



Department of Medicaid
Department of Mental Health and Addiction Services

EDI/IT Work Group

March 21, 2018



Behavioral Health Redesign

March 21, 2018 Agenda

Welcome

MITS Issues

Common NCCI Edits

TPL

Common claim errors

ACT, IHBT and SUD Residential Enrollment

Prior Authorization

Dual Licensure – Independents

Enrollment of dependently licensed

MITs Issues - Resolved

Issue	Status
Group service on same day as IOP	Resolved
Place of service 23 for H2019	Resolved
Nurse-rendered 96372 on Medicare bypass list	Resolved
Duplicate edit posting but claim paid	Resolved
99211 rate correction	Resolved
H2019 and H2012 paying 85% for UK	Resolved
H2019 tiered pricing applied to nursing service	Resolved
H0014 paying multiple units per day	Resolved
Supervisor for HCPCS codes	Scheduled 3-23

MITs Issues – In Process

Issue	Status
Claim denying with no error codes	In process
H0014 treated as per diem code in edit 5080	In process
Health Home and MH nursing conflict	In process
96372 denied when non-nursing H2019 provided	In process
H2019 tiered pricing when history is POS 99	In process
Health Home assignment plan blocking PA request for SUD residential	In process
Crossovers not calculating the correct cost sharing payment	In process
POS 57 and POS 53 missing from certain codes	In process

Common NCCI Edits

H2020 and H2019 – TBS per diem and TBS individual

- NCCI edit does not allow these two codes to be billed on same date of service by same rendering practitioner.
- If U modifiers used for these codes, then MITS populates the rendering field with agency NPI
- NCCI sees this as being the same rendering practitioner
- This edit CANNOT be overridden.
- Alternatives:
 - PSR for allowable practitioners
 - CPST

90837 and 90853 - Individual and group psychotherapy codes by same rendering

- Same situation as above
- Override is allowed

Third Party Liability (TPL)

When the service rendered is not on TPL by-pass list:

- Regardless of who renders the service, third party must be billed
- Coordination of Benefits (COB) rule [5160-1-08](#) applies
- Instructions for submitting COB on claims:
 - [MITS Answer Key #11](#)
- Instructions for bypassing TPL edits when applicable:
 - [MITS Answer Key #12](#)

If MITS information on TPL is outdated:

- Complete [ODM Form 6614](#) and submit to ODM
- Fax form to 614-728-0757

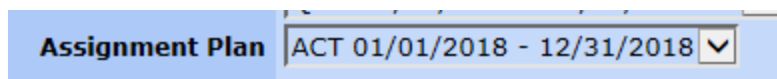
BH Redesign - Common Errors

- No indication of who rendered the service: No practitioner modifier or rendering NPI
- Both U modifier and rendering NPI included
- Rendering NPI not enrolled in Medicaid and/or affiliated with agency
 - Enrollment may still be pending. The practitioner would appear on provider panel for group members, but would not be actively enrolled in Medicaid.
- Fractional units billed
- Billing old codes and modifiers
- Duplicates
- Ordering NPI is required for all nursing services.
- Add-on codes must be either on the same claim or a subsequent claim after the base code
- H0005 does not need the HQ modifier
- 90839/90840 does not need the KX modifier
- Billing POS 53 under SUD provider type; Billing POS 57 under MH provider type

ACT, IHBT and SUD Residential Enrollment

When PA approved for **ACT** or **IHBT**:

- MITS assignment plan for the service is activated



Assignment Plan ACT 01/01/2018 - 12/31/2018 ▼

- This assignment plan limits other services that can be billed

SUD Residential

- No assignment plan created in MITS
- Due to federal law, unable to publish information on those receiving SUD residential
- SUD residential per diems are all-inclusive – services identified in paragraph (B)(3) of [5160-27-09](#) will not be reimbursed separately while in residential treatment.
 - Can receive medically necessary services from practitioners not affiliated with the residential treatment program as indicated in paragraph (C) of above rule
- Services provided on day of admission and day of discharge – Form 6653 can be used to review for payment. MITS Bits to be released soon

Prior Authorization

- Submit documentation that substantiates the eligibility for the service being requested:
 - See the OAC rules for ACT and IHBT
 - See ASAM Criteria for SUD PH and Residential Level of Care
 - Documentation must be as current as possible (at least within the last 6 months – preferably within 3 months)
- KEPRO is authorized by ODM to modify requested time spans based on the level of care being requested and clinical documentation submitted. If client still meets service eligibility, providers just need to request a new PA when date span is ending.
- Do not submit any modifiers on PA requests (e.g. SUD PH – mention SUD PH in the comments)
- Denials can be addressed by resubmitting with more substantive clinical documentation or client requesting a state hearing.
- Contact KEPRO at 844-854-7281 with specific questions. Have your PA number(s) handy.

Dual Licensure

- As of 3-19-18:

Original Licensure	Number
LICDC	12
LPCC	1

- Independently licensed practitioners can add dependent license to enrollment
- Practitioners can change their MITS specialty:
 - For example, originally enrolled as LICDC and also holds LPCC license:
 - Request additional specialty by following instructions on [1/26/2018 MITS Bits](#)
 - If practitioner is changing their provider type (LICDC to LPCC):
 - New Medicaid application would be necessary
 - This would result in new Medicaid ID which would then need to be affiliated with the agency(ies)

Medicaid Enrollment of Licensed Dependents and Paraprofessionals

As of 3-19-18:

Practitioner	# Enrolled in MITS
LSW	748
SW-T	21
SW-A	2
LPC	498
C-T	40
Psy Asst	2
LMFT	13
LMFT -T	0

Practitioner	# Enrolled in MITS
LCDC III	73
LCDC II	36
CDC-A	356
QMHS	357
QMHS +3	208
CMS	121
Peer Recovery	3
Total	2,478

Independently licensed practitioners – 20 have added the dual license specialty



Upcoming Meetings

✓ EDI/IT Workgroup

- April 4th, 11:30-12:00
 - April 18th, 11:30-12:00
 - May 2nd, 11:30-12:00
 - May 16th, 11:30-12:00
 - May 30th, 11:30-12:00
 - June 13th, 11:30-12:00
 - June 27th, 11:30-12:00
- Agenda topics must be submitted to ODM by noon on the Mondays before the scheduled meetings.

Appendix