



Behavioral Health Redesign

EDI/IT BH Redesign Workgroup

June 21, 2017

Agenda

Welcome

Status Update

Practitioner Name Verification in MITS

NCCI

Practitioner Enrollment and Affiliation

Next Steps

Status Update

- Community behavioral health redesign NOT going into effect 7-1-2017
 - IT work to extend existing codes and postpone new ones
- Outpatient hospital behavioral health is going into effect 8-1-2017
 - Finalizing IT work for this implementation
- Biennial budget
 - Awaiting final language on BH Redesign start date for community behavioral health
- ODM test environment needs updating for dates of service
- **Community behavioral health testing will be on hold effective Thursday, June 22, 2017 at midnight**
 - Test claims submitted on Thursday will be processed overnight
- **Testing to resume once all of the above have been completed**

See [white paper](#) for further information

Practitioner Name Verification in MITS

- **For rendering and supervising fields**
- The first four characters of the practitioner's last name submitted on the claim must be the same as the first four characters of the practitioner's last name as it appears in their Medicaid enrollment listed in MITS.
- If the practitioner's last name is less than 4 characters long (2 or 3 characters), the last name submitted on the claim must match all characters in the practitioner's last name as it appears in their Medicaid enrollment listed in MITS.

NCCI

- NCCI potential to impact services delivered by non-enrolled practitioners since rendering NPI is populated with agency billing ID
- List of potential NCCI combinations:

Code1	Code2	Mod Indic	PTP Edit Rationale	Source	Notes
90792	90791		0 HCPCS/CPT procedure code definition	NCCI	90792 only done by enrolled practs
90792	90832		0 CPT Manual or CMS manual coding instructions	NCCI	90792 only done by enrolled practs
90792	90833		0 CPT Manual or CMS manual coding instructions	NCCI	90792 only done by enrolled practs
90792	90834		0 CPT Manual or CMS manual coding instructions	NCCI	90792 only done by enrolled practs
90792	90836		0 CPT Manual or CMS manual coding instructions	NCCI	90792 only done by enrolled practs

- In the examples above, NCCI would not be an issue due to non-enrolled practitioners because 90792 MUST be rendered by an enrolled practitioner.

Practitioner Enrollment

Enrollment status as of June 15:

Provider Types	Enrollments			Applications		
	Total enrolled as of 5/24/2017	Total enrolled as of 6/7/2017	Total enrolled as of 6/15/2017	Oldest dated application	Applications in "Submit Status"	Applications Returned to Provider
LISW (Type 37)	2,161	2,205	2,270	6-14	8	58 4-29
LPCC (Type 47)	2,307	2,343	2,370	6-14	17	80 4-28
IMFT (Type 52)	52	54	55	6-06	7	4 5-11
LICDC (Type 54)	344	412	425	6-13	8	20 3-24
Nurses (Type 38)	1,051	1,051	1,071	5-23	55	115 3-22
	5,915	6,065	6,191		95	277

Agency Affiliations

- Count of agencies with at least one affiliated practitioner:

Provider Type	As of 4/17/2017	As of 4/24/2017	As of 5-08-2017	As of 5-22-2017	As of 6-7-2017	As of 6-21-2017
84 (MH)	233	241	254	266	270	285
95 (SUD)	147	155	171	190	203	224
Total:	380	396	425	456	473	509

Agency Affiliations

- Agencies with **NO** affiliated practitioners:

Provider type	As of 4/24/2017	As of 5/08/2017	As of 5/22/2017	As of 6/7/2017	As of 6/21/2017
84 (MH)	90	77	67	65	50
95 (SUD)	134	119	101	89	67
Total:	224	196	168	154	117

