

# Medicaid Behavioral Health Redesign in Ohio Hospitals

Ohio Department of Medicaid  
Revised August 10, 2017



# Background – Ohio BH Redesign

Behavioral Health (BH) Redesign was developed for community behavioral health agencies who employ a variety of practitioners; therefore most materials are geared toward the community agencies, as this is a big change for them

After realizing some hospitals were operating community mental health center (CMHC) and substance use disorder (SUD) agencies, ODM explored the applicability of these services in the hospital setting

- » Many services provided in the community behavioral health agencies are already covered in the outpatient hospital setting (i.e. individual and family psychotherapy)
- » Expanded code set covered in outpatient hospitals to incorporate the behavioral health codes, as a number of hospitals are already providing the services

First engagement with hospital providers was in October, 2016

# BH Redesign in Hospitals

To participate in Medicaid, hospitals must meet Medicare Conditions of Participation and be accredited by the appropriate accrediting body

- » No separate MHAS licensure/certification is needed for hospitals to provide outpatient BH services to Medicaid-eligible individuals

For dates of service beginning August 1, 2017, hospitals may:

- » Use one Ohio Medicaid provider type (01 or 02)
- » Submit BH services that were previously billed under their CMHC or SUD entity on their outpatient hospital claims
- » Submit claims for BH services on an institutional claim form

# Hospital Options for BH Services

## **If a hospital already has a separate 84 or 95: Provide under existing PT 84 or 95**

- Enroll and affiliate all required providers in accordance with BH redesign
- Submit ALL Medicaid BH services on a professional claim form (cannot submit some on an institutional claim form and others on a professional claim form)
- Begin using new code set and rates when the Community BH Redesign rules are effective

## **If a hospital already has a separate 84 or 95: Terminate PT 84 and/or 95 and Submit as Outpatient Hospital (PT 01 or 02)**

- Only attending providers need to be enrolled in Medicaid
- Submit ALL Medicaid BH services on an institutional claim form with any other services provided on the same date of service

## **Provide BH services as a hospital using EAPG-covered codes**

- No change to what the hospitals did prior to 8/1/17

# BH Redesign Services in Hospitals

BH Services provided by outpatient hospitals in accordance with Ohio Administrative Code rule 5160-2-75(G)(2)

- » Expanded code set for BH services
- » Same rates as BH redesign community benefit; aligned with credentials of the professional performing the service
- » All standards required in behavioral health redesign will be required of outpatient hospital providers, including:
  - Benefit limits
  - Prior authorization requirements
  - ASAM criteria
  - Edits/Audits across codes
- » BH services are exempt from the 72-hour roll-in requirement, so a claim can be submitted for Outpatient BH services provided in the 72-hours before an IP stay
  - Medical services provided in the 72-hours before an IP stay must be submitted with the IP claim

# Outpatient Hospital Behavioral Health Benefit Available August 1, 2017

## Existing OP BH Services

- Evaluation & Management
- Psych Diagnostic Evaluation
- Individual and Group Psychotherapy
- Psych/Dev/Neuro Testing
- Crisis Intervention

## Additional OP BH Services

- Alcohol/Substance Abuse Screening
- SUD IOD, Partial Hospitalization and Residential
- TBS Group Services/Partial Hospitalization Group Services
- Case Management
- CPST Alcohol/Drug Testing
- LPN and RN BH Services

# ***TBS Group Services/ Partial Hospitalization***

# TBS Group Services / Partial Hospitalization

TBS Group Services consists of group therapies on an hourly or per diem basis

No bundled package of services for MH Partial Hospitalization at this time

Other services (psychotherapy, counseling, group services, etc.) comprising a hospital's partial hospitalization program may be billed in addition to TBS Group Services on the days the services were provided

- » Limit of 1 additional hour of group services for adults on the same day the per diem code is billed; no limit for children



# TBS Group Services – Hourly Billing Example

Code	Modifier 1	Practitioner Modifier	Rate Development and Methodology	Hourly per Person Rate
H2012	HE	AH, AJ, U5, U2 or U4	1 hour of licensed practitioner in an average group size of four	\$28.10
H2012	HE	HO (or HO with U1, U9, U8, UA or U7)	1 hour of unlicensed MA in an average group size of four	\$21.05
H2012	HE	HN or UK (or HN with U1, U9, U8, UA or U7)	1 hour of unlicensed BA or QMH Spec 3+ in an average group size of four	\$18.54

