

Ohio Medicaid Behavioral Health Redesign Configuration Guide

Effective July 1, 2017

While Credible makes every effort to ensure the most up-to-date configuration plan to support the Ohio Behavioral Health Redesign project, Partners will need to thoroughly review the OH Medicaid documentation regarding billing business rules to ensure configuration accuracy. This document is intended as a supplemental tool for guiding configuration needs within a Partner’s Credible Domain.

Overview

Ohio is currently in the middle of a four-stage Medicaid reform implementation with the modernization of Medicaid Behavioral Health insurance codes to align with national standards, as well as an expansion of services for individuals with intense needs. Below is outlined a guide Partners should consider when implementing the BH redesign in Credible.

The final stage of Medicaid reform, Integration or the introduction of Managed Care, is slated to begin January 2018.

Reminder: Medicare enrollments takes approximately 60 days to process. Providers will need to enroll no later than May 2017 to be ready by the July 1, 2017 implementation of coordination of benefits requirements.

Configuration Considerations

1. **Rendering Provider:** The Rendering Employee’s NPI must be provided in L2310B or L2420A for the following credential levels:

Physicians (MD/DO), Psychiatrists	Licensed Independent Social Worker
Certified Nurse Practitioners	Licensed Professional Clinical Counselor
Clinical Nurse Specialist	Licensed Independent Marriage and Family Therapists
Physician Assistants	Licensed Independent Chemical Dependency Counselors
Registered Nurses	Licensed Practical Nurses
Licensed Psychologist	

2. **Billing Group:**
 - a. Go to *Billing* tab > *Billing Group Table*.
 - b. Create a new Billing Group called “OH Medicaid”.
 - c. Select the appropriate *Billing Provider NPI* and *Pay-To Provider NPI*, and set *Provider for Rendering* to *False*. This will allow the Rendering Provider’s NPI to appear on the claim.
 - d. You can then default this Billing Group on the *Payer Specific* line on the *Billing Matrix* for *OH Medicaid* for those credential levels that will continue to bill under the Agency’s NPI.

3. **Billing Office/Claim Config:** Should your Agency receive a new *Receiver ID* and *Submitter ID* because of a *New Trading Partner Agreement* with *OH Medicaid* (i.e. your Agency is billing directly to Medicaid rather than using a clearinghouse), you will need to edit the existing claim config lines tied to OH Medicaid's EDI agreement and update the *Receiver ID* and *Submitter ID* sections. This change should occur in Production Domains on 7/1/2017 to reflect the GoLive date.
4. **Credentials:**
 - a. Go to *Admin* tab > *Credential Types*
 - b. Configure a Credential Type for each of the Credentials utilized by the Agency.
5. **Credential Groups:**
 - a. Go to *Admin* tab > *Credential Types* > *Edit Credential Groups*
 - b. Create the following *Credential Groups* and assign the following Credentials to the Group. Credential Groups will drive the determination of Modifiers and Rendering on claims.

Credential Group	Assigned Credentials
MD/PSY	MD, DO, Psychiatrist
Nurse	CNS, CNP, PA
Registered Nurse (RN)	Registered Nurse (RN)
LPN	LPN
BHPROF (Independent BH Professionals)	LISW, LIMFT, LPCC, LICDC, LISchoolPsy
Licensed-Sup. (BH Professional under supervision – uses the U3 Modifier)	LCDC III, LCDC II
PSY (uses the U1 Modifier)	PSY-A/I/T
LPC (uses the U2 Modifier)	LPC
LSW (uses the U4 Modifier)	LSW
MFT (uses the U5 Modifier)	LMFT
CDCA (uses the U6 Modifier)	CDCA
CT (uses the U7 Modifier)	CT
SWA (uses the U8 Modifier)	SWA
SWT (uses the U9 Modifier)	SWT
MFTT (uses the UA Modifier)	MFTT
2Associates	QMHS-high school, QMHS-Associate's, CMS – high school, CMS-Associates, Peer Recovery Supporter
Bachelors	QMHS – Bachelor's, CMS – Bachelor's
Master's	QMHS – Master's, CMS – Master's
3 yr	QMSH – 3 yr

