



Department of Medicaid
Department of Mental Health and Addiction Services

EDI/IT Work Group

November 8, 2017



Behavioral Health Redesign

November 8, 2017 Agenda

Welcome

Testing

- Status
 - Common Testing Errors
-

UAT Known Issues

Updates for 1/1/2018

- UT Modifier
 - Dual Licensure
-

IT Documents

Affiliations

Upcoming Meetings

Testing

- 243 unique NPIs recorded as beta testers (as of 11-6)
- 65 agencies have submitted claims through 11-6
- ODM Rapid Response team:
 - Reviews test claims daily
 - Conducts outreach to beta testers with feedback from test results:
 - Identification of specific denial reasons
 - Recommendations on how to correct claims
 - Referrals to helpful resources

Common Testing Errors

- **Supervisor NPI:**
 - Including for services or practitioners who do not require direct supervision
 - Supervising practitioner not valid supervisor for practitioner (ex: LISW cannot supervise a C-T)
- **Rendering:**
 - No practitioner NPI or U modifier to indicate who rendered the service
 - Practitioner NPI and U modifier both reported
 - NPI of an unenrolled practitioner reported (perhaps these are LSW, LMFT?)
 - NPI of a practitioner still pending enrollment
- **RN and LPN Services:**
 - RN or LPN reported as the ordering practitioner (RN and LPN are not valid ordering)
 - RN code H2019 with LPN rendering
 - LPN code H2017 with RN rendering
- **Modifiers:**
 - Missing, incorrect or current modifiers

Common Testing Errors, cont'd

- **Procedure Codes:**
 - Billing current code set instead of new code set
 - Billing decimal units (no decimal billing as of 1/1/2018)
 - Billing add-on code without the base code
- **Dates of Service:**
 - Dates must be within 9/1/2017-10/15/2017 to be forward dated to 1/4/2018-beyond
- **Third Party Liability (TPL):**
 - Selection of recipient with TPL is causing claims to deny as no indication third party was billed
- **Recipient eligibility:**
 - Not Medicaid eligible on date of service
 - IHSP benefit plan only (for incarcerated individuals w/inpatient hospital services)

Testing tips

- Do not report supervisor NPI unless indicating direct supervision for CPT code that has a rate differential
- Test using the new codes under BH Redesign
- Use rendering, supervising, and ordering practitioners whose enrollments have been fully completed
- Ensure enrolled practitioner is also affiliated with the billing agency
- Always report either a rendering NPI or U modifier (not both)
- Ensure recipient used on test claim is still Medicaid eligible and does not have third party coverage
- Utilize materials on <http://bh.medicaid.ohio.gov/manuals>

UAT Known Issue: H0004

- H0004 for SUD –
 - LSW, LMFT, LPC, LCDC II and LCDC III modifiers were not configured in MITS test environment prior to start of testing
 - Working with DXC to add these practitioners to H0004
- H0004 for MH
 - Code was not originally in test environment.
 - Effective 11-3, code was added to test environment.

UAT Known Issue: H0015 Rate Correction

- H0015 UK paying incorrect rate for licensed dependents
- H0015 TG, HK paying incorrect rate for licensed dependents
 - Resolution underway to correct the rate – anticipate fix by 11/10

Change Needed for UT Modifier for Crisis

- Several managed care plans have reported their IT system cannot accept “UT” modifier as it is no longer HIPAA-compliant
- End result would be denied claims for crisis services
- To avoid this happening: “UT” modifier will be replaced by “KX” to indicate crisis
- Effective with 11-14-17 update to test environment
 - Affects test claims submitted 11-15 and later

Will email all beta contacts, send MITS Bits by end of this week. In addition, need to update manual and code chart.

Update for 1/1/2018 – Dual Licensure

January 1 – June 30

- Practitioner with 2 dependent licenses or dependent with assistant/trainee
 - Not an issue – U modifiers sufficient
- Practitioner with independent and dependent license
 - Enrolled in MITS as independent
 - Do not put independent NPI on the claim
 - Use appropriate modifier – Ux, HM, HN, HO
- Practitioner with 2 independent licenses
 - Working with DXC currently
 - Additional modifier will be used for practitioner to “access” different code set for their 2nd independent license
 - Plan is to apply this retroactively once completed – Early 2018

IT Documents – Updates Needed

- Manual:
 - Add language to manual about ordering for nursing services
 - UT -> KX
- Code chart:
 - H0010, H0011 needs to include licensed independents as rendering for these two codes
 - UT -> KX
- Supervising Rendering
 - H0010, H0011, H2034, H2036 do not include LICDC as allowable renderers
 - Ordering for RN/LPN services will include CNS, CNP, PA

Agency Affiliations

Count of agencies with at least one affiliated practitioner:

Provider Type	As of 6/21	As of 6/26	As of 7/17	As of 8/16	As of 8/29	As of 9/12	As of 9/26	As of 11/7
84 (MH)	285	289	290	290	293	297	299	303
95 (SUD)	224	228	232	237	239	244	242	248
Total:	509	517	522	527	532	541	541	551

Agency Affiliations

Agencies with **NO** affiliated practitioners:

Provider type	As of 6/26	As of 7/17	As of 8/16	As of 8/29	As of 9/12	As of 9/25	As of 11/7
84 (MH)	49	50	50	47	56	54	50
95 (SUD)	66	63	57	56	66	67	59
Total:	115	113	107	103	122	121	109

As of 11-7-2017:

- Includes 54 agencies with no billing since at least 12-1-16
 - 25 MH agencies
 - 29 SUD agencies
- Additional 14 agencies with no claims for third quarter 2017
- => 68 agencies of the 109 no longer active



Upcoming Meetings

- ✓ **EDI/IT Workgroup**
 - November 22nd 11:30 – 12:30 pm – Should we meet?
 - December 6th 11:30 – 12:30 pm
 - December 20th 11:30 – 12:30 pm

- ✓ **BH Redesign Benefit and Service Development Workgroup**
 - November 15th 10:30-12:30