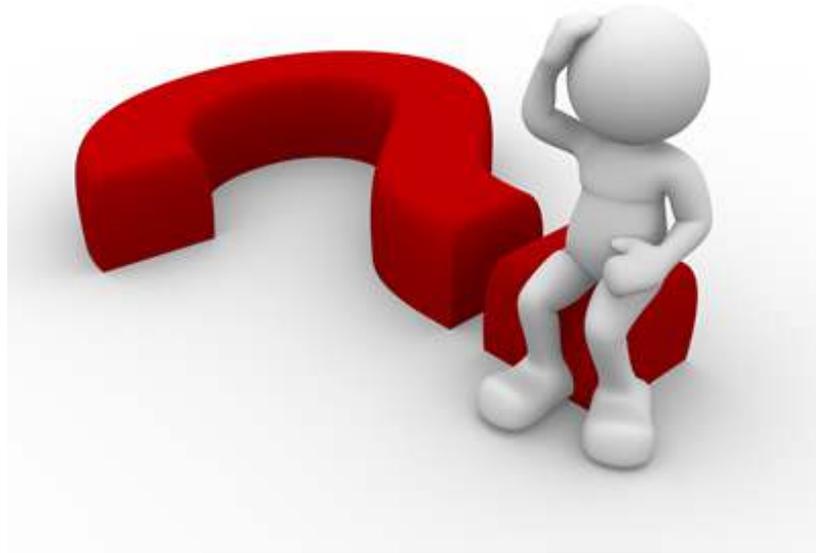
As of 6-8-2017:

- 21 CMHC agencies had no claims activity for 2017 dates of service
- 24 SUD agencies had no claims activity for 2017 dates of service

Next Steps

- MITs Bits on testing hiatus
- Ombudsman basic billing training to be rescheduled once ODM knows the schedule
- Future topics to cover:
 - NCCI solution
 - Children's diagnoses
 - MITS Bits on common enrollment and testing errors – to be released when testing resumes
- Next scheduled meetings:
 - July 5, 2017 11:30 – 12:30
 - July 19, 2017 11:30 – 12:30
 - Future meetings to be scheduled based on implementation date

Questions





Appendix



Billing Example: Correct Reporting of Supervisor

- Supervisor reported at header applies to all detail lines
- Claim will pay based on the supervisor's rate

Header Level		
Supervisor	Rendering	Billing Provider
Supervisor NPI	-	Agency NPI

Detail Level								
Line #:	DOS	Code	Units	Modifiers	Rendering	Supv	Ordering	Prior Authorization
1	7-2-17	90839	1	U9	-	-	-	-
2	7-2-17	90840	2	U9	-	-	-	-
3	7-10-17	90839	1	U9	-	-	-	-



Billing Example: Incorrect Reporting of Supervisor

- Supervisor reported at the header applies to all detail lines
- Services that are not performed under supervision should not be reported on the same claim – the claim may adjudicate incorrectly

Header Level		
Supervisor	Rendering	Billing Provider
Supervisor NPI	-	Agency NPI

Detail Level							
Line #:	DOS	Code	Units	Modifiers	Rendering	Supv	Ordering
1	7-2-17	90839	1	U9	-	-	-
2	7-2-17	90840	2	U9	-	-	-
3	7-10-17	90839	1	U9	-	-	-
4	7-11-17	90839	1	-	LISW NPI	-	-
5	7-12-17	90839	1	-	RN NPI	-	Ordering NPI

Update to 837P Companion Guides

- Supervisor NPI should always be reported at the header – do not report the Medicaid billing ID
- Report the Supervising Provider Name (NM1) and Supervising Provider Identifier (NM109) as shown below

Loop ID	Reference	Name	Codes	Notes/Comments
★ 2310D	NM1	Supervising Provider Name		Provider must be enrolled with Ohio Medicaid
★ 2310D	NM109	Supervising Provider Identifier		Provider NPI
2310D	REF	Supervising Provider Secondary Identification		ODM generally expects Supervising Providers to be 'Typical' Providers
2310D	REF01	Reference Identification Qualifier	G2	Provider Commercial Number
2310D	REF02	Supervising Provider Secondary Identifier		Atypical Provider ID assigned by ODM (Medicaid Billing ID)