- » Maximum group size: 1:12 practitioner to client ratio
  - Only used if the person attends for the minimum needed to bill the unit (30+ minutes) in a group which does not exceed the practitioner to client ratio
  - If the time minimum is not met, 90853 or H2019 may be used
  - All other services are billed outside of H2012
- » Maximum of 2 units per person per day

# TBS Group Services – Per Diem Billing Example

Code	Modifier 1	Practitioner Modifier	Rate Development and Methodology	Hourly per Person Rate
H2020	HE	AH, AJ, U5, U2 or U4	5 hours of licensed practitioner in an average group size of four	\$140.51
H2020	HE	HO (or HO with U1, U9, U8, UA or U7)	5 hours of unlicensed MA in an average group size of four	\$117.05
H2020	HE	HN or UK (or HN with U1, U9, U8, UA or U7)	5 hours of unlicensed BA or QMH Spec 3+ in an average group size of four	\$104.55

- » Maximum group size: 1:12 Practitioner to client ratio
  - Only used if the person attends for the minimum time needed to bill the per diem (2.5+ hours), which does not exceed the practitioner to client ratio
  - If person doesn't meet the minimum, 90853, H2019 and/or H2012 may be used
- » **One H2020 per diem, per patient, per day**
- » All other services must be billed outside of H2020, (e.g., individual and/or family psychotherapy), may be billed in conjunction with this code if performed on the same day





# ***Expanded Substance Use Disorder (SUD) Benefit***

# ASAM Levels of Care

The provider manual contains information about each ASAM Level.

- ✓ **Opioid Treatment Services: Opioid Treatment Programs (OTPs) and Medically Managed Opioid Treatment (MMOT)**
- ✓ **ASAM Level 1- Outpatient Services**
- ✓ **ASAM Level 2- WM Ambulatory Withdrawal Management with Extended Onsite Monitoring**
- ✓ **ASAM Level 2.1- Intensive Outpatient Services**
- ✓ **ASAM Level 2.5- Partial Hospitalization Services**
- ✓ **ASAM Level 3.1- Clinically Managed Low-Intensity Residential Treatment (Halfway House)**
- ✓ **ASAM Level 3.2- WM Clinically Managed Residential Withdrawal Management**
- ✓ **ASAM Level 3.3- Clinically Managed Population-Specific High Intensity Residential Treatment**
- ✓ **ASAM Level 3.5- Clinically Managed High Intensity Residential Treatment**
- ✓ **ASAM Level 3.7- Medically Monitored Intensive Inpatient Treatment (Adults) and Medically Monitored High-Intensity Inpatient Services (Adolescent)**
- ✓ **ASAM Level 3.7- WM Medically Monitored Inpatient Withdrawal Management**

