



### MITS Web Portal Guide: Behavioral Health Benefit Utilization

Certain community behavioral health services provided by Medicaid participating ODADAS and/or ODMH certified agencies are subject to benefit limits. The mental health services are subject to annualized limits per client while three alcohol and other drug treatment services are subject to a combined weekly limit per client. Please reference the following table that describes the behavioral health services that are subject to a Medicaid service limit. If a service is not listed, then it is not currently subject to a limit.

Behavioral Health Medicaid Service Limits in Effect at Publication			
	Service Name & HCPCS Code	Limit	Exceptions
MH	Counseling (Group and Individual) – H0004	52 hours per SFY (any combination of individual and group)	When medically necessary, persons under 21 may receive services in excess of these limits.
	Assessment – H0031	4 hours per SFY	
	Psychiatric diagnostic Assessment by a Physician – 90801 up to 1/1/13; 90792 1/1/13 and later	2 hours per SFY	
	Pharmacological Management – 90862 up to 1/1/13; 90863 1/1/13 and later	24 hours per SFY	
	Community Psychiatric Supportive Treatment – H0036	104 hours per SFY (any combination of individual and group)	
AoD	Group Counseling – H0005, Individual Counseling – H0004 and Medical/Somatic – H0016	Weekly (Sunday through Saturday) limit of a combined 30 hours.	Only applicable to persons age 21 and older.

The MITS Web Portal functionality that displays a Medicaid client’s utilization of these services is now live and is correctly calculating and displaying the utilization. The following pages will help you navigate the portal when using the “Eligibility Verification Request” panel and, whenever possible, we have provided an example of what you will see displayed in the portal.

**General Instructions:**

For the mental health service benefit limits, we advise users to enter the current date as the date in both the "From DOS" and "To DOS" in the Eligibility Verification Request panel because the limits are on an annual basis. This will return that person's utilization during the state fiscal year (SFY) benefit limit period.

For the alcohol and other drug service benefit limits, we advise users to enter a "From DOS" and "To DOS" during the week about which you are inquiring. You can use the same date, as in the mental health recommendation. If you use different dates, be careful not to "straddle" a Saturday and a Sunday. The system will return a count of all units for dates of service during that calendar (Sunday through Saturday) week of inquiry.

**For ease of viewing, the example screen shots are on the following five pages.**

**MITS Screen Shot #1**  
**Adult utilization of Pharmacologic Management as of 5/7/2013**

Log into the MITS portal and select "Eligibility Search." Enter the client identification information and the procedure code 90862. Enter today's date in the "From DOS" and "To DOS" fields and then click the "Search" button. Look toward the bottom of the page and see the "Service Limitation" panel. This client has only received .90 hours out of a total benefit of 24 hours per year. They have 23.10 hours available.

super User Providers Account Claims **Eligibility** Prior Authorization Reports Publications

**eligibility search**

**Eligibility Verification Request**

Medicaid Billing Number [REDACTED] Birth Date 08/20/1948  
 SSN [REDACTED] DOS Date Format MM/DD/YYYY  
 Procedure Code 90862 From DOS 05/07/2013 To DOS 05/07/2013

search clear

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**Recipient Information**

Medicaid Billing Number [REDACTED] SSN [REDACTED]  
 Last Name [REDACTED] County of Residence [REDACTED]  
 First Name [REDACTED] County of Eligibility [REDACTED]  
 Gender [REDACTED] County Office <http://jfs.ohio.gov/county/cntydir.stm>  
 Date of Birth 08/20/1948 Number Bed Hold Days Used Paid CY 20130101: 2  
 Date of Death [REDACTED]

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**Benefit / Assignment Plan**

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	05/07/2013	05/07/2013		\$0.00	\$0.00
MRDD Targeted Case Mgmt	05/07/2013	05/07/2013		\$0.00	\$0.00
Alcohol and Drug Addiction Services	05/07/2013	05/07/2013		\$0.00	\$0.00
Ohio Mental health	05/07/2013	05/07/2013		\$0.00	\$0.00