6. **Locations:**
 - a. Go to *Admin* tab > *Locations*
 - b. *Verify or Add Place of Service Locations* as they apply to your Agency based on Service Tables in the OH BH Provider Manual.
 - c. While *Place of service 99* will not be accepted for OH Medicaid as of 7/1/17, other payers may allow the POS 99 on claims.
7. **Billing Matrix Considerations:**
 - *Update CPT Upon Cascade = True*

- For Services that bundle, *Location* will need to be utilized as an additional matching criteria to ensure that multiple POS services are not captured in the same bundled claim.
- Use *Credential Group* as the Matching Criteria on the Billing Matrix line.
 - Each *Credential Group* will have a separate Modifier for the CPT Code.
 - Enter a Payer Specific Rate screen for OH Medicaid
 - i. Enter the *Contract Rate*, *CPT Code*, and *Modifier* combination based on the Credential Group used as a matching criterion.
 - ii. Please note, the *Usual and Customary Rate* will be reflected on the main billing matrix screen, and reflects the Agency's Fee Schedule for the service.
 - iii. For Non-licensed credential group matching Billing Matrix lines, select *Provider for Rendering = True* on the *Payer Specifics* to send the Agency's NPI as rendering.
 - iv. For Licensed credential group matching Billing Matrix lines, default the Billing Group created in Step 2 above.

8. Billing Payer:

- *Require Authorization = N/A* (Determine whether a P/A is required via the Billing Matrix)
- *Use Rendering = N/A*
- *Send Adjudication Info = True*
- *No Other Ins on 837 = False*
- *Send Billing Supervisor Provider (837P) = True* (This sends the Employee's Supervisor information in 2310D.)

A field has been added to the Employees table: **billing_supervisor_emp_id**. Administrators will need to add this to the *Employee Profile* and configure it as a lookup to the *Employees* table:

- **Lookup Table:** Employees (required)
- **Lookup ID:** emp_id (required)
- **External ID:** external_id (recommended)
- **Lookup Description:** recommended setting is last_name
- **Lookup SQL:** first_name + ' ' + last_name (recommended to provide a full name in the dropdown)
- **Where Clause:** can only contain one criterion. If left blank, the dropdown will contain a list of all employees.

Credible recommends using **is_supervisor_flag = 1** to list only people who can be supervisors. Partners can also use one of the generic Boolean fields (*bool1* to *bool15*) to flag employees who can be supervisors for this specific billing purpose. For example, if *bool3* was used, the *Where Clause* would then be *bool3 = 1*.

To avoid confusion with the other supervisors in the system, Partners are encouraged to label this field as *Supervisor for Billing*, *Supervisor for Claims*, *Supervisor for 837P*, or a similar label. The employee's billing supervisor will automatically be added to visits upon *sign & submit*.

When the *Payer Config: Send Billing Supervisor Provider (837P)* setting is enabled (checked), the employee's billing supervisor saved with the visit information will be sent in the 837 Professional file. If the visit's billing supervisor is blank, it will use the current billing supervisor set on the employee's profile. The billing supervisor will appear in *Loop 2310D* (claim). The billing supervisor will appear in *Loop 2420D* (service) when *Multiple*

services per Claim (837P) is enabled (checked) and the billing supervisor at the service level is different from the claim level.

- **Send Ordering Provider in 2420E (837P) = True**

Requires the setting *Partner Config: Allow Ordering Provider Selection*

- **837P: Loop 2420E Send Ordering Provider:** Some states (Ohio and Missouri) and some payers are beginning to require the Ordering Provider (Loop 2420E). Credible has added new functionality to address these requirements.
- **Partner Config: Allow Ordering Provider Selection:** When this is checked, a new *Ordering Provider* dropdown will be available when *sign & submitting* a visit, or when updating an existing visit. The list of providers is composed of all employees that have been flagged as doctors, as well as any external providers assigned to the client. Note: this is the same list that appears in the Provider dropdown when adding a medication.
- **Payer Config: Send Ordering Provider in 2420E (837P).** When this setting is checked, the visit's ordering provider information will be sent in the claim. Partners who will be using this new functionality are encouraged to review their lists of external providers for accuracy. If needed, NPI is publicly available via the [NPI Registry Public Search](#).