# Substance Use Disorder Benefit

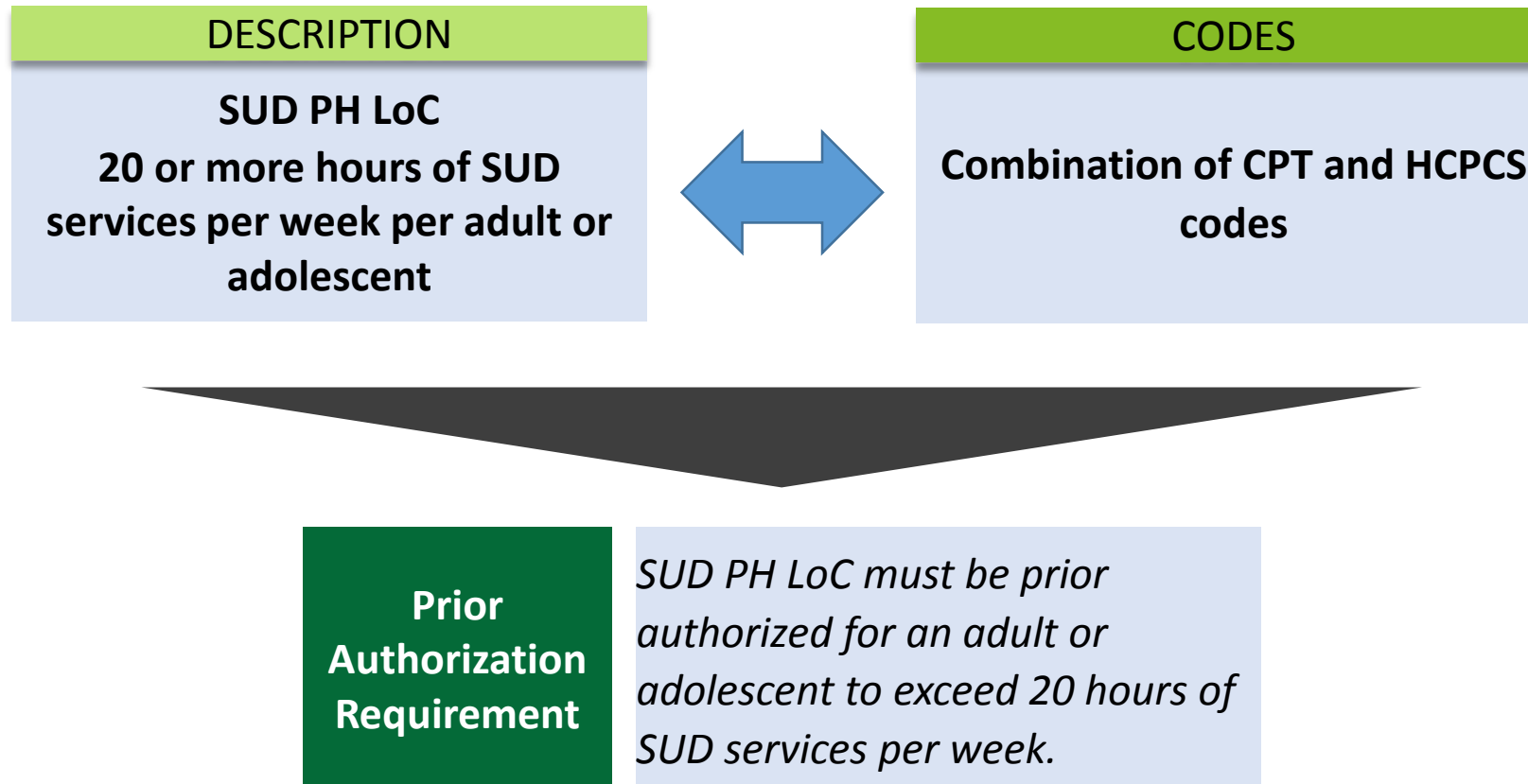
<b>Outpatient</b> Adolescents: Less than 6 hrs/wk Adults: Less than 9 hrs/wk	<b>Intensive Outpatient</b> Adolescents: 6 to 19.9 hrs/wk Adults: 9 to 19.9 hrs/wk	<b>Partial Hospitalization</b> Adolescents: 20 or more hrs/wk Adults: 20 or more hrs/wk	<b>Residential</b>
<ul style="list-style-type: none"> <li>• Psychiatric Diagnostic Interview</li> <li>• Counseling and Therapy               <ul style="list-style-type: none"> <li>• Psychotherapy – Individual, Group, Family, and Crisis</li> </ul> </li> <li>• Medical</li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration/Dispensing</li> <li>• Urine Drug Screening</li> <li>• Withdrawal Management Level 2 (Detoxification)</li> </ul> 	<ul style="list-style-type: none"> <li>• Psychiatric Diagnostic Interview</li> <li>• Counseling and Therapy               <ul style="list-style-type: none"> <li>• Psychotherapy – Individual, Group, Family, and Crisis</li> </ul> </li> <li>• Medical</li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration/Dispensing</li> <li>• Urine Drug Screening</li> <li>• Additional coding for longer duration group counseling/psychotherapy</li> <li>• Withdrawal Management Level 2 (Detoxification)</li> </ul> 	<ul style="list-style-type: none"> <li>• Psychiatric Diagnostic Interview</li> <li>• Counseling and Therapy               <ul style="list-style-type: none"> <li>• Psychotherapy – Individual, Group, Family, and Crisis</li> </ul> </li> <li>• Medical</li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration/Dispensing</li> <li>• Urine Drug Screening</li> <li>• Additional coding for longer duration group counseling/psychotherapy</li> <li>• Withdrawal Management Level 2 (Detoxification)</li> </ul> 	<ul style="list-style-type: none"> <li>• Per Diems ranging from clinical managed to medically monitored</li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration/Dispensing</li> </ul> 

