

Medicaid Behavioral Health Updates Effective January 1, 2021

Evaluation and Management Coding Changes Effective January 1, 2021

New Prolonged Services Codes

Effective January 1, 2021, ODM is adopting two new billing codes for prolonged services.

- CPT® code 99417 is adopted in accordance with American Medical Association (AMA)
- HCPCS code G2212 is adopted in accordance with the Centers for Medicare and Medicaid Services (CMS). HCPCS code G2212 should be reported on Medicaid claims for individuals dually-eligible for Medicare.

Providers serving individuals with primary insurance coverage other than Medicaid are advised to follow billing guidance for the primary payer when determining which prolonged services code to use before submitting to Medicaid for secondary payment. The [BH Provider Manual](#) has been updated to reflect the new codes 99417 and G2212. Additionally, 5160-27-03 has been amended to add the new billing code 99417 for prolonged services and G2212 will be added in future rule revision of this rule.

Deletion of Evaluation and Management Code 99201

Effective January 1, 2021, CPT® code 99201 is being deleted. For dates of service on or after January 1, 2021, providers should report appropriate evaluation and management codes in accordance with CPT guidelines. ODM is continuing to review the new Evaluation and Management coding and CPT® guidelines for 2021 and may provide additional guidance as appropriate.

BH Telehealth Rules Final Filed

The following Ohio Administrative Code rules have been revised to continue provisions related to telehealth during the pandemic that were previously enacted through an emergency rule filing. The five rules are effective January 1, 2021.

- [5160-8-05](#) “Behavioral health services-other licensed professionals.” The revised rule maintains patient contact requirements for professionals responsible for services rendered by supervised trainees; however, the in-person and face-to-face provisions are removed.
- [5160-27-04](#) “Mental health assertive community treatment service.” The revised rule maintains requirements for provider participation in fidelity reviews; however, on-site and minimum score provisions for fidelity reviews are removed. Face-to-face requirements and billing restrictions for ACT services rendered via telephone or video conference are also removed.
- [5160-27-05](#) “Mental health intensive home-based treatment service.” The revised rule maintains requirements for provider participation in fidelity reviews; however, on-site and minimum score provisions for fidelity reviews are removed. In-person requirements and billing restrictions for IHBT services rendered via telephone or video conference are also removed.
- [5160-27-08](#) “Mental health therapeutic behavioral services and psychosocial rehabilitation.” The requirements for TBS and PSR to be delivered as face-to-face-interventions is removed.
- [5160-27-12](#) “Behavioral health crisis intervention provided by unlicensed practitioners.” The requirement for a behavioral health crisis intervention to be face-to-face is removed. Additionally, the requirement that a practitioner may only provide the service if they have previously met and provided the service to the recipient is removed.