- **Automate Secondary Modifier = True**

Automates the Medicare Unlikely Edit for Modifier 25

- When this setting is checked, visits for this payer will automatically be updated to have a **25** modifier when there are multiple visits in the same day, for the same provider, that all have E/M levels specified. The 25 modifier will be placed in the first empty *CPT Modifier* slot to avoid overwriting any existing modifiers.
- The E/M dropdown only appears when the visit type has *Use E/M Level* turned on (*Admin* tab > *Visit Type*). Note from CMS: “Modifier 25 is a Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service.” This modifier is for physicians to indicate that on the day a procedure or service (identified by a CPT code) was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided.

- **Bundling Rules:** Services that need to be rolled must be rolled by the same date of service, same client, same HCPCS code, same modifier(s), same rendering practitioner NPI, same supervisor, and same place of service. To configure in the Billing Matrix:

- *Sum/Rollup Emp Only = True*
- Ensure each service that needs to roll has a unique roll code to ensure same HCPC, same Modifier, same Place of Service is captured.

Form Updates for Interactive Complexity and E/M Calculations: Credible has created a *CPT Code Change* form with categories for interactive complexity and E/M calculations. Your Agency can use the categories for reference purposes, or copy them into the appropriate forms. The form is available in the Credible Library.

Interactive Complexity

Reporting interactive complexity when present via an add-on code (90785) is part of the CPT code changes. In Credible, this is accomplished by splitting the visit based on a form answer.

You can copy the interactive complexity category in the *CPT Code Change* form into the appropriate forms, or add the category manually (refer to the Configuration Notes for the steps to split a visit based on a form answer). For compliance purposes, the employee needs to document which communication factors were present when reporting interactive complexity.

Interactive Complexity

Is Interactive Complexity Present?

Yes
 No

Clinician needs to manage maladaptive communication (client is highly anxious, agitated, reactive, disagreeable).

Caregiver emotions/behavior that interfere with implementation of the treatment plan.

Evidence or disclosure of a sentinel event and reporting is mandatory to a third party and discussion occurs with client and/or caregiver regarding this.

Use of play equipment, physical devices, interpreter or translator to overcome communication barriers (foreign language, underdeveloped or lost expressive abilities, difficulty understanding typical language)

Supporting Documentation:

John has recently experienced an anxiety attack and suffers from the aftereffects of such

If an employee answered *Yes* to the question *Is Interactive Complexity Present?*, the system splits the visit when it is signed and submitted, creating the secondary visit necessary to bill for interactive complexity.

Note that the visit can only split once. If the visit type is set to split or another *Split Visit When Checked* question is answered, the visit will only split the first time.

Answer

Answer: Yes

External Code:

Order: 1

Has Notes: NO

Is Default: NO

Is Notification Trigger: NO

Split Visit When Checked: True

Client Visit List						
1 to 25 of 1159		Not Approved		Visit Type		ID
ID	Approve Client	Employee	Type	Program	CPT	CPT
32370	<input type="checkbox"/>	Doe, John	Smith	Diag Eval	+ MH Outpt.	90785
32369	<input type="checkbox"/>	Doe, John	Smith	Diag Eval	+ MH Outpt.	90791

E/M Calculations

To help your staff select the correct E/M level for a visit, you can include a category within the appropriate forms that calculates the level based on the answers supplied. The answers also serve as the documentation for how an employee determined the E/M level.

With the new question format **Numeric Dropdown**, you can now incorporate the selection in a dropdown in a calculated field. Also, there is a new **Map Calculation to E/M Level** setting; when set to True, the calculated value will be automatically supplied as the E/M value on the *Sign & Submit* page.

