



## Presumptive (Expedited) Medicaid Eligibility Clarification & Behavioral Health Benefit Utilization Display

The BH MITS Bits are now available at the following URL: <http://jfs.ohio.gov/OHP/Behavioral-Health-Integration.stm>

### Clarification of Presumptive (formerly "Expedited") Medicaid Coverage for Pregnant Women

The 4/26/2013 edition of BH MITS BITS provided information about presumptive Medicaid eligibility for children ages 0-18 and pregnant women. The 4/26/2013 BH MITS BITS stated that presumptive Medicaid coverage for pregnant women is for "ambulatory prenatal care" as noted in Ohio Administrative Code 5101:1-38-50 (<http://codes.ohio.gov/oac/5101:1-38-50>). The BH MITS BITS incorrectly described what services are included in "ambulatory prenatal care". The correct service array covered under "ambulatory prenatal care" includes all medically necessary covered Medicaid services EXCEPT for inpatient hospitalization services. Pregnant women and children who are presumptively Medicaid eligible have coverage for and may receive medically necessary behavioral health services from ODADAS or ODMH certified agencies. We apologize for any confusion caused by the incorrect information in the 4/26/2013 MITS BITS.

### MITS Medicaid Service Utilization Panel is WORKING for Behavioral Health Services.

The Medicaid service utilization panel, which calculates service units used by every Medicaid consumer during a benefit period, is now LIVE on the MITS web portal and is correctly calculating and displaying the utilization of community mental health and alcohol and other drug services. A "desk reference" guide with example screen shots is available on the OMA MITS Behavioral Health Integration Project website here: <http://jfs.ohio.gov/OHP/Behavioral-Health-Integration.stm>.

Behavioral Health Medicaid Service Limits in Effect at Publication

	Service Name & HCPCS Code	Limit	Exceptions
MH	Counseling (Group and Individual) – H0004	52 hours per SFY (any combination of individual and group)	When medically necessary, persons under 21 may receive services in excess of these limits.
	Assessment – H0031	4 hours per SFY	
	Psychiatric Diagnostic Assessment - Physician 90801 up to 1/1/13; 90792 1/1/13 and later	2 hours per SFY	
	Pharmacological Management – 90862 up to 1/1/13; 90863 1/1/13 and later	24 hours per SFY	
	Community Psychiatric Supportive Treatment – H0036	104 hours per SFY (any combination of individual and group)	More hours may be authorized via prior authorization. The limit is "bypassed" for children who are exempted due to involvement with the child welfare and/or juvenile justice systems when the "TJ" modifier is present on a claim.
AoD	Group Counseling – H0005, Individual Counseling – H0004 and Medical/Somatic – H0016	Weekly (Sunday through Saturday) limit of a combined 30 hours.	Only applicable to persons age 21 and older.