**Questions from August 16, 2017 EDI-IT Workgroup**

These questions were submitted via the webinar panel. For ease of understanding, these have been grouped by topic.

**H0004**

Will we be able to attach interactive complexity to the H0004 codes?

* Response – Interactive complexity cannot be added to H codes.

NCCI Edits- Aug 7 info release- document states that ODM will address two medically necessary therapy services on the same day by temporarily adding H0004 code- is this going to be addressed on ODM's end or does the provider have to decide this? What happens if a client gets two medically necessary services by two different agencies?

* ODM is adding H0004 to the mental health benefit package. It will be available for community mental health agencies to use to avert possible NCCI edit due to not having all practitioners identified as rendering on a claim. On July 1, 2018, ODM will remove this code from the benefit package, because all the practitioners will be enrolled in MITS and submitted as rendering, thereby not triggering NCCI edits. are on the same rendering provider

**Testing**

There is a needed road map. It is inefficient for each agency to go through this discovery phase to figure out what each MCO wants and needs.

* Managed care plans and Ohio Council are preparing detailed information on testing, contracting, etc. that is to be finalized y end of this month. ODM will share that document via MITS Bits once it is finalized.

OhioGuidestone will be testing with managed care within the next few weeks.

The Child and Family Health Collaborative of Ohio offers to coordinate testing between the Plans and our 32 community BH provider members.

**Enrollment of dependently licensed**

Once a Dependently Licensed or Unlicensed Practitioner gets their NPI and affiliates it with their employing agency can they begin using it before 7/1/2018? Can claim be sent with the new NPI instead of the “U” modifier code before 7/1/2018?

* For ODM MITS, the configuration will not change until July 1, 2018. Claims submitted with NPI for these practitioners and no practitioner modifier prior to July 1, 2018 will be denied by Ohio Medicaid.

If an LICDC is enrolled with Medicaid, and also has an LSW - can this staff bill MH?

* If the practitioner is enrolled with Medicaid as an LICDC, they cannot bill for mental health services,

New requirement for all individual providers to submit NPI / Provider number... how does this affect/change need to submit supervising provider loop in the 837?

So does this mean in July 2018, the supervisor loop does not need to be sent?

* Supervising loop may still be required if an assistant, trainee or intern provides a service under direct supervision for the CPT codes that allow a rate differential for general vs. direct supervision

So we will change setup mid-stream from 1/1/17 to 6/30/18?

With the new requirements of having dependently licensed staff registered with Medicaid, will our claims only need to include the actual rendering provider NPI (dependently licensed staff person) in the claim?

This is a lot of setup to make these changes the switch from modifiers to NPI's

Right, but as of July 1st, will we only need to include the rendering provider's NPI number?

* Dates of service July 1, 2018 and later will require the NPI of the rendering practitioner when the practitioner is dependently licensed or a trainee/assistant. At that point, for FFS claims, the U modifier will become optional.