



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

Medicaid Transmittal Letter No. 3341-16-01

DATE: February 11, 2016
TO: Eligible Providers of Mental Health Services
Chief Executive Officers, Managed Care Plans
Other Interested Parties
FROM: John B. McCarthy, Medicaid Director
SUBJECT: Consolidation and Expansion of Medicaid Rules Concerning Mental Health Services Provided in Non-Institutional Settings

Two existing rules of the Ohio Administrative Code concern mental health services provided in non-institutional settings. The provisions of these rules are combined into a single new rule, streamlined, and updated. The two existing rules are rescinded.

Existing rule 5160-8-05, "Psychology services provided by licensed psychologists," sets forth coverage and payment provisions for psychology services provided by licensed psychologists.

Existing rule 5160-4-29, "Services provided for the diagnosis and treatment of mental and emotional disorders," sets forth coverage and payment provisions for mental health services provided by physicians, licensed social workers, professional counselors, and professional clinical counselors.

New rule 5160-8-05, "Mental health services," sets forth coverage and payment provisions for mental health services provided in non-institutional settings.

Changes

New provider types are created for licensed professional clinical counselors, independent social workers, and independent marriage and family therapists. These independent mental health practitioners are now able to enroll as eligible providers and to submit claims for Medicaid services.

Existing rules 5160-4-29 and 5160-8-05 recognize certain professionals capable of rendering covered mental health services, under appropriate supervision as necessary:

- Physicians
- Licensed psychologists
- Professional clinical counselors
- Professional counselors
- Clinical social workers
- Licensed social workers
- Doctoral-level psychology interns

New rule 5160-8-05 identifies not only these professionals (some of them by updated title) but also other individuals capable of rendering covered mental health services:

- Physicians, advanced practice registered nurses (APRNs), and physician assistants (PAs)
- Licensed psychologists
- Licensed professional clinical counselors, independent social workers, and independent marriage and family therapists (collectively termed "independent practitioners")
- Licensed professional counselors, social workers, and marriage and family therapists (collectively termed "supervised practitioners")
- Registered counselor trainees, registered social work trainees, marriage and family therapist trainees, and doctoral psychology trainees (collectively termed "supervised trainees")

The new rule recognizes independent mental health practitioners as eligible Medicaid providers with their own provider types; they are now able to submit claims and receive payment for Medicaid services they provide. An existing provision that in effect compels licensed psychologists to enroll in Medicaid as eligible providers, even if their services are rendered under the supervision of an eligible provider, is extended to independent practitioners.

An existing provision that requires licensed psychologists in independent practice to participate in Medicare if they can do so (or, if the practice is limited to pediatric treatment, to meet all requirements for Medicare participation other than serving Medicare beneficiaries) is extended to independent practitioners in independent practice.

The list of covered services is expanded to include assessment and behavior change intervention and psychotherapy for crisis.

Specific provisions concerning supervision are replaced by a statement that every mental health service reported on a claim must be performed in accordance with any supervision requirements established in law, regulation, statute, or rule.

The payment structure for some mental health services is modified. The maximum payment amount for psychological or neuropsychological testing is 100% of the amount specified in the published payment schedule (Appendix DD to rule 5160-1-60 of the Administrative Code), regardless of provider. For a mental health service (other than testing) rendered by a physician, APRN, PA, or licensed psychologist, the maximum payment amount is 100% of the payment schedule amount; for a mental health service (other than testing) rendered by an independent practitioner or a supervised practitioner, it is 85%. Payment made to licensed psychologists is thus increasing from 85% to 100% of the payment schedule amount, and payment made to independent practitioners and supervised practitioners is increasing from 50% to 85%.

These changes take effect for dates of service beginning February 1, 2016.

Effects on Claim Submission

Procedure code modifiers

The following two-character procedure code modifiers are used on claims to indicate that a mental health professional other than a physician provided the service:

- Certified nurse practitionerSA
- Clinical nurse specialistUC
- Physician assistantUD
- Licensed psychologistAH
- Independent social workerAJ
- Other professional with training at the doctoral degree levelHP
- Other professional with training at the master's degree levelHO
- Other professional with training at the bachelor's degree levelHN

Prior authorization

The process for requesting prior authorization for mental health services that exceed program limits does not change. However, all prior authorization requests, either approved or pending, expire at the beginning of a new benefit year, which has been changed from a rolling 12-month period to a fixed calendar year.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

P.O. Box 182709
 Columbus, OH 43218-2709
 (800) 686-1516