Question Details:

Field Calculation:

Map Calculation to E/M Level: True ▼

Using the Credible CPT Code Change Form

To copy CPTCodeChngv2 to your domain and update it with the necessary calculations:

1. Log into the Credible Library and select the **Forms** tab.
2. Find **Form ID 1652** and copy it to your Domain.
3. In your Domain, locate **CPTCodeChngv2**, click **New Version > Edit**.
4. In the **Interactive Complexity** category, open the **Yes** answer for **Is Interactive Complexity Present?**, select all the **Show/Hide** questions (the selections are not retained when the form is copied), and **Save**.
5. Update the **New Patient Office** and **Established PT Office** categories with the calculations listed in the table below.
6. When complete, click **Build** and **Activate**.

Question	Order	Field Calculation
Total Examination Selections	28	Q11+Q12+Q14+Q15+Q17+Q18+Q19+Q20+Q21+Q22+Q23+Q24+Q25+Q26+Q27
Problem Points Total	51	Q34+Q35+Q36+Q37+Q39
Data Points Total	52	Q39+Q40+Q41+Q42+Q43+Q44+Q45
Table of Risk Rating	53	Q47+Q48+Q49+Q50
History Type	61	Q5+0
Examination Type	62	Q29+0
Complexity of Medical Decision Making	63	Q54+0
Based on the information above, the following E/M level will be the default selection:	70	Q64+0 <i>Map Calculation to E/M Level = True</i>

To copy a category from **CPTCodeCngForm** into an existing form:

1. Select the Category you want to copy and click the **Copy** icon.
2. Edit the appropriate existing form, paste the category into a container, and then **Build** and **Activate** the form.

Visit Type Configuration

The screenshot shows a 'Visit Type' configuration form. The fields are:

- Visit Type: Medication Mngmnt
- Description: Medication Mngmnt
- Label: Med Mngmnt

 Below the fields are several checkboxes:

- Exclude from Appointment Reminders:
- Associate eMAR:
- Use E/M Level:
- Deleted:

This section describes the *Visit Types* necessary to support the CPT Code changes. The billing setup for the visit types is addressed in the next section.

E/M Visit Types: When the CPT code changes go into effect, you will need an **E/M Pharmacologic Management** visit type. If using E/M codes to report *Diagnostic Evaluation with Medical*, you may also need **E/M New Patient** and **E/M Established Patient** visit types.

1. Review your existing visit types to determine if changes or additions are needed to establish your E/M visit types.
2. For each E/M visit type, select the new **Use E/M Level** setting in *Visit Type* config. When selected, an **E/M Level** dropdown is available on the *Sign & Submit* page and when updating a completed visit.

E/M with Psychotherapy Add-On

1. Add a new visit type for **Psychotherapy Add-On**, selecting the **Form Group Only** setting. This setting will prevent this visit type from being reported without an associated E/M code.
2. Create a Form Group that includes both an E/M visit type and the *Psychotherapy Add-On* visit type. See **Form Groups (Admin)** in Credible Help for more information.

Psychotherapy for Crisis

If your organization provides psychotherapy for patients in crisis, add a new visit type for it.

Billing Matrix Updates

To support the CPT code changes and billing rules, you need to update the Billing Matrix as follows:

1. End-date entries that use the soon-to-be deleted CPT Codes.
2. Add entries for the new codes and interactive complexity add-on code.
3. Add entries for the different durations of the *Psychotherapy Add-On* visit type.
4. Add entries to support the *Psychotherapy for Crisis* visit type.

End-Dating Matrix Entries & Creating Interactive Complexity Entries

For the most efficient use of your time, this section combines end-dating the necessary Billing Matrix entries and creating new ones for Diagnostic Evaluation and Psychotherapy visits. The steps below assume 12/31/2012 and 1/1/2013 as the Expiration and Effective dates respectively. Verify these dates with your payers and adjust if necessary.

