

## Revisions to Medical Definitions for FY05 MHHIPAA Environment (6/29/04)

Non-billable MEDEFs that defaulted to the MH board company code for all billed procedures have been changed to accommodate split boards. Where feasible, the new medical definition denotes department (based on procedure code) and an indicator as to whether the claim could be billed to Medicaid if the problem were corrected (based on client line of business). For the two shared procedure codes (H0004 - BH Counseling and H0030 - BH Hotline), modifier 1 is also used in the medical definition to separate MH from AoD claims. However, if a claim is submitted with one of the shared procedure codes and a primary modifier that is not one of the accepted codes (hence department cannot be determined), the medical definition generated will be the old code that will still be assigned to the MH company code. These new codes will be effective for all claims entered/updated as of 7/4/2004, regardless of service date.

### Expansions of Old Codes

#### 1. **NPUA** – no partial units allowed

This code is now divided into four new codes that distinguish department and Medicaid status. The new codes use quantity, procedure code, client line of business, and modifier 1 to generate the new medical definitions. The four new codes are:

**MMPU** (Mental Health – Medicaid billable)  
**MNPU** (Mental Health – not billable to Medicaid)  
**AMPU** (AoD – Medicaid billable)  
**ANPU** (AoD – not billable to Medicaid)

**NPUA** will be generated and assigned to the Mental Health Board's company code when it is impossible to determine if procedure code H0004 is submitted and modifier 1 is not H9, HA, HD, HE, HF, or HQ.

#### 2. **NODX** – diagnosis code missing

This code is now separated by department and Medicaid status into four new codes that are based on procedure code, client line of business, and modifier 1. The four new codes for missing diagnosis are:

**MMDX** (Mental Health – Medicaid billable)  
**MNDX** (Mental Health – not billable to Medicaid)  
**AMDX** (AoD – Medicaid billable)  
**ANDX** (AoD – not billable to Medicaid)

**NODX** will be generated and assigned to the Mental Health Board's company code when it is impossible to determine if a shared procedure code is MH or AoD.

#### 3. **MINV** – modifier not valid for procedure code

Due to the complexity of the modifier assignments for modifiers 1 and 2, and the interaction with price rules for validity, it was not feasible to distinguish Medicaid billable status. Two new codes were defined that distinguish department/company code based on procedure code and modifiers 1 and 2:

**AMOD** – AoD procedure code with invalid modifier 1 or 2  
**MMOD** – MH procedure code with invalid modifier 1 or 2

**MINV** will be generated if one of the shared BH codes was submitted with a primary modifier that is not one of the accepted codes, and it will be assigned to the MH company code.

#### 4. **ZMCD/ZNON** – fall-thru medical definitions

Four new definitions were created for claim scenarios not covered by the standard medical definitions (usually

those claims with an invalid value for modifier 1). These are:

- MMCD** (Mental Health – Medicaid billable)
- MNON** (Mental Health – not billable to Medicaid)
- AMCD** (AoD – Medicaid billable)
- ANON** (AoD – not billable to Medicaid)

**ZMCD** or **ZNON** will be generated if one of the shared BH codes was submitted with a primary modifier that is not one of the accepted codes, based on line of business, and assigned to the MH company code.

### **New Medical Definitions**

**ODYS:** Clients in the DADAS group can only have payable AoD claims if the services are billed by UPI 2905. If another provider submits a claim with a mental health service for a client in this special plan, it was assigned OHIO as a company code since we do not have MH Medicaid medical definitions assigned to this plan. To avoid this, a new MEDEF was built to automatically assign claims to this new medical definition if they are in the DADAS group and the claim does not come from provider 2905. This code only pertains to clients in the DADAS group and is not assigned to board plan codes.

**DXNA:** This new code pertains to certain AoD non-medicare procedure codes that require that the primary diagnosis submitted be one of the designated AoD diagnosis codes. If the PROCDC contains AD in the procedure code secondary group, an AoD diagnosis is required which is denoted by AD in the diagnosis group 1 field in the DIAGN record. If this condition is not true, or no diagnosis was submitted, the medical definition generated will be DXNA (diagnosis not allowed for procedure code). This code is assigned to the ODADAS company code.

### **Unchanged Medical Definitions**

**MAGE:** Mental Health procedure that requires client to be under 18 years of age if service is provided to a collateral when client is not present. This code is assigned to the MH company code.

**MTEL:** Mental Health procedure which cannot be conducted over the telephone. This includes all Medicaid billable services (except Crisis Intervention and Individual CSP) and all residential services (M2200 – M2299). This code is assigned to the MH company code.

## **LISTING OF ALL NON-PAYABLE MEDICAL DEFINITIONS**

### Assigned to ODADAS Company

AMCD (AoD mcd fall-thru)  
ANON (AoD non-mcd fall-thru)  
AMOD (AoD modifier problem)  
AMPU (AoD mcd partial units)  
ANPU (AoD non-mcd partial units)  
AMDX (AoD dx required/mcd service)  
ANDX (AoD dx required/non-mcd svc)  
DXNA (AoD svc requires AoD dx)  
ODYS (DADAS plan/UPI not 1131)

### Assigned to MH Company

MMCD (MH mcd fall-thru)  
MNON (MH non-mcd fall-thru)  
MMOD (MH modifier problem)  
MMPU (MH mcd partial units)  
MNPU (MH non-mcd partial units)  
MMDX (MH dx required/mcd service)  
MNDX (MH dx required/non-mcd svc)  
MAGE (MH client not under 18)  
MTEL (MH telephone not valid)

### BH Default Codes assigned to MH

MINV (BH code/modifier problem)  
NPUA (no partial units-BH)  
NODX (missing diag-BH)  
ZMCD (mcd BH fall-thru)  
ZNON (non-mcd BH fall-thru)