



August 7th, 2017

In lieu of this month's BH Redesign Benefits and Service Development Workgroup, ODM and ODMHAS would like to provide the following updates. The next workgroup meeting will be September 13, 2017.

Behavioral Health Redesign Rules Update

The Behavioral Health Redesign rules will be re-filed by August 15th and final filed on September 29th for a January 1, 2018 effective date. The rules to be refiled reflect the latest input received from stakeholders and interested parties. Once re-filed, the proposed rules will be posted on the [Register of Ohio](#) website.

To track rule filing activity and receive automatic notifications for the BH Redesign rules, please use the link below to register for the RuleWatch Ohio web site. RuleWatch Ohio is sponsored by the Ohio Joint Committee on Agency Rule Review (JCARR).

<https://www.rulewatchohio.gov/authentication/create-account>

Testing with Managed Care and MyCare Ohio Plans

Managed Care Plans (MCPs) and MyCare Ohio Plans (MCOPs) continue working with community behavioral health providers to establish contracts and to credential providers accordingly. Additionally, MCPs and MCOPs are encouraging providers to begin testing with each of the respective plans prior to behavioral health carve-in to ensure a seamless process. ODM encourages all community behavioral health providers to work with the Plans through the contracting and testing process to ensure successful submission and adjudication of claims.

Beta Testing with the Ohio Department of Medicaid

As described in the July 12 Benefits and Service Development Workgroup meeting, the MITS testing environment will be open from October 25 to November 29, 2017. Ohio Revised Code Section 5164.761 (effective September 29, 2017) requires the departments to conduct a beta test of the updated billing codes and Medicaid payment rates before implementation of behavioral health redesign. Any Medicaid provider of community behavioral health services may volunteer to participate in the departments' beta test. Further information regarding the beta test procedures will be shared no later than October 1, 2017.

Enrollment of Dependently Licensed and Unlicensed Practitioners

To comply with federal law, the Ohio Department of Medicaid will expand the types of practitioners required to enroll as Medicaid providers and be affiliated with their employing agency. This requirement will apply to the practitioners listed below if they are employed by Community Mental health and/or Substance Use Disorder agencies certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS):

- Licensed Social Worker (LSW)
- Licensed Marriage & Family Therapist (LMFT)
- Licensed Chemical Dependency Counselor II and III (LCDC II and LCDC III)
- Licensed Professional Counselor (LPC)
- Psychology Assistant
- Social Worker Trainee (SW-T)
- Social Worker Assistant (SW-A)
- Marriage & Family Therapist Trainee (MFT-T)
- Chemical Dependency Counselor Assistant (CDC-A)
- Counselor Trainee (C-T)
- Qualified Mental Health Specialists (QMHS)
- Care Management Specialists (CMS)
- Peer Recovery Specialists (PRS)

This requirement will become effective on July 1, 2018, and will be applied to all Medicaid claims submitted for dates of service July 1, 2018, and thereafter. The claims will be required to include the national provider identifier (NPI) or 7-digit Medicaid ID of the rendering practitioner for each service.

ODM and OhioMHAS are designing the MITS provider types and specialties for the newly enrolling practitioner types. The Departments will provide more specific information at a later time. In the meantime, practitioners who qualify to apply for and obtain an NPI are encouraged to apply for one through the National Plan & Provider Enumeration System (NPPES): <https://nppes.cms.hhs.gov/#/>.

Temporary coding changes to accommodate NCCI edits affecting dependently licensed practitioners

For dates of service January 1, 2018 through June 30, 2018, ODM will implement a temporary solution for situations when the National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) edits would prevent more than one dependently licensed practitioner from providing psychotherapy services to the same client on the same day.

When two medically necessary therapy services are furnished by two different dependently licensed practitioners to the same patient on the same day and multiple 908XX CPT codes are billed, the NCCI PTP edits will deny one of the services. ODM will address this issue by temporarily adding the H0004 Behavioral Health Counseling code to the Mental Health Benefit and allow it to be used in lieu of one of the CPT codes so that two separate psychotherapy services may be rendered to the same patient on the same day and be paid correctly. ODM will also add H0004 for use by dependently licensed practitioners as part of the SUD benefit to accommodate similar circumstances. This coding change is temporary and will only be effective for dates of service through June 30, 2018. The requirement for dependently licensed practitioners to be identified using their NPI on all Medicaid claims will begin for dates of service beginning July 1, 2018.

The IT documents that are currently posted on the Behavioral Health Redesign website will be updated to reflect this temporary solution. The addition of H0004 to the Mental Health benefit are shown in the first table below and modifications to H0004 under the SUD benefit are highlighted in the subsequent tables.

MH					
(Valid for dates of service 1/1/2018 through 6/30/2018)					
Service	Provider Type	Code	Practitioner Modifier	Procedure Modifier	Rate
Behavioral Health Counseling	LSW LMFT LPC	H0004	U4 U5 U2		\$22.50
	LSW LMFT LPC	H0004	U4 U5 U2	HQ	\$9.87
Unit Value	15 minutes				
Permitted POS	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 53, 57, 99 H0004 UT – 23, 99 also available				

SUD					
Service	Provider Type	Code	Practitioner Modifier	Procedure Modifier	Rate
Behavioral Health Counseling	LSW * LMFT * LPC * LCDC III, LCDC II *	H0004	U4 U5 U2 U3	UT when provided to a patient in crisis	\$22.50
	PSY assistant	H0004	U1	UT when provided to a patient in crisis	\$19.31
	SW-T	H0004	U9	UT when provided to a patient in crisis	\$19.31
	MFT-T	H0004	UA	UT when provided to a patient in crisis	\$19.31
	CDC-A	H0004	U6	UT when provided to a patient in crisis	\$19.31
	C-T	H0004	U7	UT when provided to a patient in crisis	\$19.31
Unit Value	15 minutes				

Permitted POS	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 57 H0004 UT - POS 23, 99 also available	Secure video conferencing allowed with GT modifier.			
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