

Behavioral Health Redesign Brief:

Revised Transition Schedule for Behavioral Health Redesign

The Ohio Departments of Medicaid and Mental Health and Addiction Services have announced a revised implementation schedule for parts of the behavioral health redesign. The coding changes implementing Current Procedural Terminology (CPT) evaluation and management (E/M) office visit codes, laboratory procedures, vaccine administration, and nursing activity codes, originally planned for July 1, 2016, **will now begin with services provided on and after January 1, 2017**. This schedule change reflects the time and technical assistance providers and system stakeholders need to transition to these new Medicaid requirements. The deadline for rendering practitioners to enroll with Ohio Medicaid has also been moved to January 1, 2017. However, agencies should begin enrolling practitioners as soon as possible. **The deadline for final transition to the new Medicaid code set remains unchanged; all providers must be fully implemented by July 1, 2017.** The Specialized Recovery Services program will still “go live” on July 1, 2016.

To summarize, the following actions are effective for services provided on and after January 1, 2017:

- All behavioral health providers employing physicians, advanced practice registered nurses and/or physician assistants will begin using CPT E/M codes 99201-99205 for new patient office visits and 99211-99215 for established patient office visits.
- Registered nurses (RNs) and licensed practical nurses (LPNs) may only provide services using CPT E/M office visit code 99211. When this code is not appropriate, for example when services are provided in a patient’s home, Healthcare Common Procedure Coding System (HCPCS) codes, H2019 for RN nursing activities or H2017 for LPN nursing activities, may be used.
- Vaccines For Children (VFC) must be obtained from the Ohio Department of Health by enrolling in the VFC program. See this fact sheet: <http://www.cdc.gov/vaccines/programs/vfc/providers/questions/qa-flyer-hcp.pdf>
- Vaccines for adults may be purchased from pharmaceutical manufacturers and reimbursed at Medicaid rates. Medicaid will cover the administration of vaccines according to the periodicity schedule in the Medicaid provider manual. The billing codes are as follows:

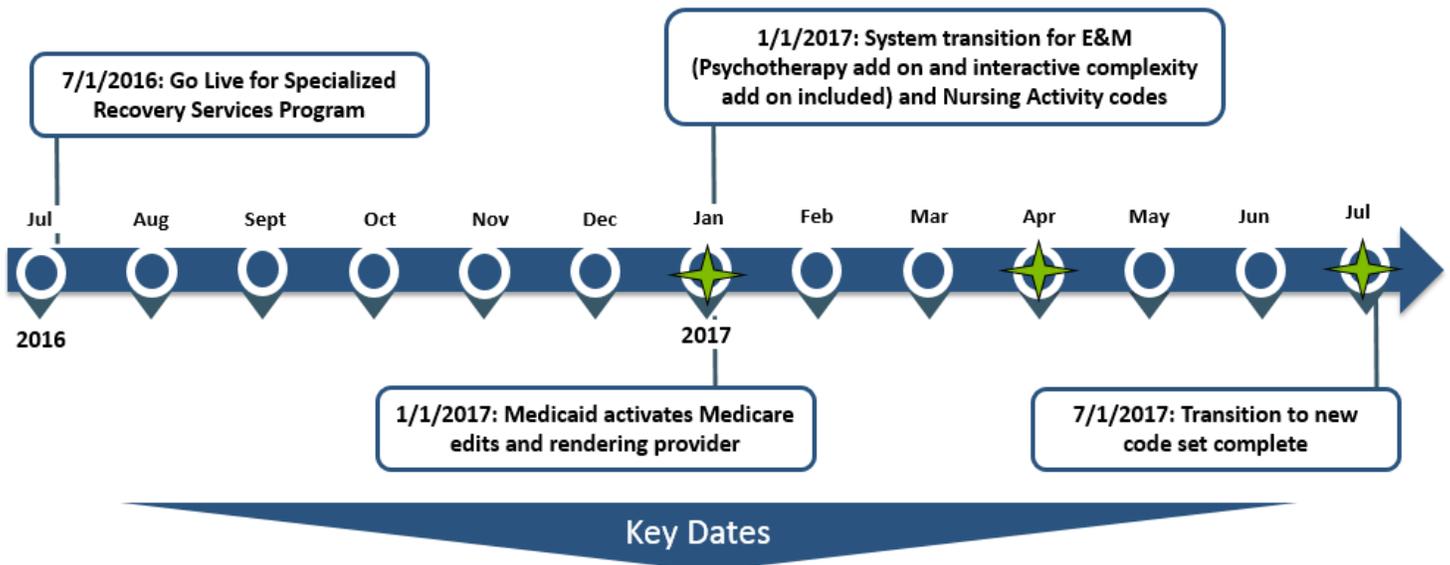
CPT Code	Vaccine Administration Code Description
90460	Vaccine Administration under Vaccines for Children Vaccine (VFC) program
90471	Injection single vaccine - Adults
+90472	Injection of additional vaccine – Adults (add-on to 90471)
90473	Administration of nasal/oral vaccine – Adults
+90474	Administration of additional nasal/oral vaccine – Adults (add-on to 90473)

- In addition to the E/M codes, the associated add-on codes are also being implemented.

E/M add-on CPT Code	Description
+90833	Psychotherapy, 30 minutes
+90836	Psychotherapy, 45 minutes
+90838	Psychotherapy, 60 minutes
+99354	Prolonged service, first hour
+99355	Prolonged service each additional 30 minutes
+90785	Interactive complexity associated with psychotherapy

- Third party liability claims edits, including Medicare, will be enforced for all Medicaid claims. In other words, providers serving Medicaid clients with additional health insurance coverage must bill the claim to the primary payer first before billing the claim to Ohio Medicaid.¹
- Rendering practitioners must be enrolled with Ohio Medicaid, affiliated with their employing agency or agencies, and have their NPI listed as the rendering provider in order for Medicaid claims to be paid. Although the deadline is January 1, 2017, providers should begin enrolling practitioners as soon as possible. For more detail on rendering practitioner enrollment, see other editions of MITS BITS specific to this topic.
- Ohio behavioral health providers have the option to begin offering the new behavioral health benefit package for services starting January 1, 2017 or April 1, 2017. **Providers who have not transitioned on either January 1 or April 1, 2017 must offer the new behavioral health benefit package for services provided on and after July 1, 2017.**

Revised Transition Schedule



1. Specialized Recovery Services Program implementation remains 7/1/2016
2. Rendering practitioner requirement starts 1/1/2017 (Medicaid will not pay claims without rendering practitioner starting 1/1/2017)
 - a. **Practitioners should begin enrolling as soon as possible, but must be enrolled by 1/1/2017**
 - b. LICDCs can begin enrolling as practitioners 7/1/2016
3. Provider agencies may voluntarily transition to the new code set on 1/1/2017 or 4/1/2017
4. Only claims billed using the new code set will be paid for dates of service on and after 7/1/2017

 Transition points

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¹ HCPCS codes are not usually paid by third party payers. ODM will provide specific guidance to providers on this issue at a later date.