1. Go to **Billing** tab > **Billing Matrix**.
2. Enter **90801** in the *CPT Code* field and click **Filter**.
3. For each entry returned in the search, do the following:
 - a. Edit the entry, enter **12/31/2012** in the **Expiration Date** field, and **Save**.
 - b. Edit the entry again, click **Copy New Entry**, change the **CPT4** code to **90791** or **90792** as appropriate, enter **1/1/2013** for the **Effective Date**, remove the **Expiration Date**, and **Save**.
 - c. Edit the new entry you created in Step b, click **Copy New Entry**, change the **CPT4** code to **90785**, and select **Is Split Secondary**. Optionally, you can add **IC** to end of the description to identify it as the interactive complexity entry.
 - d. Click **Save Settings**.

Billing Matrix:													
Filter		Matrix ID:	-- Program --	Diagnostic Eval	-- Location --	-- Credentials --	Roll Code:						
Export		CPT Code:	-- ALL BILL/NB --	-- Payer --	-- All Auths --	All	Export Payer Specific						
Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type	Program	Location	Recipient	Start Minutes	End Minutes	Effective Date	Expiration Date
edit	895	Diagnostic Evaluation	90791			Diagnostic Eval	MH Outpt.			0	1440	1/1/2013	
edit	896	Diagnostic Evaluation	90801			Diagnostic Eval	MH Outpt.			0	1440		12/31/2012
edit	874	Diagnostic Evaluation IC	90785			Diagnostic Eval	MH Outpt.			0	1440	1/1/2013	

4. Repeat Steps 2 and 3 for Billing Matrix entries with CPT Codes listed in the table below.

Current CPT Code	In step 3b, use this CPT code
90802	90791 or 90792 as appropriate
90804, 90810, 90816, 90823	90832
90806, 90812, 90818, 90826	90834
90808, 90814, 90821, 90828	90837
90857	90853

5. Using 12/31/2012 as the *Expiration Date*, end-date all Billing Matrix entries with the following CPT codes (Psychotherapy with E/M visits): 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829, 90862

Billing Matrix Entries for Each E/M Visit Type

Multiple Billing Matrix entries are needed for each visit type that you flagged to use E/M levels.

1. Go to *Billing* tab > *Billing Matrix*.
2. Find the existing entries for CPT Code **90862** (Pharmacologic Management).
3. For each one, you need to create five entries using the CPT Code/Level combinations shown below. To simplify the process:

Billing Matrix:						
<input type="button" value="Filter"/>	Matrix ID: <input type="text"/>	-- Program --	Medication Mngmnt	-- Locat		
<input type="button" value="Export"/>	CPT Code: <input type="text"/>	-- ALL BILL/NB --	-- Payer --	-- All Au		
Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type
<input type="button" value="edit"/> 901	Med Management	99211	Level 1			Medication Mngmnt
<input type="button" value="edit"/> 884	Med Management	99212	Level 2			Medication Mngmnt
<input type="button" value="edit"/> 885	Med Management	99213	Level 3			Medication Mngmnt
<input type="button" value="edit"/> 886	Med Management	99214	Level 4			Medication Mngmnt
<input type="button" value="edit"/> 887	Med Management	99215	Level 5			Medication Mngmnt

- a. Copy the first existing entry, enter **99211** as the CPT4 code, select **Level 1** from the *E/M Level* dropdown, and enter **1/1/2013** for the *Effective Date*.
 - b. In the *Misc* section, make sure **Auto Approve** is **NOT** selected, and **Save**.
 - c. Copy the newly created entry and create the **99212/Level 2** entry.
 - d. Repeat this process for the other levels, using the *CPT4* and level combinations shown above.
4. Repeat the above steps for all visit types that will use E/M coding.