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**Case/Cat/Seq Spenddown**  
\*\*\* No rows found \*\*\*

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**TPL**  
\*\*\* No rows found \*\*\*

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**Managed Care**

Plan Name	Plan Description	Effective Date	End Date
CARESOURCE	HMO, ABD	05/07/2013	05/07/2013

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**Lock-In**  
\*\*\* No rows found \*\*\*

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**Medicare**  
\*\*\* No rows found \*\*\*

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**Service Limitation - Limits have been calculated based on the From DOS 05/07/2013**

Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
90862	MEDICATION MANAGEMENT	6103 -MH-24 HRS/FISCAL YR:21+	24	0.90	23.10	FISCAL YEAR	

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**Level of Care Determinations**  
\*\*\* No rows found \*\*\*

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**Patient Liability**  
\*\*\* No rows found \*\*\*

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**Long Term Care Facility Placements**  
\*\*\* No rows found \*\*\*

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**Special Program**

**MITS Screen Shot #2**

**Adult utilization of mental health counseling, H0004 as of 5/7/2013**

Log into the MITS portal and select "Eligibility Search." Enter the client identification information and the procedure code H0004. Enter today's date in the "From DOS" and "To DOS" fields and then click the "Search" button. Look towards the bottom of the page and see the "Service Limitation" panel. This client has received 3.25 hours of mental health counseling and so has 48.75 hours remaining on their annual limit of 52 hours. Note here that the description label is "alcohol and other drug services" even though this is for mental health counseling. The labeling comes directly from the federal HCPCS code set and so does not distinguish between Ohio's use of this code to bor both AoD and MH counseling services. You can identify this as the MH counseling service limit since it has a 52 hours per year limit displayed.

Super User Providers Account Claims **Eligibility** Prior Authorization Reports Publications

**eligibility search**

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**Eligibility Verification Request**

Medicaid Billing Number [REDACTED] Birth Date 08/20/1948  
 SSN [REDACTED] DOS Date Format MM/DD/YYYY  
 Procedure Code H0004 From DOS 05/07/2013 To DOS 05/07/2013

search clear

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**Recipient Information**

Medicaid Billing Number [REDACTED] SSN [REDACTED]  
 Last Name [REDACTED] County of Residence [REDACTED]  
 First Name [REDACTED] County of Eligibility [REDACTED]  
 Gender [REDACTED] County Office <http://jfs.ohio.gov/county/cntydir.stm>  
 Date of Birth 08/20/1948 Number Bed Hold Days Used Paid CY 20130101: 2  
 Date of Death

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**Benefit / Assignment Plan**

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	05/07/2013	05/07/2013		\$0.00	\$0.00
MRDD Targeted Case Mgmt	05/07/2013	05/07/2013		\$0.00	\$0.00
Alcohol and Drug Addiction Services	05/07/2013	05/07/2013		\$0.00	\$0.00
Ohio Mental health	05/07/2013	05/07/2013		\$0.00	\$0.00

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**Case/Cat/Seq Spenddown**  
 \*\*\* No rows found \*\*\*

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**TPL**  
 \*\*\* No rows found \*\*\*

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**Managed Care**

Plan Name	Plan Description	Effective Date	End Date
CARESOURCE	HMO, ABD	05/07/2013	05/07/2013

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**Lock-In**  
 \*\*\* No rows found \*\*\*

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**Medicare**  
 \*\*\* No rows found \*\*\*

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**Service Limitation - Limits have been calculated based on the From DOS 05/07/2013**

Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
H0004	ALCOHOL AND/OR DRUG SERVICES	6104 -MH-52 HRS/FISCAL YR:21+	52	3.25	48.75	FISCAL YEAR	

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**Level of Care Determinations**  
 \*\*\* No rows found \*\*\*

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**Patient Liability**  
 \*\*\* No rows found \*\*\*

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**Long Term Care Facility Placements**  
 \*\*\* No rows found \*\*\*

