



Department of
Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Medicaid Clearance Letter

**TO: Community Behavioral Health Providers
Chief Executive Officers, Medicaid Managed Care Plans
Other Interested Parties**

FROM: Maureen M. Corcoran, Director, Ohio Department of Medicaid

SUBJECT: Revised behavioral health reimbursement rule

The following rule is being proposed for amendment to revise policy concerning Medicaid coverage of behavioral health services.

5160-27-03 “Reimbursement for community behavioral health services” is being proposed for amendment to revise language regarding third party liability policy and to remove regulations found in other Medicaid rules. The rule appendix is also being proposed for amendment to clarify reimbursement policy.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

P.O. Box 182709
Columbus, OH 43218-2709
(800) 686-1516

5160-27-03

Reimbursement for community behavioral health services.

(A) This rule sets forth the reimbursement requirements and rates for behavioral health services as described in Chapter 5160-27 of the Administrative Code and applies to providers as described in rule 5160-27-01 of the Administrative Code.

(B) Providers rendering community behavioral health services ~~shall~~ will abide by all applicable requirements stated in rules 5160-01-02 and 5160-27-01 of the Administrative Code.

~~(C) Records related to services reimbursed under this rule are subject to review in accordance with 42 C.F.R. 456.3 (October 1, 2021) and rule 5160-01-27 of the Administrative Code.~~

~~(D)~~(C) With the exception of pharmacists as described in paragraph (A)(7) of rule 5160-27-01 of the Administrative Code, medicaid reimbursement rates for services and practitioners described in Chapter 5160-27 of the Administrative Code are listed in the appendix to this rule. Ohio medicaid ~~shall~~ will reimburse the provider the lower of either their usual and customary charges or the reimbursement amount described in the appendix to this rule. Practitioner-specific reimbursement rates that are not otherwise stated in the appendix to this rule are determined by paragraphs ~~(D)~~(C)(1) to ~~(D)~~(C)(5) of this rule.

(1) The reimbursement rate for physicians, as described in paragraph (A)(3) of rule 5160-27-01 of the Administrative Code, is one hundred per cent of the medicaid maximum rate stated in the appendix to this rule.

(2) The reimbursement rate for clinical nurse specialists, certified nurse practitioners, and physician assistants, as described in paragraph (A)(3) of rule 5160-27-01 of the Administrative Code, is eighty-five per cent of the medicaid maximum rate stated in the appendix to this rule; except for evaluation and management office/outpatient visits, psychiatric diagnostic evaluations, and smoking and tobacco cessation counseling the reimbursement rate is one hundred per cent of the medicaid maximum rate stated in the appendix to this rule.

(3) The reimbursement rate for practitioners described in paragraph (A)(5) of rule 5160-27-01 of the Administrative Code is the reimbursement rate percentage described in rule 5160-8-05 of the Administrative Code (medicaid maximum rate stated in the appendix to this rule). The reimbursement rates for services not defined in rule 5160-8-05 of the Administrative Code are stated in the appendix to this rule.

(4) The reimbursement rates for practitioners described in rule 5160-27-01 of the

Administrative Code and not otherwise addressed in paragraph (D) of this rule, are stated in the appendix to this rule.

(5) The reimbursement rate for pharmacists as described in paragraph (A)(7) of rule 5160-27-01 of the Administrative Code is set forth in rule 5160-8-52 of the Administrative Code.

~~(E)~~(D) The medicaid reimbursement rate for any of the following services provided for more than ninety minutes by the same billing provider, to the same recipient, on the same calendar day will be fifty per cent of the rate listed in appendix to this rule.

(1) Community psychiatric supportive treatment as described in rule 5122-29-17 of the Administrative Code.

(2) Therapeutic behavioral service as described in rule 5160-27-08 of the Administrative Code when delivered in an office setting.

(3) Psychosocial rehabilitation as described in rule 5160-27-08 of the Administrative Code when delivered in an office setting.

(4) Substance use disorder targeted case management as described in rule 5160-27-10 of the Administrative Code.

~~(F) Providers identified in rule 5160-27-01 of the Administrative Code must identify the rendering practitioner as follows:~~

~~(1) For practitioners who are eligible to enroll with Ohio medicaid and who meet the requirements of Chapter 5160-27 of the Administrative Code, list their national provider identifier number in the rendering field on the claim, or~~

~~(2) For licensed practitioners who do not have an independent professional scope or for practitioners that are unlicensed, include the modifier that accurately describes their credentials.~~

~~(G)~~(E) Medicaid reimbursement is contingent upon providers maintaining complete and accurate documentation as required by Chapter 5160-27 of the Administrative Code.