Billing Matrix Entries for Psychotherapy Add-On

Create three Billing Matrix entries for the Psychotherapy Add-On visit type with the following CPT code/duration combinations:

- CPT Code 90833 – 30 (16-37) min
- CPT Code 90836 – 45 (38-52) min
- CPT Code 90838 – 60 (53+) min

Billing Matrix:											
<input type="button" value="Filter"/>	Matrix ID: <input type="text"/>	-- Program --	Psychotherapy Adc	-- Location --	-- Credentials --	Roll Code: <input type="text"/>					
<input type="button" value="Export"/>	CPT Code: <input type="text"/>	-- ALL BILL/NB --	-- Payer --	-- All Auths --	-- Current --	<input type="button" value="Export Payer Specific"/>					
Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type	Program	Location	Recipient	Start Minutes	End Minutes
<input type="button" value="edit"/> 903	Psychotherapy Add-on 30 min	90839				Psychotherapy Add-On MH Outpt.				16	37
<input type="button" value="edit"/> 904	Psychotherapy Add-on 45 min	90839				Psychotherapy Add-On MH Outpt.				38	52
<input type="button" value="edit"/> 905	Psychotherapy Add-on 60+ min	90840				Psychotherapy Add-On MH Outpt.				53	1440

Billing Matrix Entries for Psychotherapy for Crisis

Add three Billing Matrix entries for the **Psychotherapy for Crisis** visit type using the following specifications:

- First entry: CPT code 90839, start minutes = 30, end minutes = 74, fixed units = 1
- Second entry: CPT code 90839, start minutes = 75, end minutes = 1440, fixed units = 1, payer-specific line for each applicable payer with Split Visit selected
- Third entry, created via copy of second entry: CPT code 90840, start minutes = 75, end minutes = 1440, Is Split Secondary = selected, fixed units = 0, first unit minutes = 74, unit minutes = 30, unit multiplier = 1

Billing Matrix:

<input type="button" value="Filter"/>	Matrix ID: <input type="text"/>	-- Program -- <input type="button" value="v"/>	PT for Crisis <input type="button" value="v"/>	-- Location -- <input type="button" value="v"/>	-- Credentials -- <input type="button" value="v"/>	Roll Code:						
<input type="button" value="Export"/>	CPT Code: <input type="text"/>	-- ALL BILL/NB -- <input type="button" value="v"/>	-- Payer -- <input type="button" value="v"/>	-- All Auths -- <input type="button" value="v"/>	-- Current -- <input type="button" value="v"/>	<input type="button" value="Export P"/>						
Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type	Program	Location	Recipient	Start Minutes	End Minutes	EI
<input type="button" value="edit"/>	898	Psychotherapy for Crisis	90839			PT for Crisis				30	74	
<input type="button" value="edit"/>	899	Psychotherapy for Crisis	90839			PT for Crisis				75	1440	
<input type="button" value="edit"/>	900	Psychotherapy for Crisis	90840			PT for Crisis				75	1440	

Configuring Custom Red Xs for New Billing Rules

The CPT code changes for 2013 include the following billing rules:

- **Diagnostic Evaluation (90791 and 90792)**
 - Cannot be reported with E/M code on the same day by the same provider
 - Can only be reported once per day
 - Cannot be reported with psychotherapy service code on the same day
- **Psychotherapy for Crisis (90839 and 90840)**
 - Cannot be reported in addition to 90791 or 90792 (diagnostic visits), 90832 – 90838 (psychotherapy), or 90785 (interactive complexity)
- **Telephone Visits (99441-99443)**
 - Cannot bill for Telephone Visit if related to E/M face-to-face visit completed within the past 7 days
 - Telephone Visit resulting in E/M face-to-face visit within the following 24 hours must be combined with the face-to-face visit
- **Online Medical Review (99444)**
 - Cannot be related to an E/M visit provided within the previous 7 days. An Online Medical Review is a non-face-to-face E/M service to an established patient, parent, guardian, or health care provider using Internet resources in response to a patient’s online inquiry.

When a *Telephone Visit* or *Online Medical Review* Red Xs, manual review is required to determine if it is related to an associated E/M visit.

With new “associated matrix” settings in the Custom Red X function, you can configure a rule where a “primary” visit will Red X when defined associated visits do or do not exist. (Note: This primary designation is different than the primary in a rolled visit.) For example, for the *Online Medical Review* rule, a visit with the 99444 code is the primary visit. The associated visit – an E/M visit – must not exist within the specified time frame. If it does exist, the primary visit will Red X.