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**Special Program**  
 \*\*\* No rows found \*\*\*

**MITS Screen Shot #3:**

**Adult utilization of AoD services (individual and group counseling and medical/somatic) as of 9/9/2012**

Log into the MITS portal and select "Eligibility Search." Enter in the client identification information and the procedure code H0005. Enter today's date in the "From DOS" and "To DOS" fields and then click the "Search" button. Look towards the bottom of the page and see the "Service Limitation" panel. As of 9/9/2012, this client had received only one hour of AoD counseling. They have 29 hours of counseling (individual or group) and/or medical/somatic services available for the rest of the calendar week.

eligibility search

**Eligibility Verification Request**

Medicaid Billing Number [REDACTED] Birth Date 09/15/1976

SSN [REDACTED] DOS Date Format MM/DD/YYYY

Procedure Code H0005 From DOS 09/09/2012 To DOS 09/09/2012

search clear

**Recipient Information**

Medicaid Billing Number [REDACTED] SSN [REDACTED]

Last Name [REDACTED] County of Residence [REDACTED]

First Name [REDACTED] County of Eligibility [REDACTED]

Gender [REDACTED] County Office <http://jfs.ohio.gov/county/cntydir.stm>

Date of Birth 09/15/1976 Number Bed Hold Days Used Paid CY 20120101: 161

Date of Death

**Benefit / Assignment Plan**

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	09/09/2012	09/09/2012		\$0.00	\$0.00
MRDD Targeted Case Mgmt	09/09/2012	09/09/2012		\$0.00	\$0.00
Alcohol and Drug Addiction Services	09/09/2012	09/09/2012		\$0.00	\$0.00
Ohio Mental health	09/09/2012	09/09/2012		\$0.00	\$0.00

**Case/Cat/Seq Spenddown**

\*\*\* No rows found \*\*\*

**TPL**

\*\*\* No rows found \*\*\*

**Managed Care**

Plan Name	Plan Description	Effective Date	End Date
CARESOURCE	HMO, CFC	09/09/2012	09/09/2012

**Lock-In**

\*\*\* No rows found \*\*\*

**Medicare**

\*\*\* No rows found \*\*\*

**Service Limitation - Limits have been calculated based on the From DOS 09/09/2012**

Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
H0005	ALCOHOL AND/OR DRUG SERVICES	6100 -ADD-30 HRS/CAL WK:21+	30	1	29	CALENDAR WEEK	

**Level of Care Determinations**

\*\*\* No rows found \*\*\*

**Patient Liability**

\*\*\* No rows found \*\*\*

**Long Term Care Facility Placements**

\*\*\* No rows found \*\*\*

**Special Program**

**MITS Screen Shot #4**  
**Child utilization of mental health counseling (HCPCS H0004)**

Log into the MITS portal and select "Eligibility Search." Enter in the client identification information and the procedure code H0004. Enter today's date in the "From DOS" and "To DOS" fields and then click the "Search" button. Look towards the bottom of the page and see the "Service Limitation" panel. Because this client is a child, they have no annual benefit limit for mental health counseling services and the service utilization panel displays "no rows found."

Super User Providers Account Claims **Eligibility** Prior Authorization Reports Publications

**eligibility search**

**Eligibility Verification Request**

Medicaid Billing Number [REDACTED] Birth Date 05/18/2008  
 SSN [REDACTED] DOS Date Format MM/DD/YYYY  
 Procedure Code H0031 From DOS 05/07/2013 To DOS 05/07/2013

search clear

**Recipient Information**

Medicaid Billing Number [REDACTED] SSN [REDACTED]  
 Last Name [REDACTED] County of Residence [REDACTED]  
 First Name [REDACTED] County of Eligibility [REDACTED]  
 Gender [REDACTED] County Office <http://jfs.ohio.gov/county/cntydir.stm>  
 Date of Birth 05/18/2008 Number Bed Hold Days Used Paid CY 20130101: 2  
 Date of Death

