Treatment
- Nursing Activities
- OTP Medication Administration
- Screening, Assessment and Psychological Testing
- SUD Residential
- OTP: Buprenorphine-Based Medication Codes
- IHBT
- ACT
- SUD Withdrawal Management
- Crisis

Make sure to look at the instructions tab to better understand how to navigate the overall work book.
Coverage and Limitations Work Book: Overview

Instructions

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

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

Click Here to Proceed to the Table of Contents

• 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).
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.
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.
Coverage and Limitations Work Book: Overview

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
As you continue scrolling right to see the additional tabs, you will find that there are also tabs available for each practitioner, which includes, but is not limited to the following:

1. Code to bill
2. Modifiers for billing purposes
3. Description of code/service
4. Billing limitation/guidance
5. Rate for practitioner

These tabs only include the codes that a practitioner can bill.
### Noteworthy Rows for Providers

1. **CPT or HCPCS Code**
2. **Modifier(s)** (N/A for this example)
3. **Description**
4. **ASAM Benefit Limit Guidance (adult/adolescent)**
5. **General Medicaid Benefit Limit Guidance**
6. **Rate (per diem or practitioner rate)**
# Coverage and Limitations Work Book: Overview

## Version Control

<table>
<thead>
<tr>
<th>Current Version</th>
<th>Description of Changes</th>
<th>Last Editor</th>
<th>Release Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1.0</td>
<td>Initial DRAFT Version</td>
<td>State Policy Team</td>
<td>6/14/2016</td>
</tr>
</tbody>
</table>

- Version updates will be noted on a separate tab sheet.
- Each new Version release will be uploaded onto the Ohio Behavioral Health Redesign website.
Topic: Using the Draft Provider Manual
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/HCPCS code books, the finalized provider manual, and other materials available (e.g., NCCI, additional professional guidance).
# Provider Manual: Under Development

## Examples

| Prior Authorization | Managed Care Interaction | ACT and IHBT Provider Enrollment |

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

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

- Modifiers are two-character codes reported with CPT/HCPCS codes to give additional information about the provider or procedure.

- **It is extremely important to accurately report modifiers since they affect benefit limits, payments, claims adjudication, and/or provide additional information.**

- Modifiers are always two characters in length and may consist of two numbers ranging from 21-99, two letters or a mix (alphanumeric).

## Documentation

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

1. Assessments
2. Progress Notes
3. Treatment Plan(s)
4. Treatment Plan Reviews
### Three Types of Supervision

- **General supervision:** Supervising practitioner must be available by telephone to provide assistance and direction if needed.

- **Direct supervision:** Supervising practitioner must be “immediately available” and “interruptible” to provide assistance and direction throughout the performance of the procedure; however, he or she does not need to be present in the room when the procedure is performed.

- **Incident to Services:** To qualify as “incident to,” services must be part of the patient’s normal course of treatment, during which an independent practitioner personally performed an initial service that day and remains actively involved in the course of treatment.
Medicaid fraud involves making false or misleading statements, or causing such statements to be made, in order to get Medicaid reimbursement.

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

- Billing for, but not providing, services or goods, and providing medically unnecessary services;
- billing for a more expensive product or service than was actually delivered;
- billing separately for services that should be billed together;
- billing twice for the same product or service;
- dispensing generic medications while billing for more expensive brand-name medications;
- submitting false information on Medicaid cost reports;
- charging co-pays;
- and providing kickbacks or rebates for goods or services for which Medicaid reimbursement will be sought.
Example #1 – 96372: Medication Injection

High Level Overview

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

<table>
<thead>
<tr>
<th>Service</th>
<th>MH / SUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Code</td>
<td>Code</td>
</tr>
<tr>
<td>Medication administration</td>
<td>96372</td>
</tr>
<tr>
<td>Provider</td>
<td>Code</td>
</tr>
<tr>
<td>Physician administered</td>
<td>96372</td>
</tr>
<tr>
<td>PA, RN, LPN</td>
<td>96372</td>
</tr>
</tbody>
</table>

Unit Value

Service Definition

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 another person by any number of routes including, but not limited to the following: oral, inhalant, intramuscular injection, intravenous, topical, suppository or intraocular. Medication administration requires a written service order for medication administration and a written service order for the medication and the administration of the medication. This service does not cover the self-administration of medications. (See Clinical Exclusions below).

The service must include:

- An assessment, by the licensed or credentialed medical personnel administering medication, of the individual’s physical, psychological and behavioral status in order to make a determination 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 medical personnel, on the proper administration and monitoring of prescribed medications in accordance with the individual's recovery plan.
- For individuals who need opioid maintenance, the methadone administration service should be requested. Do not bill this service for administering methadone.

