

5101:3-30-03 **Billable services.**

- (A) All covered services are to be billed on a unit rate basis in accordance with definitions, standards, and eligible ~~providers~~ provider of service criteria as set forth in ~~rule~~ rules 5101:3-30-01, 5101:3-30-02, and 5101:3-30-04 of the Administrative Code.
- (B) For purposes of alcohol and other ~~drug addiction~~ treatment services, unless otherwise ~~noted, described in this chapter,~~ a "billable unit of service" is defined as an hour-measured face-to-face contact between a client and a professional authorized qualified to provide services delineated in rule 5101:3-30-02 of the Administrative Code as covered under the medicaid program. For an alcohol and other ~~drug addiction~~ treatment service to be defined as a unit, it must meet the definition set forth in this paragraph and must be recorded in the individual client record (ICR) in accordance with rule 3793:2-1-06 of the Administrative Code. Case management services can be delivered face-to-face or by telephone and be a "billable unit of service." ~~Billable case management services may include face-to-face or telephone contact with persons other than the client; such services must be recorded in the clients ICR.~~
- (1) Billable units of services are limited to those which take place at the site certified ~~for participation in the alcohol and drug addiction as a treatment program by the Ohio department of alcohol and drug addiction services~~ or at ~~a site deemed~~ any other appropriate location according to the standard referenced in rule 5101:3-30-02 of the Administrative Code as relative to the covered service.
- (2) Units of service with individuals other than the client (e.g., conferences and consultations with a family member) are not billable. However, individual counseling and diagnostic assessment may include face-to-face interaction with family members and/or parent parents, guardian guardians and/or significant other others of a child or adolescent ~~when the intended outcome is improved functioning of the child or adolescent and~~ when such intervention is part of the individualized treatment plan. ~~It is recognized also that case management services include contact with individuals other than the client and is billable as a unit of service.~~
- (3) Case management services can be billable units of service delivered face-to-face or by telephone and may include contact with a client or with individuals other than the client; such services must be recorded in the client's ICR.
- ~~(3)~~(4) Covered services delineated in rule 5101:3-30-02 of the Administrative Code, with the exception of ambulatory detoxification, intensive outpatient services, laboratory urinalysis and opioid agonist administration are considered hour-measured billable services. Ambulatory detoxification and

~~Intensive intensive~~ outpatient services are considered day-measured billable services and, ~~drug screening/urinalysis services are~~ the laboratory urinalysis service is considered a per screening (independent of the number of panels) billable unit and opioid agonist administration is considered a per dose billable unit of service. ~~for purposes of the alcohol and drug addiction treatment services program.~~

- (4) ~~The billable unit of service criterion is not met nor is coverage available under medicaid for costs involved when a provider participates in community meetings or group sessions which are not designed to provide alcohol and drug addiction treatment services to program users. Examples of such activities include orientation sessions for new clients, presentations to community groups (high school classes, PTA, etc.), and informal presentations about alcohol and drug addiction treatment programs.~~
- (C) ~~It is recognized that eligible Eligible~~ providers may wish to augment staff delivered services through contractual arrangements. Such arrangements are recognized to the extent that the conditions set forth in paragraphs (C)(1) and (C)(2) of this rule are met. ~~Services provided by contract may either be included as a cost item in determining the prospective rates or may be billed independently by the contract provider. If the contract provider bills independently, any such services will not be subject to prospective cost related reimbursement, but will instead be reimbursed in accordance with methods established under 5101:3 of the Administrative Code other than the provisions set forth in Chapter 5101:3-30 of the Administrative Code (e.g., physician psychiatric services will be reimbursed under provisions set forth in Chapter 5101:3-4 of the Administrative Code).~~ In order for contractual arrangements to be recognized, eligible providers must provide upon request the following information to the Ohio department of alcohol and drug addiction and/or the Ohio department of job and family services at the point of entry into the program and any subsequent point when new contracts are negotiated or when existing contracts are revised:
- (1) Identification by name and, where applicable, Ohio medicaid provider number of each individual practitioner providing services under contractual arrangements. Where the contract is let with a legal entity other than the individual practitioner, both the name of the legal entity and the name(s) of any individual practitioner(s) involved must be furnished.
 - (2) A written statement indicating, for each legal entity or individual practitioner, whether the contracted services are:
 - (a) ~~To be included as a cost item and reimbursed under the applicable prospective rate for the type of service provided~~ billable services by the participating Ohio department of alcohol and drug addiction services

certified treatment program; or

- (b) To be billed independently by the legal entity or individual practitioner under contract.

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Certification

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Date

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