~~(H) Medicaid behavioral health claims submitted for reimbursement must comply with the requirements of the national correct coding initiative of the centers for medicare and medicaid services.~~

~~(I) Behavioral health services that are reimbursable by medicare shall be billed first to medicare in accordance with rule 5160-1-05 of the Administrative Code unless otherwise provided by paragraph (K) of this rule. Failure to do so may result in denial of the medicaid claim.~~

~~(J) Behavioral health services that are reimbursable by a third party health care insurer shall be billed first to the third party health care insurer in accordance with rule 5160-1-08 of the Administrative Code unless otherwise provided by paragraph (K) of this rule. Failure to do so may result in denial of the medicaid claim.~~

~~(K) If a behavioral health provider, as defined in paragraph (A)(1) or (A)(2) of rule 5160-27-01 of the Administrative Code, has billed a third party in accordance with either paragraph (I) or paragraph (J) of this rule and the third party has not paid the claim within thirty days, and the provider has concerns regarding the recipient's access to care, the provider may submit the claim for medicaid reimbursement. The provider must include, with the submitted claim, a certification statement that the provider waited thirty days, access to care for the recipient is a concern, and no response was received from the third party.~~

~~(I)~~(F) Place of service (POS) codes for behavioral health services as described in paragraph (G) of rule 5160-27-02 of the Administrative Code are stated in the appendix to this rule. If a POS code is not stated, any valid POS code may be used.

(G) Laboratory services, vaccines, and medications, not stated in the appendix to this rule, and administered in a prescriber office, may be reimbursed in accordance with rule 5160-1-60 of the Administrative Code.

5160-27-03
APPENDIX A

Community Behavioral Health Services Medicaid Fee Schedule

STATUS CODE:

- 1 -- Initial maximum payment amount
- 2 -- Change in maximum payment amount as of the Effective Date
- 3 -- Discontinued coverage