**Benefit / Assignment Plan**

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	05/07/2013	05/07/2013		\$0.00	\$0.00
Ohio Mental health	05/07/2013	05/07/2013		\$0.00	\$0.00
Medicaid Schools	05/07/2013	05/07/2013		\$0.00	\$0.00
MRDD Targeted Case Mgmt	05/07/2013	05/07/2013		\$0.00	\$0.00
Alcohol and Drug Addiction Services	05/07/2013	05/07/2013		\$0.00	\$0.00

**Case/Cat/Seq Spenddown**  
 \*\*\* No rows found \*\*\*

**TPL**  
 \*\*\* No rows found \*\*\*

**Managed Care**

Plan Name	Plan Description	Effective Date	End Date
CARESOURCE	HMO, CFC	05/07/2013	05/07/2013

**Lock-In**  
 \*\*\* No rows found \*\*\*

**Medicare**  
 \*\*\* No rows found \*\*\*

**Service Limitation - Limits have been calculated based on the From DOS 05/07/2013**  
 \*\*\* No rows found \*\*\*

**Level of Care Determinations**  
 \*\*\* No rows found \*\*\*

**Patient Liability**  
 \*\*\* No rows found \*\*\*

**Long Term Care Facility Placements**  
 \*\*\* No rows found \*\*\*

**Special Program**  
 \*\*\* No rows found \*\*\*

**MITS Screen Shot #5**  
**Child utilization of CPST as of 5/9/2013**

Log into the MITS portal and select "Eligibility Search". Enter in the client identification information and the procedure code H0036. Enter today's date in the "From DOS" and "To DOS" fields and then click the "Search" button. Look towards the bottom of the page and see the "Service Limitation" panel. This child has received .5 hours of CPST out of their total annual benefit of 104 hours. Had the child received 104 hours, any further claims would be denied for payment in MITS. Providers must seek approval of additional hours by submitting a prior authorization request.

Super User Providers Account Claims **Eligibility** Prior Authorization Reports Publications

**eligibility search**

**Eligibility Verification Request**

Medicaid Billing Number [REDACTED] Birth Date 05/18/2008

SSN [REDACTED] DOS Date Format MM/DD/YYYY

Procedure Code H0036 From DOS 10/01/2012 To DOS 10/01/2012

search clear

**Recipient Information**

Medicaid Billing Number [REDACTED] SSN [REDACTED]

Last Name [REDACTED] County of Residence [REDACTED]

First Name [REDACTED] County of Eligibility [REDACTED]

Gender [REDACTED] County Office <http://jfs.ohio.gov/county/cntydir.stm>

Date of Birth 05/18/2008 Number Bed Hold Days Used Paid CY 20120101: 14

Date of Death

**Benefit / Assignment Plan**

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	10/01/2012	10/01/2012		\$0.00	\$0.00
Ohio Mental health	10/01/2012	10/01/2012		\$0.00	\$0.00
Medicaid Schools	10/01/2012	10/01/2012		\$0.00	\$0.00
MRDD Targeted Case Mgmt	10/01/2012	10/01/2012		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/01/2012	10/01/2012		\$0.00	\$0.00

**Case/Cat/Seq Spenddown**  
\*\*\* No rows found \*\*\*

**TPL**  
\*\*\* No rows found \*\*\*

**Managed Care**

Plan Name	Plan Description	Effective Date	End Date
CARESOURCE	HMO, CFC	10/01/2012	10/01/2012

**Lock-In**  
\*\*\* No rows found \*\*\*

**Medicare**  
\*\*\* No rows found \*\*\*

**Service Limitation - Limits have been calculated based on the From DOS 10/01/2012**

Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
H0036	COMM PSY FACE-FACE PER 15MIN	6101 -MH-104 HOURS/FISCAL YR	104	0.50	103.50	FISCAL YEAR	

**Level of Care Determinations**  
\*\*\* No rows found \*\*\*

**Patient Liability**  
\*\*\* No rows found \*\*\*

**Long Term Care Facility Placements**  
\*\*\* No rows found \*\*\*