After configuring the Custom Red Xs, you must designate which visits are primary and associated via the matching Billing Matrix entries. Once that is done, the selected entries can be viewed by hovering over the info icons for *Primary Matrix Lines* and *Associated Matrix Lines* in the Custom Red X.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*: False ▼

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow: ▼

Does Exist Same Day: False ▼

Does Exist Same Employee: False ▼

To configure:

1. Go to **Billing** tab > **Custom Red X** > **Add a New Custom Red X Entry**.
2. Enter a **Description** that conveys the primary visit that will Red X and the reason for the Red X. This is Required; when a visit Red Xs, you can hover over the Red X and view the description. For example:

Custom Red X Config	
Custom Red X Description:	Diagnostic Eval: No Psychotherapy Same Day

3. Leave the default values in the **Field Type** and **Field Name** fields. These fields are not used unless other field criteria are used, and field criteria are not necessary for the CPT Code Change billing rules.
4. Select **For Approval**.
5. Specify the conditions for the Associated Visit/Matching Matrix Line and save the entry.
 - a. **Associated Matrix Does Exist:** select **True** if the associated visit must be provided (must exist) for the primary visit to be billed; select **False** for the opposite scenario – the associated visit cannot be provided (must not exist) for the primary visit to be billed. You must select True or False for the primary visit/associated visit Custom Red X functionality to work.
 - b. **Time Span (Hours):** Enter the total hours the associated visit must or must not exist. You must enter a time span for the primary visit/associated visit Custom Red X functionality to work.
 - c. **Must Precede Or Follow:** Specify whether the associated visit must precede or follow the primary visit. If the associated visit must be within a specified time frame in relation to the primary visit, use the default of **N/A**.
 - d. **Does Exist Same Day:** Select **True** if the primary visit and associated visit must be performed on the same day.
 - e. **Does Exist Same Employee:** Select **True** if the primary visit and associated visit have to be performed by the same employee.
6. Edit the appropriate Billing Matrix entries, selecting the primary and/or associated Custom Red Xs as appropriate.

Primary for Custom Red X:	Diagnostic Eval: No Diagnostic Eval Same Day Diagnostic Eval: No E/M code same day/same provider Diagnostic Eval: No Psychotherapy Same Day Online Med Review: E/M occurred in last 7 days
Associated for Custom Red X:	Diagnostic Eval: No Diagnostic Eval Same Day Diagnostic Eval: No E/M code same day/same provider Diagnostic Eval: No Psychotherapy Same Day Online Med Review: E/M occurred in last 7 days

Diagnostic Eval: No E/M Code Same Day/Same Provider

The **Diagnostic Eval** (90791 or 90792) will Red X if an E/M code exists.

Associated Matrix Settings ⓘ	
Associated Matrix Does Exist*:	False ▾
Time Span (Hours)*:	24
Primary Matrix Lines*:	ⓘ
Associated Matrix Lines*:	ⓘ
Must Precede Or Follow:	N/A ▾
Does Exist Same Day:	True ▾
Does Exist Same Employee:	True ▾

Primary Matrix Lines	Associated Matrix Lines	Correcting the Red X
90791 and 90792	All E/M Billing Matrix entries	Determine which visit will not be billed and change it to a non-billable visit

Associated Matrix Settings ⓘ	
Associated Matrix Does Exist*:	False ▾
Time Span (Hours)*:	24
Primary Matrix Lines*:	ⓘ
Associated Matrix Lines*:	ⓘ
Must Precede Or Follow:	N/A ▾
Does Exist Same Day:	True ▾
Does Exist Same Employee:	False ▾

Diagnostic Eval: No Diagnostic Eval Same Day

Both **Diagnostic Evals** will Red X if performed on the same day.