Admission Criteria

- Individual presents symptoms that are likely to respond to pharmacological intervention.
- Individual has been prescribed medications as a part of the treatment/service arrangement.
- Individual and family/responsible caregiver is unable to self-administer/administer medication because:
  - 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 in order to make a determination regarding whether to continue medication and/or its means of administration and/or whether to refer the individual to the physician for a medication review.
- Due to the family/caregiver’s lack of capacity there is no responsible person to manage/supervise self-administration of medication.

Continuing Stay Criteria

Individual continues to meet admission criteria.

Discharge Criteria

- 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 –
H0004: SUD Individual Counseling

High Level Overview

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

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Definition</th>
<th>Admission Criteria</th>
<th>Continuing Stay Criteria</th>
<th>Discharge Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0004</td>
<td>Techniques employed involve the principles, methods and procedures of counseling that assist the identifying and resolving personal, social, vocational, intrapersonal and interpersonal concerns. Services are directed toward achievement of specific goals defined by the family and by the parent(s)/responsible caregiver(s) and specified in the individualized treatment plan. These services address goals/issues promoting resiliency, and the restoration, development, enhancement or maintenance of:</td>
<td>The individual must have a substance use disorder diagnosis.</td>
<td>Individual continues to meet admission criteria; and Individual demonstrates documented progress relative to goals identified in the treatment plan, have not yet been achieved.</td>
<td>Adequate continuing care plan has been established; and one or more of the following: 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; 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.</td>
</tr>
<tr>
<td>MFT-T</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H0004</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical dependency counselor assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H0004</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor trainee</td>
<td>H0004</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Exclusions
- 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.

Required Components
- The treatment orientation, modality and goals must be specified and agreed upon by the individual/family/caregiver.

Clinical Operations
- Practitioners and supervisors of those providing this service are expected to maintain knowledge regarding current research trends in best/evidence based counseling practices.
Example #3 –
H2019: MH Therapeutic Behavioral Services (TBS)

### High Level Overview

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

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Type</th>
<th>Req’d Mod</th>
<th>Group Mod</th>
<th>Crisis Mod</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2019</td>
<td>RN</td>
<td>HQ</td>
<td>UT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>Psychology assistant</td>
<td>U1</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>School psychology assistant/trainee (ODE)</td>
<td>U1</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>Board licensed school psychologist</td>
<td>UB</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>LSW</td>
<td>U4</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>LMFT</td>
<td>U5</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>Social worker trainee</td>
<td>U9</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>MFT trainee</td>
<td>UA</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>Counselor trainee</td>
<td>U7</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>QMHS +10 yrs. exp</td>
<td>HM</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>QMHS - high school</td>
<td>HM</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>QMHS - Associates</td>
<td>HM</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>QMHS - Bachelor</td>
<td>HM</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>QMHS - Masters</td>
<td>HM</td>
<td>HQ</td>
<td>UT</td>
<td></td>
</tr>
</tbody>
</table>

**Unit Value**

TBS consists of rehabilitative skill, environmental support and resources coordination considered to assist an individual/family in gaining access to necessary services and in creating environments promote resiliency and support the emotional and functional growth and development of the individual.

The activities of TBS include:

- Assistance to the individual and family/responsible caregivers in the facilitation and coordination of individual treatment plan including providing skills support in the individual/family’s self-articulated personal goals and objectives;
- Planning in a proactive manner to assist the individual/family in managing or preventing crisis situations;
- Individualized interventions, which shall have as objectives:
  - Identification, with the individual, of strengths which may aid him/her in achieving resiliency, as well as barriers that impede the development of skills necessary for appropriate functioning in school, with peers, and with family;
  - Support to facilitate enhanced natural and age-appropriate supports (including support/assistance with defining what wellness means to the individual in order to them with recovery-based goal setting and attainment;
  - Assistance in the development of interpersonal, community coping and functional (including adaptation to home, school and healthy social environments);
  - Encouraging the development and eventual succession of natural supports in living, learning, working, other social environments;
  - Assistance in the acquisition of skills for the individual to self-recognize emotions triggers and to self-manage behaviors related to the individual’s identified emotional disturbance;
  - Assistance with personal development, school performance, work performance, and functioning in social and family environment through teaching skills/strategies to ameliorate the effect of behavioral health symptoms;
ASAM Levels of Care

The provider manual contains information about each ASAM Level.