# SUD Intensive Outpatient Level of Care: Group Counseling – Billing Example

Code	Modifier 1	Practitioner Modifier	Rate Development and Methodology	Hourly per Person Rate
H0015	HE	AM, SA, UC, UD, AH, AJ, U5, U2 or U3	Average group size of three for an average duration of 4 hours with licensed practitioner	\$149.88
H0015	HE	U1, U9, UA, U6, or U7	Average group size of three for an average duration of 4 hours with an unlicensed practitioner	\$103.04

- » Maximum group size: 1:12 practitioner to client ratio
- » Used at ASAM Level 2.1
  - Only used if the person attends for the minimum needed to bill the per diem (2+ hours) in a group which does not exceed the practitioner-to-client ratio
  - If person doesn't meet the minimum 2+ hours, 90853 or H0005 may be used
  - Service is billed in whole unit only
- » All other services must be billed outside of H0015
- » ***One H0015 per diem, per patient, per day***

# ALWAYS Prior Authorized for Medicaid Enrollee: *SUD Partial Hospitalization (PH) Level of Care (LoC)*



# SUD Partial Hospitalization Level of Care: Group Counseling – Billing Example

Code	Modifier 1	Practitioner Modifier	Modifier 3	Rate Development and Methodology	Hourly per Person Rate
H0015	HE	AM, SA, UC, UD, AH, AJ, U5, U2 or U3	TG	Average group size of three for an average duration of 6 hours with licensed practitioner	\$224.82
H0015	HE	U1, U9, UA, U6, or U7	TG	Average group size of three for an average duration of 6 hours with an unlicensed practitioner	\$154.56

- » Maximum group size: 1:12 practitioner to client ratio
- » Only used at ASAM Level 2.5
  - Only used if the person attends for the minimum needed to bill the per diem (3+ hours) in a group that does not exceed the practitioner to client ratio
  - If person doesn't meet the minimum 3+ hours, 90853 or H0005 may be used
  - Service is billed in whole unit only
- » All other services must be billed outside of H0015
- » ***One H0015 per diem, per patient, per day***



# ***Outpatient Hospital Claim Submission Guidelines for BH Services***

# Hospital Billing for BH Redesign Services

BH services must be submitted FFS until carved into managed care

- » Submit BH services to MyCare plans for dual-eligible individuals (Medicare and Medicaid) enrolled in MyCare plans beginning 8/1/17

Outpatient hospitals must follow prior authorization standards developed as part of BH redesign

Bill **one** facility claim for entire service; no separate professional and facility claims

Identify the relevant BH services on the institutional claim form with all of the following on each detail line:

- » Use of specific Revenue Center Codes
- » The 'HE' modifier (Mental Health Program)
- » A modifier signifying the highest level of practitioner who performed the service (for most codes)
- » Additional modifiers, as required by coding chart
- » A mental health/substance abuse diagnosis code (does not have to be the primary diagnosis code)

## Ohio Medicaid Revenue Center Codes for Outpatient BH Services

RCC	Description	Covered under EAPG	Covered in Outpatient Hospital for BH redesign services (with HE modifier) effective 8/1/17
0900	BH Treatment/Services	X	X
0904	Activity Therapy		X
0906	IOP - Chemical Dependency		X
0907	Day Treatment		X
0911	Rehabilitation	X	X
0912	Partial Hospitalization - Less Intensive (Half Day)		X
0913	Partial Hospitalization - Intensive (Full Day)		X
0914	Individual Therapy	X	X
0915	Group Therapy	X	X
0916	Family Therapy	X	X
0918	Testing	X	X
0919	Other Psych Services	X	X
1002	Residential Treatment – Chemical Dependency		X
0671	Outpatient Special Residence Charges - All Home or Community Based Services		X

# Hospital Claim Submission for BH Services

Service Date On or After	Type of Medicaid Enrollment	Outpatient Services			Inpatient Services			
		Claims for Appendix F* Services	Claims for BH Services with modifier 'HE'**	Claims for Medical Services	Patient Age Under 21 or Over 65		Patient Age 21-64	
					General Hospital	Freestanding Psychiatric Hospitals	General Hospital	Freestanding Psychiatric Hospitals
7/1/2017	FFS	FFS	Not Available	FFS	FFS	FFS	FFS	Excluded
	MCP	MCP	Not Available	MCP	MCP	FFS	MCP	MCP
	MyCare	MyCare	Not Available	MyCare	MyCare	MyCare	MyCare	MyCare
8/1/2017	FFS	FFS	FFS	FFS	FFS	FFS	FFS	Excluded
	MCP	MCP	FFS	MCP	MCP	FFS	MCP	MCP
	MyCare	MyCare	MyCare	MyCare	MyCare	MyCare	MyCare	MyCare
1/1/2018***	FFS	FFS	FFS	FFS	FFS	FFS	FFS	Excluded
	MCP	MCP	MCP	MCP	MCP	MCP	MCP	MCP
	MyCare	MyCare	MyCare	MyCare	MyCare	MyCare	MyCare	MyCare

