

Behavioral Health Redesign Testing Guidance



Your Extended Family.

Medicaid Behavioral Health Redesign Initiative

The Redesign Initiative is an integral component of Ohio's comprehensive strategy to rebuild community behavioral health system capacity

The Initiative is based on key Medicaid behavioral health reforms implemented in four steps:



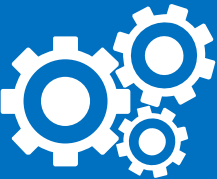
Elevation

Financing of Medicaid behavioral health services moved from county administrators to the state.



Expansion

Ohio implemented Medicaid expansion to extend Medicaid coverage to more low-income Ohioans, including 500,000 residents with behavioral health needs.



Modernization

ODM and OhioMHAS are charged with modernizing the behavioral health benefit package to align with national standards and expand services to those most in need



Integration

Post benefit modernization, the Medicaid behavioral health benefit will be fully integrated into Medicaid managed care.

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General Instructions

- ✓ For EDI Vendors with an Existing Change Healthcare Account
 - ✓ Molina's EDI Vendor is Change Healthcare (CH)
 - ✓ CH 24/7 Site: <https://client-support.changehealthcare.com/Login.aspx?ReturnUrl=%2f>
 - ✓ Providers/Clearinghouses must have an established connection to CH to use the above link
 - ✓ To submit a test file user must log a ticket to submit test claims
 - ✓ Once the ticket has been submitted enter the ticket # on the testing intake form

For any questions please contact BHProviderServices@molinahealthcare.com or 800-642-4168 ext. 211217

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General Instructions

- ✓ For providers who submit via Molina Web Portal
 - ✓ For providers that do not submit via EDI please submit a spreadsheet to Molina to the following email address: BHProviderServices@molinahealthcare.com
 - ✓ Testing will be completed manually by Molina staff and results will be communicated back to your office
 - ✓ Molina has not established a limit of claims per file

For any questions please contact BHProviderServices@molinahealthcare.com or 800-642-4168 ext. 211217

Testing Scenarios

- ✓ Testing scenarios should reflect the current scope of services being offered in your practice today
- ✓ Scenarios must align with current HIPAA billing guidance and standards
- ✓ Providers used for testing should be linked in MITS and affiliated with the group practice
- ✓ For additional guidance on billing please visit Ohio Department of Medicaid website: <http://bh.medicaid.ohio.gov/manuals>
- ✓ Scenarios have been provided on the following slides and can be used as guidance although testing should not be limited to these test cases
- ✓ For test claims use 2018 Dates of Service (DOS)
 - ✓ Ex. On Jan. 5, 2018, only submit claims for Jan. 1 – 5, 2018

All codes are subject to NCCI edits

Medicaid Mental Health Benefit

Psychotherapy CPT Codes	Psychiatric Diagnostic Evaluation	Medical (Office/Home, E&M, Nursing)	Assertive Community Treatment (ACT)	Intensive Home-Based Treatment (IHBT)
90832 with a independent rendering provider, no modifier, no supervising physician	90791 with modifier U2, no rendering provider, no supervising physician	99214 with a independent rendering provider, no modifier, no supervising physician	H0040 with modifier AM with MD/DO as the rendering provider 90791 with a independent rendering provider, no modifier, no supervising physician	H2015 with modifier U4, no rendering provider, no supervising physician 90837 with a independent rendering provider, no modifier, no supervising physician
Group Day Treatment	Crisis Services	CPST	Screening, Brief Intervention and Referral to Treatment (SBIRT)	
H2012 with modifiers HN,HQ and U9, no rendering provider, no supervising provider	H2017 with modifier HM, UT and U7, no rendering provider and no supervising physician	H0036 with independent rendering provider, no modifier, no supervising physician	G0396 with independent rendering provider, no modifier, no supervising physician	
Therapeutic Behavioral Service (TBS)	Psychosocial Rehabilitation (PSR)	Office Administered Medications	Psychological Testing	
H2019 with modifier HO, HQ and UA, no rendering provider, no supervising physician	H2017 modifier HM and U1 and POS 11, no rendering provider and supervising physician	J2060 with an independent rendering provider, no modifier, no supervising physician	96111 with modifier U9, no rendering provider, billed with a supervising independent provider	