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

HCPDS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	ALLOWABLE PLACES OF SERVICE*	PREVIOUS MAXIMUM PAYMENT AMOUNT
90785		Psytx complex interactive	1/1/2018	1	13.81			POS must be the same as the base code	
90791		Psych diagnostic evaluation	1/1/2018	1	130.72			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 99; MH also has 53; SUD also has 57	
90792		Psych diag eval w/med srvc	1/1/2018	1	144.35			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 99; MH also has 53; SUD also has 57	
90832		Psytx pt&/family 30 minutes	1/1/2018	1	63.11			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90832	KX	Psytx pt&/family 30 minutes	8/1/2019	2	82.04			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	63.11
90833		Psytx pt&/fam w/e&m 30 min	1/1/2018	1	65.37			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90834		Psytx pt&/family 45 minutes	1/1/2018	1	82.05			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90836		Psytx pt&/fam w/e&m 45 min	1/1/2018	1	83.03			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90837		Psytx pt&/family 60 minutes	1/1/2018	1	120.36			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90838		Psytx pt&/fam w/e&m 60 min	1/1/2018	1	109.53			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90839		Psytx crisis initial 60 min	8/1/2019	2	171.70			01, 03, 04, 11, 12, 13, 14, 15, 16, 17, 18, 20, 23, 24, 25, 31, 32, 33, 34, 41, 42, 99; MH also has 53; SUD also has 57	132.08
90840		Psytx crisis ea add'l 30 min	8/1/2019	2	81.95			01, 03, 04, 11, 12, 13, 14, 15, 16, 17, 18, 20, 23, 24, 25, 31, 32, 33, 34, 41, 42, 99; MH also has 53; SUD also has 57	63.04
90846		Family psychotherapy (w/o patient)	1/1/2018	1	102.28			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90847		Family psychotherapy (with patient)	1/1/2018	1	100.72			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90849		Multiple-family group psychotherapy	8/1/2019	2	40.66			03, 04, 11, 12, 13, 14, 16, 31, 32, 34; MH also has 53; SUD also has 57	31.28
90853		Group psychotherapy (other than multiple-family group)	8/1/2019	2	33.09			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 99; MH also has 53; SUD also has 57	25.45
93000		Electrocardiogram, complete	1/1/2018	1	15.90			11, MH also has 53; SUD also has 55, 57	
93005		Electrocardiogram, tracing	1/1/2018	1	6.90			11, MH also has 53; SUD also has 55, 57	
93010		Electrocardiogram report	1/1/2018	1	7.90			11, MH also has 53; SUD also has 55, 57	
96112		Developmental testing with interpretation & report, first 60 mins	1/1/19	1	56.11			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96113		Developmental testing with interpretation & report, add'l 60 mins	1/1/19	1	28.06			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96116		Neurobehavioral status exam, first 60 mins	1/1/18	1	64.10			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96121		Neurobehavioral status exam, add'l 60 mins	1/1/19	1	64.10			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96130		Psychological testing evaluation, first 60 mins	1/1/19	1	59.26			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96131		Psychological testing evaluation, add'l 60 mins	1/1/19	1	59.26			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96132		Neuropsychological testing evaluation, first 60 mins	1/1/19	1	97.37			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96133		Neuropsychological testing evaluation, add'l 60 mins	1/1/19	1	78.31			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96136		Psych or neuro psych test administration, first 30 mins	1/1/19	1	30.86			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96137		Psych or neuro psych test administration, add'l 30 mins	1/1/19	1	28.39			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96372		Ther/proph/diag inj, sc/im	1/1/2018	1	21.39			03, 04, 11, 12, 14, 16, 18, MH also has 53; SUD also has 57	