Primary Matrix Lines	Associated Matrix Lines	Correcting the Red X
90791 and 90792	90791 and 90792	Determine which visit will not be billed and change it to a non-billable visit

Diagnostic Eval: No Psychotherapy Same Day

The Diagnostic Eval will Red X if a psychotherapy visit is performed on the same day. With the Custom Red X below, **Psychotherapy: No Diagnostic Eval on Same Day**, the psychotherapy visit will Red X as well.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary Matrix Lines	Associated Matrix Lines	Correcting the Red X
90791 and 90792	90832, 90834, 90837, 90839 and 90840	<p>Update the psychotherapy visit to a non-billable visit.</p> <p>If using E/M codes for Diagnostic Evals (90792), determine if the psychotherapy visit can be updated to a psychotherapy add-on (the psychotherapy add-on code may be reported with an E/M visit).</p>

Psychotherapy: No Diagnostic Eval Same Day

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

This Custom Red X includes psychotherapy codes and psychotherapy for crisis.

The psychotherapy visit will Red X if a Diagnostic Eval is performed on the same day. With the Custom Red X above, *Diagnostic Eval: No Psychotherapy Same Day*, the Diagnostic Eval will Red X as well.

Primary Matrix Lines	Associated Matrix Lines	Correcting the Red X
All psychotherapy CPT codes	90791 and 90792	<p>Update the psychotherapy visit to a non-billable visit.</p> <p>If using E/M codes for Diagnostic Evals (90792), determine if the psychotherapy visit can be updated to a psychotherapy add-on (the psychotherapy add-on code may be reported with an E/M visit).</p>

Psychotherapy: No Psychotherapy for Crisis Same Day

Associated Matrix Settings i

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: i

Associated Matrix Lines*: i

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

The *Psychotherapy* visit will Red X if a *Psychotherapy for Crisis* is performed on the same day.

Primary matrix lines	Associated matrix lines	Correcting the red X
All psychotherapy CPT codes	Psychotherapy for Crisis CPT codes (90839 and 90840)	Change the psychotherapy visit to a non-billable visit

Telephone Visit: No Billable Phone Within 7 Days of E/M Visit

Associated Matrix Settings i

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: i

Associated Matrix Lines*: i

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

The *Telephone Visit* will Red X if an E/M visit has been performed within the past 7 days.

Primary Matrix Lines	Associated Matrix lines	Correcting the red X
All telephone visits (99441, 99442, and 99443)	All E/M Billing Matrix entries	If Telephone Visit is related to associated E/M visit, change it to a non-billable visit

Telephone Visit: Preceding E/M 24 Hours

Associated Matrix Settings ⓘ	
Associated Matrix Does Exist*:	False ▾
Time Span (Hours)*:	24
Primary Matrix Lines*:	ⓘ
Associated Matrix Lines*:	ⓘ
Must Precede Or Follow:	Following ▾
Does Exist Same Day:	False ▾
Does Exist Same Employee:	False ▾

The *Telephone Visit* will Red X if an E/M visit is completed in the next 24 hours.

Primary Matrix Lines	Associated Matrix Lines	Correcting the Red X
All telephone visits (99441, 99442, and 99443)	All E/M Billing Matrix entries	If Telephone Visit is related to associated E/M visit, change it to a non-billable visit

Online Med Review: E/M Occurred in Last 7 Days

The *Online Med Review* will Red X if an E/M visit is present within the past 7 days.

Associated Matrix Settings ⓘ	
Associated Matrix Does Exist*:	False ▾
Time Span (Hours)*:	168
Primary Matrix Lines*:	ⓘ
Associated Matrix Lines*:	ⓘ
Must Precede Or Follow:	Preceding ▾
Does Exist Same Day:	False ▾
Does Exist Same Employee:	False ▾

Primary Matrix Lines	Associated Matrix Lines	Correcting the Red X
99444	All E/M Billing Matrix entries	If Online Medical Review visit is related to associated E/M visit, change it to a non-billable visit

Resources

To find the latest OH Medicaid BH Redesign Coding Chart and Instruction please see:

- http://bh.medicareid.ohio.gov/Portals/0/Users/008/08/8/Using-the-Coding-Chart_Final.pdf?ver=2016-06-15-135114-317
- <http://bh.medicareid.ohio.gov/manuals>

For additional support, please enter a task ticket and a Billing Specialist will be happy to assist you.