



Network Notification

Notice Date: February 12, 2020
To: Ohio Behavioral Health Providers
From: CareSource
Subject: Behavioral Health Revenue Code Guidelines

Summary

CareSource would like to provide clarification to a previous Network Notification "Claim Coding Edits" dated Dec. 4, 2019, pertaining to Allowable Revenue Center Codes (RCC) for Behavioral Health (BH) Services provided by an Outpatient Behavioral Health Hospital (OPHBH).

Impact

OPHBHs rendering services should follow Ohio Department of Medicaid (ODM) guidelines for submitting allowable services.

To trigger BH pricing, a BH diagnosis code must be on the claim and each BH detail line should include:

- The modifier 'HE';
- A modifier signifying the highest level of practitioner who performed the service (where applicable);
- Other required modifiers related to the type and level of service (when necessary); and
- A BH RCC (0671, 0900, 0904, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0918, 0919 or 1002; also indicated in Appendix I).

A list of ODM outpatient hospital BH services, accepted modifiers, and RCCs are available at: <https://medicaid.ohio.gov/Provider/FeeScheduleandRates/SchedulesandRates#1682653-outpatient-hospital-behavioral-health-services>.

Importance

Claims may be denied if appropriate modifiers and ODM coding guidelines are not followed.

Questions?

If you have questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m.).

OH-SP-0252