99202		Office/outpatient visit, new	1/1/2018	1	84.67			11, 13, 31, 32; MH also has 53; SUD also has 57	
99203		Office/outpatient visit, new	1/1/2018	1	122.93			11, 13, 31, 32; MH also has 53; SUD also has 57	
99204		Office/outpatient visit, new	1/1/2018	1	188.51			11, 13, 31, 32; MH also has 53; SUD also has 57	
99205		Office/outpatient visit, new	1/1/2018	1	236.92			11, 13, 31, 32; MH also has 53; SUD also has 57	
99211		Office/outpatient visit, est	1/1/2018	1	22.31			11, 13, 31, 32; MH also has 53; SUD also has 57	
99212		Pre-natal Office/outpatient visit, est	1/1/2018	1	48.97			11, 13, 31, 32; MH also has 53; SUD also has 57	
99213		Office/outpatient visit, est	1/1/2018	1	82.85			11, 13, 31, 32; MH also has 53; SUD also has 57	
99214		Office/outpatient visit, est	1/1/2018	1	122.27			11, 13, 31, 32; MH also has 53; SUD also has 57	
99215		Office/outpatient visit, est	1/1/2018	1	165.15			11, 13, 31, 32; MH also has 53; SUD also has 57	
99341		Home visit, new patient	1/1/2018	1	63.65			04, 12, 16	
99342		Home visit, new patient	1/1/2018	1	91.90			04, 12, 16	
99343		Home visit, new patient	1/1/2018	1	150.80			04, 12, 16	
99344		Home visit, new patient	1/1/2018	1	210.78			04, 12, 16	
99345		Home visit, new patient	1/1/2018	1	255.57			04, 12, 16	
99347		Home visit, established patient	1/1/2018	1	64.00			04, 12, 16	
99348		Home visit, established patient	1/1/2018	1	97.38			04, 12, 16	
99349		Home visit, established patient	1/1/2018	1	148.16			04, 12, 16	
99350		Home visit, established patient	1/1/2018	1	205.79			04, 12, 16	
99354		Prolonged service-office visit, first 60 minutes	1/1/2018	1	89.90			POS must be the same as the base code	
99355		Prolonged service-office visit, each additional 30 minutes	1/1/2018	1	89.24			POS must be the same as the base code	
99406		Smoking and tobacco use cessation counseling, intermediate	8/1/2019	1	9.43			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
99407		Smoking and tobacco use cessation counseling, intensive	8/1/2019	1	19.00			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
99415		Prolonged service, E&M, first hour	1/1/2022	1	10.94			POS must be the same as the base code	
99416		Prolonged service, E&M, additional 30 minutes	1/1/2022	1	5.62			POS must be the same as the base code	
99417		Prolonged service for codes 99205 and 99215	1/1/2022	2	38.53			POS must be the same as the base code	22.48
G0396		Alc/Sub. Abuse test inter. 15-30 min	1/1/2018	1	25.05			03, 04, 11, 12, 13, 14, 16, 31, 32, 53	
G0397		Alc/Sub. Abuse test inter. over 30 min	1/1/2018	1	47.68			03, 04, 11, 12, 13, 14, 16, 31, 32, 53	
G2212		Prolonged service, every 15 minutes	1/1/2022	2	38.53			POS must be the same as the base code	22.48
H0001		Alcohol and/or drug assessment (not incident to a licensed practitioner's assessment)	1/1/2018	1	77.22			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 57, 99	
H0004		BH counseling and therapy, per 15 minutes (unlicensed)-SUD individual counseling	1/1/2018	1	19.31			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 57, 99	

