

August 1, 2019 Rate Increases and Behavioral Health Policy Updates

The Ohio Department of Medicaid (ODM) behavioral health (BH) policy changes and payment rate adjustments are effective today, August 1, 2019. These changes are intended to help stabilize the provider network and support continued access to Ohioans in need of addiction and mental health treatment.

These community behavioral health center updates related to Medicaid provider types 84 and 95 were reviewed during the July 23rd BH stakeholder briefing webinar. The webinar slide presentation is available [here](#) (also accessible via <https://bh.medicaid.ohio.gov/Provider/Overview>). The [BH Provider Manual](#) has been updated to reflect these updates as well (also accessible via <https://bh.medicaid.ohio.gov/manuals>).

August 1 Rate Increases

The following services will have rate increases for dates of service on and after August 1, 2019. Please refer to the BH Provider Manual for the new rates. **MITS will be updated August 2nd to incorporate these changes. Please wait until August 3rd to submit claims for August services.**

- Crisis services for both mental health (MH) and substance use disorder (SUD) treatment – this includes 90839-90840 as well as those codes with a KX modifier. Please note nursing crisis codes do not have any rate increases (T1002 KX and H2019 KX services rendered by Registered Nurses-RNs).
- Group Psychotherapy and Group Therapeutic Behavioral Services (TBS) for MH and Group Counseling for SUD.
- Evaluation and Management Services and Diagnostic Psychiatric Evaluations provided by Clinical Nurse Specialists, Certified Nurse Practitioners, and Physician Assistants will be paid at 100% of the Medicaid maximum rate.

Note: Please keep in mind that Medicaid pays the lesser of the Medicaid rate or the billed amount. Any claim submitted on or after August 1st with a billed amount lower than the Medicaid rate will be considered a clean claim and will be appropriately reimbursed at the lower billed rate.

BH Policy Updates

Please review the following BH policy updates:

- Addition of billing codes to allow BH providers to provide smoking cessation services. CPT codes 99406 and 99407 will be allowed for community BH providers (provider types 84 and 95). The rate will be the same as the

Medicaid fee schedule for all providers for these codes (5160-1-60 Appendix DD). Please refer to Table 3-6.5 for list of practitioners that can render these services.

- Addition of pregnancy test code 81025 for provider types 84 and 95. Pregnancy test rate will be the same as in the Medicaid laboratory fee schedule. The provider will need to have, at a minimum, CLIA waived test certification. For these claims:
 - Ordering is required
 - Rendering practitioner is only required if the rendering practitioner holds the CLIA waiver. If the agency holds the CLIA waiver, then no rendering is required.
 - Procedure modifier QW (CLIA waived test) required
- Allowing licensed BH clinicians employed by BH agencies to render TBS.
- Allowing chemical dependency counselors who are also enrolled as Qualified Mental Health Specialists (and meet the provider criteria for both) to render TBS for mental health.
- Clarifying BH providers may be reimbursed for certain services (including crisis services) provided in a hospital emergency department (ED). Ohio Administrative Code (OAC) rule 5160-08-05 will be amended to remove a provision that conflicted with the BH Provider Manual. Providers should continue to follow place of service guidance in the BH Provider Manual for services provided in a hospital ED place of service 23.
- Updating requirements for physician orders for services provided by RNs to be consistent with scope of practice requirements. OAC rule 5160-27-01 will be updated to clarify RNs only require an order when they administer medications, treatments, or execute regimens. Other nursing services can be done without an order.
 - MITS will be configured to allow the provider to include the order when applicable.
 - Claims will not deny because the ordering field is blank.
- Revising requirements for client face-to-face contact with prescriber members of Assertive Community Treatment (ACT) teams, to allow for a prescribing clinician consultation with an ACT team clinician. OAC rule 5160-27-04 will be updated.

Note: Providers may receive additional communications from the MCOs regarding these updates.