MITS BITS PROVIDER INFORMATION RELEASE

BH Redesign Reminders: Practitioner Enrollment, Reminder on NCCI, No Modifiers on PA Requests

April 4, 2018

BH Redesign Reminders:
- Practitioner Enrollment,
- Reminder on NCCI
- NO Modifiers on Prior Authorization Requests

Enrollment of Dependently Licensed and BH Paraprofessional Practitioners in MITS

Claims for services provided on and after July 1, 2018, must list the National Provider Identifier (NPI) of the rendering practitioner.

Therefore, by June 30, 2018, Medicaid behavioral health (BH) agencies must enroll in the Ohio Medicaid program and affiliate all of their employees who render services, including dependently licensed and paraprofessionals. **The Ohio Department of Medicaid (ODM) encourages providers to begin this enrollment process NOW in order to have everything complete prior to July 1, 2018.**

See detailed instructions on how to enroll practitioners here:
http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS-Bits_1-31-2018.pdf.

Guidance on the National Correct Coding Initiative (NCCI)

The National Correct Coding Initiative (NCCI) has been in existence in the United States since the late 1990s. NCCI's goal is to promote consistent health care coding and reduce the number of improperly coded health care claims. The Affordable Care Act of 2010 required state Medicaid programs to follow NCCI coding requirements in order to prevent inappropriate payments for both Medicare and Medicaid. The Centers for Medicare & Medicaid Services (CMS) is responsible for setting and updating NCCI methodologies.

ODM implemented NCCI coding requirements for Medicaid providers in October 1, 2010. However, certain providers, including community providers of mental health and substance use disorder treatment services, were exempted. This changed January 1, 2018, with the implementation of BH Redesign. ODM does not control NCCI nor can our Medicaid claims logic override NCCI policy since it is set nationally – and updated quarterly – by CMS. Providers are urged to familiarize themselves with NCCI coding logic. There are many excellent sources of information about NCCI, but the most comprehensive and relevant to Medicaid providers are materials developed and updated by CMS, which are posted here: https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html.

The following are some general reminders about complying with NCCI requirements:

REMINDERS ON NCCI REQUIREMENTS

- Medicaid NCCI edits became effective January 1, 2018, for community behavioral health provider agencies.
- NCCI uses two types of claims edits:
    - Procedure-to-Procedure (PTP)
    - Medically Unlikely Edits (MUEs)
- Providers should check the CMS NCCI website for quarterly updates (January, April, July, October).
- NCCI edits are active in the MITS production and testing environments.
- Due to some of the NCCI edits and timing of enrollment of dependently licensed practitioners, ODM will allow H0004 to be used until July 1, 2018, for individual mental health counseling services. This will allow payment when the service is rendered to the same client by two non-enrolled practitioners at the same agency on the same day.
    - See following MITS Bits for further details on the approved use of H0004: http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS-Bits_12-26-2017.pdf.
- Additional information and guidance on NCCI can be found in the BH Provider Manual (the BH Provider Manual can also be found via the BH Redesign website at: http://www.bh.medicaid.ohio.gov/manuals).

Requests for Prior Authorization of Certain BH Services

Prior authorization (PA) is required for certain Medicaid behavioral health services. Refer to page 21 of the BH Provider Manual for a complete list. An approved PA authorizes claims payment for the approved service. Consequently, all claims for a prior authorized service must include the number of the approved PA. Here are some reminders about *WHAT NOT TO INCLUDE IN A PA REQUEST:*

NO MODIFIERS ON PA REQUESTS

When submitting a PA request in MITS for services such as Assertive Community Treatment (ACT), Intensive Home Based Treatment (IHBT), SUD partial hospitalization, SUD residential treatment, **DO NOT ENTER ANY MODIFIERS** (e.g., TG or HK) on your PA request. Leave the modifier fields on the PA blank. For SUD partial hospitalization, all that is needed is to include in the Provider Notes section that the PA request is for SUD partial hospitalization. Modifiers should only be submitted on Medicaid service claims in order for the claim to be paid correctly. Follow the guidance in the BH Provider Manual regarding service modifiers.

NO ORDERING PRACTITIONER NPIs ON PA REQUESTS

Similar to above, **be sure to NOT ENTER THE NPI OF AN ORDERING PRACTITIONER** on your PA request. Like the "Modifier" field, the "Ordering" field is optional. Leave it blank. The only exception is if the requested service will be rendered by an RN or LPN. Since RN or LPN services all require an ordering practitioner on the claim, it is acceptable – but not required – to include an ordering practitioner on the PA request when the RN or LPN is the rendering practitioner.

PRIOR AUTHORIZATION FOR RETROSPECTIVE DATES

The purpose of prior authorization is to obtain approval from Ohio Medicaid before certain services are rendered. ODM uses this as a way of assuring that the client meets the eligibility criteria and/or clinical level of care for that service.

From January 1, 2018, through March 1, 2018, ODM allowed – and instructed our PA vendor, Kepro, to approve – PA requests for retrospective start dates. This was allowed until Kepro was able to work through the large volume of PA requests submitted. Kepro caught up with that inventory backlog in mid-February. So beginning in March, ODM instructed Kepro to no longer approve PAs for retro dates.

Agencies should submit a PA request as soon as they have determined that a client meets the eligibility criteria and/or level of care for service being requested. If all the clinical documentation is not yet complete at that time, it can be submitted later. Providers who believe they have a compelling reason to request prior authorization for retrospective dates should contact Kepro at 844-854-7281 with their request.

For additional instructions on how to submit requests for prior authorization of services, please view the prior authorization training slides and webinar found on the BH Redesign website at: http://www.bh.medicaid.ohio.gov/training.