5160-27-03
APPENDIX A

STATUS CODE:
1 -- Initial maximum payment amount
2 -- Change in maximum payment amount as of the Effective Date
3 -- Discontinued coverage

Community Behavioral Health Services Medicaid Fee Schedule

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	ALLOWABLE PLACES OF SERVICE*	PREVIOUS MAXIMUM PAYMENT AMOUNT
H0004		BH-counseling and therapy, per-15 minutes (licensed)	6/30/2018	3	22.60				
H0004	KX	BH-counseling and therapy, per-15 minutes (unlicensed)-SUD individual counseling	8/1/2019	2	25.10			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 57, 99	19.31
H0004	HQ	BH-counseling and therapy, group per-15 minutes (licensed)	6/30/2018	3	9.87				
H0005		Alcohol and/or drug services; group counseling (unlicensed)	8/1/2019	2	8.37			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 57, 99	6.44
H0005	HK	Alcohol and/or drug services; group counseling (licensed)	8/1/2019	2	9.37			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 57, 99	7.21
H0005	AF	Alcohol and/or drug services; group counseling (physician)	8/1/2019	2	11.02			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 57, 99	8.48
H0006		Alcohol and/or drug services; case management	1/1/2018	1	19.54			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 57, 99	
H0010		Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient)	1/1/2018	1	256.33			55	
H0011		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	1/1/2018	1	392.86			55	
H0012		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	1/1/2018	1	360.36			11, 55, 57	
H0014		Alcohol and/or drug services; ambulatory detoxification RN	1/1/2018	1	127.68			11, 55, 57	
H0014		Alcohol and/or drug services; ambulatory detoxification LPN	1/1/2018	1	90.16			11, 55, 57	
H0014	AT	Alcohol and/or drug services; ambulatory detoxification RN, 2-3 hours	1/1/2018	1	338.35			11, 55, 57	
H0014	AT	Alcohol and/or drug services; ambulatory detoxification LPN, 2-3 hours	1/1/2018	1	238.92			11, 55, 57	
H0015		Alcohol and/or drug services; intensive outpatient (unlicensed)	1/1/2018	1	103.04			03, 04, 11, 14, 16, 57	
H0015	HK	Alcohol and/or drug services; intensive outpatient (licensed)	1/1/2018	1	149.88			03, 04, 11, 14, 16, 57	
H0015	TG	SUD Partial Hospitalization (unlicensed)	1/1/2018	1	154.56			03, 04, 11, 14, 16, 57	
H0015	HK,TG	SUD Partial Hospitalization (licensed)	1/1/2018	1	224.82			03, 04, 11, 14, 16, 57	
H0036	HQ	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, individual	1/1/2018	1	19.54			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 99	
H0036	HQ	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, group	1/1/2018	1	8.99			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 99	
H0038		SUD Peer Recovery Support, individual	1/1/2018	1	15.51			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 57, 99	
H0038	HQ	SUD Peer Recovery Support Group	1/1/2018	1	1.94			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 57, 99	
H0040	AM	Assertive community treatment program, per diem, medium team (physician)	1/1/2018	1	615.64			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	SA/UC	Assertive community treatment program, per diem, medium team (CNS,CNP,PA)	1/1/2018	1	352.75			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	HO	Assertive community treatment program, per diem, medium team (Masters, licensed, RN, LPN)	1/1/2018	1	251.91			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	HN	Assertive community treatment program, per diem, medium team (Bachelors)	1/1/2018	1	199.70			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	HM	Assertive community treatment program, per diem, medium team (Peer)	1/1/2018	1	159.24			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0048		Alcohol and/or other drug testing; collection and handling only, specimens other than blood	1/1/2018	1	14.48			11, 57	
H2000		Child and Adolescent Needs and Strengths (CANS) ⁷ assessment (Unlicensed Practitioner ⁷), per assessment	7/1/2022	1	98.31				
H2000		Child and Adolescent Needs and Strengths (CANS) ⁷ assessment (Licensed Practitioner ⁷), per assessment	7/1/2022	1	109.38				
H2000		Child and Adolescent Needs and Strengths (CANS) ⁷ assessment (Independent Practitioner ⁷), per assessment	7/1/2022	1	112.86				
H2000		Child and Adolescent Needs and Strengths (CANS) ⁷ assessment (PA, CNS, CNP ⁷), per assessment	7/1/2022	1	211.74				
H2000		Child and Adolescent Needs and Strengths (CANS) ⁷ assessment (Physician ⁷), per assessment	7/1/2022	1	341.60				
H2012	HQ, UK	TBS Group Services, hourly (QMHS plus 3)	8/1/2019	2	24.10			03, 04, 11, 14, 53	18.54
H2012	HQ, HN	TBS Group Services, hourly (Bachelors)	8/1/2019	2	24.10			03, 04, 11, 14, 53	18.54
H2012	HQ, HO	TBS Group Services, hourly (Masters)	8/1/2019	2	27.37			03, 04, 11, 14, 53	21.05
H2012	HQ, HK	TBS Group Services, hourly (Licensed)	8/1/2019	2	36.53			03, 04, 11, 14, 53	28.10
H2015		IHBT per 15 minutes prior to 3/1/2022	1/1/2018	1	33.26			03, 04, 11, 12, 14, 16, 18, 23, 53, 57, 99	
H2017		Psychosocial rehabilitation service Mental Health Nursing (LPN)	1/1/2018	1		22.54	29.13	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 53, 99	
H2017	HM	Psychosocial rehabilitation service	1/1/2018	1		15.84	20.32	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2017	HM, KX	Psychosocial rehabilitation service	8/1/2019	2		20.59	26.42	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 15.84 Community 20.32
H2019	UK	TBS, per 15 minutes (QMHS plus 3)	1/1/2018	1		19.96	25.46	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	

