ODMH MACSIS SERVICE RATE FORM
Required for Tier 2 Testing

Board	(insert name)	***Medicaid Only?***	(Yes or No)
Prov Name	(insert billing provider name)	***Non-Medicaid Only?***	(Yes or No)
Billing NPI	(insert NPI)	***Mcd/Non Rates Differ?***	(Yes or No)
Submitter ID	(insert UPI)	***Primary Price Schedule***	(insert price schedule)
Panel(s)	Denote panels, if used		

Procedure Code	**Description**	**15 Min Svc***	**Medicaid Rate** Price Reg = OH**	**Non-Medcd Rate** Price Reg = (insert)**
Medicaid Billable Services				
90801	MH ASSMT-PHYSICIAN			
90862	MH PHARM MGMT			
H0004	MH INDIV COUNS/THER	Yes		
H0004	MH GROUP COUNS/THER	Yes		
H0031	MH ASSMT-NON PHYSICIAN			
H0036	MH INDIV COMM PSY SUPP	Yes		
H0036	MH GROUP COMM PSY SUPP	Yes		
H0040	MH ASSERTIVE COMM TRMT (ACT)		n/a	
H2016	MH INTENSIVE HOME BASED (IHBS)		n/a	
S0201	MH PARTIAL HOSP			
S9484	MH CRISIS INTERV			
Non-Medicaid Services				
H0030	MH HOTLINE			
H0038	MH SELF HELP/PEER SVC	Yes		
H0046	MH OTHER HEALTHCARE			
For procedures listed below, expanded procedure codes might be needed for pricing alternatives, e.g. M3141. Please add rows at bottom of grid to enter the procedure code, description and rate for alternative prices				
M1430	MH OCCUP THERAPY			
M1440	MH ADJUNCT THERAPY			
M1530	MH SCHOOL PSYCH			
M1540	MH ADULT EDUC			
M1550	MH SOCIAL REC			
M1620	MH EMPLOY/VOC			
M1810	MH IHBS NON-CLINICAL			
M1910	MH ACT NON-CLINICAL			
M2200	MH RESIDENTIAL CARE			
M2240	MH COMM RESIDENCE			
M2250	MH FOSTER CARE			
M2260	MH SUBSIDIZED HOUSING			
M2270	MH RESPITE CARE			
M2280	MH CRISIS CARE			
M2290	MH TEMP HOUSING			
M3120	MH CONSUMER OP			
M3140	MH OTHER NON-HEALTHCARE			
M4110	MH PREVENTION			
M4120	MH CONSULTATION			
M4130	MH INFO AND REFERRAL			
M4140	MH COMMUNITY EDUC			

COMPLETE ITEMS HIGHLIGHTED IN RED AND EITHER E-MAIL SPREADSHEET(S) TO MACSIS STAFF AT MACSISTESTING@MH.STATE.OH.US OR FAX TO MACSIS STAFF AT 614-752-6474.

* These services are reported in 15 minute increments and must be priced accordingly.

**Enter rate in appropriate column if you will be funding the service. If you are paying for both Medicaid and Non-Medicaid clients, both rates must be entered even if they are the same