Substance Use Disorder Benefit

<p>Outpatient-1</p>	<p>Outpatient-2</p>	<p>Outpatient-3</p>	<p>Intensive Outpatient-1</p>	<p>Intensive Outpatient-2</p>
<p>H0048 with a independent rendering provider, no modifier, no supervising physician</p>	<p>Line 1 99212 Line 2 90833 with an independent provider, no modifiers, no supervising physician</p>	<p>H0005 modifier HK and U6, no rendering provider, no supervising physician</p>	<p>T1002 modifier UT rendering provider is a RN and POS 11, no supervising physician</p>	<p>H0038 modifier HQ rendering provider is a Peer Recovery Support Specialist, no supervising physician</p>
<p>Intensive Outpatient-3</p>	<p>Partial Hospitalization-1</p>	<p>Partial Hospitalization-2</p>	<p>Partial Hospitalization-3</p>	
<p>H0006 no modifier, independent rendering provider, no supervising physician</p>	<p>H0015 modifier TG and U1, no rendering provider, no supervising provider</p>	<p>H0015 modifier HK and TG, independent rendering provider, no supervising provider</p>	<p>Line 1 90839 Line 2 90840, modifier U9, no rendering provider, independent supervising physician</p>	
<p>SUD Residential-1</p>	<p>SUD Residential-2</p>	<p>SUD Residential-3</p>	<p>Psychological Testing</p>	
<p>H0010 no modifier, independent rendering provider, no supervising physician</p>	<p>H0011 no modifier, independent rendering provider, no supervising physician</p>	<p>H2034</p>	<p>96111 with modifier U9, no rendering provider, billed with a supervising independent provider</p>	

IT Resource Documents – BH.Medicaid.Ohio.Gov

- **Services Billable to Medicare (Final Version)** - Identifies those codes that require third party billing as well as those that do not
- **Supervisor Rendering Ordering Fields** - Identifies what information is in these fields for all CPT and HCPCS codes
- **Services Crosswalk** - Details what codes can be billed on same date of service
- **ACT-IHBT** - What is allowed to be billed with these two new services, what is not allowed and what requires prior authorization
- **Dx Code Groups** - Allowable diagnoses for behavioral health services
- **Limits, Audits and Edits** - Includes benefit limits as well as audits to limit some combination of services on same day
- **EDI/IT Q-and-A** - Contains responses to questions received from EDI/IT work group

Medicaid Covered Behavioral Health Practitioners*

Behavioral Health Professionals (BHPs)				
Medical BHPs	Licensed BHPs		BHPs	BHP-Paraprofessionals
Physicians (MD/DO)	Licensed Independent Chemical Dependency Counselors	Licensed Independent Social Workers	Chemical Dependency Counselor Assistants	Care Management Specialists
Certified Nurse Practitioners	Licensed Chemical Dependency Counselors	Licensed Social Workers	Counselor Trainees	<u>Peer Recovery Supporters</u>
Clinical Nurse Specialists	Licensed Independent Marriage and Family Therapists	Licensed Professional Clinical Counselors	Marriage and Family Therapist Trainees	Qualified Mental Health Specialists
Physician Assistants	Licensed Marriage and Family Therapists	Licensed Professional Counselors	Psychology Assistants, Interns or Trainees	
Registered Nurses	Licensed Psychologists		Social Work Assistants	
Licensed Practical Nurses			Social Worker Trainees	

* When employed by or contracted with an OhioMHAS certified agency/program

Provider Billing Requirements

Reporting Rendering on Claims

Report Licensed Independent providers on the claim as the rendering provider. For EDI submissions this is Loop 2420A. For non-independent providers no rendering provider will be reported on the claim. Submission of the appropriate practitioner modifier is required.

Reporting Supervisor on Claims

Reporting of the supervising physician will be in Loop 2310D and is optional. Please include the supervising physician on claims billed with a CPT code when services are provided by a trainee or assistant and reimbursement is requested at the supervising physician rate.

Note: Appropriate supervision must be provided and documented in the medical record



Questions?