5160-27-03
APPENDIX A

STATUS CODE:
1 -- Initial maximum payment amount
2 -- Change in maximum payment amount as of the Effective Date
3 -- Discontinued coverage

Community Behavioral Health Services Medicaid Fee Schedule

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	ALLOWABLE PLACES OF SERVICE*	PREVIOUS MAXIMUM PAYMENT AMOUNT
H2019	HN	TBS, per 15 minutes (Bachelors)	1/1/2018	1		19.96	25.46	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019	HO	TBS, per 15 minutes (Masters)	1/1/2018	1		22.47	28.59	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019		TBS, per 15 minutes (Licensed)	8/1/2019	1		22.47	28.59	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019		TBS Mental Health Nursing, per 15 minutes (RN)	1/1/2018	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 53, 99	
H2019	KX	TBS, per 15 minutes, (QMHS plus 3)	8/1/2019	2		25.95	33.10	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 19.96 Community 25.46
H2019	KX	TBS, per 15 minutes, (Bachelors)	8/1/2019	2		25.95	33.10	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 19.96 Community 25.46
H2019	KX	TBS, per 15 minutes, (Masters)	8/1/2019	2		29.21	37.17	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 22.47 Community 28.59
H2019	KX	TBS, per 15 minutes, (Licensed)	8/1/2019	2		29.21	37.17	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 22.47 Community 28.59
H2019	KX	TBS Mental Health Nursing, per 15 minutes, (RN)	8/1/2019	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019	HQ_UK	TBS, per 15 minutes (QMHS plus 3; Group)	8/1/2019	2	6.49			11, 53	4.99
H2019	HQ_HN	TBS, per 15 minutes (Bachelors; Group)	8/1/2019	2	6.49			11, 53	4.99
H2019	HQ_HO	TBS, per 15 minutes; (Masters; Group)	8/1/2019	2	7.31			11, 53	5.62
H2019	HQ	TBS, per 15 minutes; (Licensed; Group)	8/1/2019	2	8.99			11, 53	5.62
H2019	HQ	TBS Mental Health Nursing, per 15 minutes; (RN; Group)	8/1/2019	2	10.37			11, 53	7.98
H2020	UK	TBS Group Services Per Diem (QMHS plus 3)	8/1/2019	2	135.92			03, 04, 11, 14, 53	104.55
H2020	HN	TBS Group Services Per Diem (Bachelors)	8/1/2019	2	135.92			03, 04, 11, 14, 53	104.55
H2020	HO	TBS Group Services Per Diem (Masters)	8/1/2019	2	152.17			03, 04, 11, 14, 53	117.05
H2020	HK	TBS Group Services Per Diem (Licensed)	8/1/2019	2	182.66			03, 04, 11, 14, 53	140.51
H2034		Alcohol and/or drug abuse halfway house services, per diem.	1/1/2018	1	152.57			55	
H2036	HI	Alcohol and/or other drug treatment program, per diem.	1/1/2018	1	213.70			55	
H2036		Alcohol and/or other drug treatment program, per diem.	1/1/2018	1	213.70			55	
H2036	TG	Alcohol and/or other drug treatment program, per diem.	1/1/2018	1	303.49			55	
S9482		MRSS Stabilization Service (Peer Recovery Supporter ⁶), per 15 minutes	7/1/2022	1	24.77				
S9482		MRSS Stabilization Service (Unlicensed Practitioner ¹), per 15 minutes	7/1/2022	1	30.92				
S9482		MRSS Stabilization Service (Licensed Practitioner ^{2,3}), per 15 minutes	7/1/2022	1	34.01				
S9482		MRSS Stabilization Service (Independent Practitioner ^{4,3}), per 15 minutes	7/1/2022	1	34.95				
S9484		Crisis Mobile Response Follow-up (Peer Recovery Supporter ⁶), per hour	7/1/2022	1	102.89				
S9484		Crisis Mobile Response Follow-up (Unlicensed Practitioner ¹), per hour	7/1/2022	1	125.25				
S9484		Crisis Mobile Response Follow-up (Licensed Practitioner ^{2,3}), per hour	7/1/2022	1	136.49				
S9484		Crisis Mobile Response Follow-up (Independent Practitioner ^{4,3}), per hour	7/1/2022	1	139.92				
S9485		Crisis Mobile Response (Peer Recovery Supporter ⁶), per diem	7/1/2022	1	365.55				
S9485		Crisis Mobile Response (Unlicensed Practitioner ¹), per diem	7/1/2022	1	432.63				
S9485		Crisis Mobile Response (Licensed Practitioner ^{2,3}), per diem	7/1/2022	1	466.34				
S9485		Crisis Mobile Response (Independent Practitioner ^{4,3}), per diem	7/1/2022	1	476.64				
T1002		Alcohol And/Or Drug Services; RN	1/1/2018	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 33, 34, 57, 99	
T1002	KX	Alcohol And/Or Drug Services; RN	1/1/2018	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 57, 99	
T1002	HQ	Alcohol And/Or Drug Services; RN Group	8/1/2019	2	10.37			11, 57	7.98
T1003		Alcohol And/Or Drug Services; LPN	1/1/2018	1		22.54	29.13	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 33, 34, 57, 99	
H2023		SRS Supported Employment; Initial	1/1/2018	1	19.53			03, 04, 11, 12, 13, 14, 16, 17, 18, 19, 22, 23, 53, 55, 57	
H2025		SRS Supported Employment; Subsequent	1/1/2018	1	19.53			03, 04, 11, 12, 13, 14, 16, 17, 18, 19, 22, 23, 53, 55, 56, 57	
H0038		SRS Peer Recovery Support, individual	1/1/2018	1	15.51			Not allowed in 02, 05, 06, 07, 08, 41, 42, 55	
H0038	HQ	SRS Peer Recovery Support; Group	1/1/2018	1	1.94			Not allowed in 02, 05, 06, 07, 08, 41, 42, 55	

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.
1. Includes unlicensed practitioners as described in OAC rule 5160-27-01, except for peer recovery supporters.
2. Licensed practitioner has the same meaning as "supervised practitioner" as described in OAC rule 5160-8-05.
3. Includes licensed psychologists and independent practitioners as described in OAC rule 5160-8-05.
4. Includes physician assistant, clinical nurse specialist, or certified nurse practitioner as described in OAC rule 5101-27-01.
5. Physician as described in OAC rule 5160-27-01.
6. Peer recovery supporter as described in OAC rule 5160-27-02.
7. CANS assessment defined as either the "Ohio Children's Initiative Brief CANS assessment" or the "Ohio Children's Initiative Comprehensive CANS assessment" available at medicaid.ohio.gov.