\*Appendix F services relate to services described in Appendix F of Ohio Administrative Code rule 5160-2-21, which include some behavioral health services, will continue to be available via EAPG beginning 8/1/17

\*\*Freestanding psychiatric hospitals may only bill the outpatient behavioral health services and only for dates of service on or after 8/1/2017

\*\*\*Managed Care carve-in date subject to the legislative process

**FFS = Fee-for-Service Medicaid**

**MCP = Medicaid Managed Care**

**MyCare = MyCare Ohio (dual-eligible) Plan**

# Stakeholder Resources for BH Redesign



Provider tab of [www.BH.Medicaid.Ohio.gov](http://www.BH.Medicaid.Ohio.gov): Medicaid Behavioral Health Provider Manual - describes every **community-based** MH and SUD service and outlines its policy re: coverage, admission criteria, coding, rendering practitioner, rates, etc., most of which apply to the services added to the outpatient hospital benefit



 The screenshot shows a web interface with a table of codes and rates. The table has multiple columns, including code numbers and associated rates or values.

***The Outpatient Hospital BH Code Chart, Rates, Modifiers and Revenue Center Code Chart*** is available at: [www.Medicaid.ohio.gov](http://www.Medicaid.ohio.gov) > Providers > Fee Schedules and Rates > I Agree > Outpatient Hospital Behavioral Health Services

 The screenshot shows a web page with a table of billing guidelines. The table lists various services and their corresponding billing instructions or codes.

Learn how to use the provider manual, coding chart, and the coverage and limitations work book to effectively bill services. ***The Hospital Billing Guidelines have been updated:*** [www.Medicaid.Ohio.gov](http://www.Medicaid.Ohio.gov) > Providers > **Billing > Billing Instructions > ODM Hospital Billing Guidelines.**

# Behavioral Health Redesign Website



Go To:  
[bh.medicaid.ohio.gov](http://bh.medicaid.ohio.gov)

Sign up online for the  
*BH Redesign Newsletter.*

**Behavioral Health Redesign**

HOME ABOUT INDIVIDUALS PROVIDERS NEWSLETTERS CONTACT US

## Helping Your Patients

Modernizing business practices to improve patient outcomes.

### What is Ohio's Behavioral Health Redesign?

A transformative initiative aimed at rebuilding Ohio's community behavioral health system capacity. Key proposals include adding new services for people with high intensity service and support needs and aligning the procedure codes used by Ohio's behavioral health providers to better integrate physical and behavioral healthcare.

Changes begin July 1, 2016.

**About**

Details about this important initiative and additional resources.

[learn more >](#)

**Individuals**

Information about your health care coverage.

[learn more >](#)

**Providers**

Information about your patients' coverage and tools to guide your business.

[learn more >](#)

**Newsletter Sign-up**

Sign up for the BH Redesign Newsletter and stay up-to-date with the latest BH Redesign news!

**Partners**

Ohio's Behavioral Health Redesign is a collaborative effort of the Governor's Office of Health Transformation, and the Ohio Departments of Medicaid and Mental Health and Addiction Services.

**Contact Us:**

Questions about BH Redesign? **Contact Us**

Questions about your Ohio Medicaid coverage? Call the Ohio Medicaid Consumer Hotline: 1-800-324-8680

Questions about mental health and addiction services, supports, and referrals? Call the OhioMHAS Consumer and Family Toll-Free Bridge: 1-877-275-6364 (1-888-636-4889 TTY)

Ohio Department of Medicaid | OhioMHAS | Terms of Use | Privacy Statement



# Questions?

Contact Hospital Policy at:

[Hospital\\_Policy@Medicaid.ohio.gov](mailto:Hospital_Policy@Medicaid.ohio.gov)

**MAKING  
OHIO  
BETTER**