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

Additional Sections

- **Specialized Recovery Services (SRS)**
- **Assertive Community Treatment (ACT)**
- **Intensive Home-Based Treatment (IHBT)**
- **Appendices (e.g., SRS program diagnoses, background check exclusions, EPSDT, vaccines, labs)**
Topic: Scenarios
Illustrative Scenario Disclaimer

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

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

PLEASE READ
Registered Nurses and Licensed Practical Nurses

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

Behavioral Health Codes for Nursing Activities

99211
H2017
H2019

Key Takeaways

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

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

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

<table>
<thead>
<tr>
<th>Nursing Activity</th>
<th>Behavioral Health Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Assessment (RN Only)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RN: 99211 should be used if the activity meets the criteria. Only use H2019 when 99211 is not appropriate or services are delivered outside of the office setting.</td>
</tr>
<tr>
<td>Medication Assessment and Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LPN: 99211 should be used if the activity meets the criteria. Only use H2017 when 99211 is not appropriate or services are delivered outside of the office setting.</td>
</tr>
<tr>
<td>Symptom Management</td>
<td></td>
</tr>
</tbody>
</table>
Nursing Scenario 1

Scenario Provided By Practitioners

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

Future Billing Options

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Name</th>
<th>Unit of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>E&amp;M – Office</td>
<td>Encounter</td>
</tr>
<tr>
<td>H2019</td>
<td>TBS – Registered Nurse</td>
<td>Unit based (15 minutes)</td>
</tr>
</tbody>
</table>

Other Considerations:
1. Choose the code that best aligns with the service delivered
2. Ensure that services are provided within scope of RN
3. 99211 is an encounter based code and H2019 is billed in units of 15 minutes

Scenario is for **illustrative purposes only** with today’s (6/15/16) Benefit and Service Development Work Group
Nursing Scenario 2

Scenario Provided By Practitioners

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

Future Billing Options

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Name</th>
<th>Unit of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211 or</td>
<td>E&amp;M – Office</td>
<td>Encounter</td>
</tr>
<tr>
<td>H2017</td>
<td>PSR – Licensed Practical Nurse</td>
<td>Unit based (15 minutes)</td>
</tr>
</tbody>
</table>

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

Scenario is for **illustrative purposes only** with today’s (6/15/16) Benefit and Service Development Work Group
Nursing Scenario 3

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

Future Billing Options

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Name</th>
<th>Unit of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2019</td>
<td>TBS – Registered Nurse</td>
<td>Unit based (15 minutes)</td>
</tr>
</tbody>
</table>

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

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

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

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

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

**Scenario**

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

**Future Billing Guidance**

<table>
<thead>
<tr>
<th>Code</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2036</td>
<td>Per Diem – ASAM Level 3.5</td>
</tr>
</tbody>
</table>

**Other Considerations:**

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Name</th>
<th>Unit of Measure</th>
<th>Total Time/Encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0004</td>
<td>BH Counseling</td>
<td>Unit based (15 minutes)</td>
<td>1 hour</td>
</tr>
<tr>
<td>H0006</td>
<td>SUD Case Management</td>
<td>Unit based (15 minutes)</td>
<td>4 units</td>
</tr>
<tr>
<td>H0048</td>
<td>Urinalysis</td>
<td>Collection</td>
<td>Collection</td>
</tr>
</tbody>
</table>

Scenario is for **illustrative purposes only** with today’s (6/15/16) Benefit and Service Development Work Group
Scenarios: Use of CPT Codes by LISW

Scenario (Example of Individual Psychotherapy and CPST)

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

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

Potential Coding Scenario

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

Scenario is for illustrative purposes only with today’s (6/15/16) Benefit and Service Development Work Group
TBS Per Diem Scenario 1

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

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

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

### Scenario

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

### Service Units Billed

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
<th>Unit</th>
<th>Mon.</th>
<th>Tues.</th>
<th>Wed.</th>
<th>Thurs</th>
<th>Fri.</th>
<th>Total</th>
<th>Total Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBS Per Diem — Licensed</td>
<td>H2020 HK</td>
<td>Per Diem</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>145</td>
<td>$20,374.00</td>
</tr>
<tr>
<td>Individual Counseling (ad hoc w/ licensed provider)</td>
<td>90837</td>
<td>Hour</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>25</td>
<td>$2,558.00</td>
</tr>
<tr>
<td>*Interactive Complexity</td>
<td>90785</td>
<td>Per Encounter</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td>$129.00</td>
</tr>
<tr>
<td>Individual Counseling (ad hoc w/ unlicensed provider)</td>
<td>H2019 HN</td>
<td>15 min</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>20</td>
<td>116</td>
<td>$2,151.00</td>
</tr>
<tr>
<td>TBS Individual — RN (for Pharm Management)</td>
<td>H2019 TD</td>
<td>15 min</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>10</td>
<td>58</td>
<td>$1,486.00</td>
</tr>
<tr>
<td>Crisis — Licensed</td>
<td>90839</td>
<td>1 hour</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td>$466.00</td>
</tr>
<tr>
<td>Crisis — Licensed</td>
<td>90840</td>
<td>30 min</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
<td>16</td>
<td></td>
<td>$895.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$28,059.00</strong></td>
</tr>
</tbody>
</table>
Topic: Next Steps and Schedule
Next Steps and Schedule

Future Benefit and Service Development Work Groups:

June 29th – CANCELLED

July 18th, 2016

August 23rd, 2016

Upcoming Trainings:

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

August 2, 5
Behavioral Health Redesign Website

Go To: bh.medicaid.ohio.gov

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.