5160-27-03 **Reimbursement for community behavioral health services.**

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

(B) Providers rendering community behavioral health services shall 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, 2016) and rule 5160-01-27 of the Administrative Code.

(D) Medicaid reimbursement rates for services and practitioners defined in Chapter 5160-27 are listed in the CMH/ALCRX tab of appendix DD of rule 5160-1-60 of the Administrative Code. Provider agencies shall bill their usual and customary charges or the reimbursement amount described in appendix DD of rule 5160-1-60 of the Administrative Code.

(E) 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 percent of the rate listed in appendix DD of rule 5160-1-60 of the Administrative Code:

(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.

(3) Psychosocial rehabilitation as described in rule 5160-27-08 of the Administrative Code.

(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) 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. 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. Failure to do so may result in denial of the medicaid claim.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
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