

**Ohio Department of Mental Health
Modifier Codes accepted within MACSIS under HIPAA**

Valid values for Modifier 1 – REQUIRED on ALL MH claims

Position	Code	Description	Special notes
1	HE	Mental health program	<ul style="list-style-type: none"> Assumed face to face if used without UK in Modifier 2
1	GT	Via Interactive A and V Telecom Systems	<ul style="list-style-type: none"> GT should be used in Modifier 1 only if for crisis intervention or individual CPST provided via phone <ul style="list-style-type: none"> Crisis intervention provided via phone is NOT a Medicaid reimbursable service
1	HQ	Group setting	<ul style="list-style-type: none"> HQ should be used in Modifier 1 only for Group counseling or Group CPST or Group Pharmacologic Mgt.

- Modifier 1 WILL BE used to price or adjudicate claims.

Valid values for Modifier 2

Position	Code	Description	Special notes
2	99	Multiple modifiers on claim	<ul style="list-style-type: none"> Optional placeholder if only Modifier 1 is required. Optional placeholder if modifier 3 and/or 4 will be valued.
2	Blank	Not applicable	
2	UK	Services provided on behalf of the client to someone other than the client	<ul style="list-style-type: none"> For Medicaid eligible services only. No value is required if client IS present

- Modifier 2 WILL BE used to price or adjudicate claims.

Valid values for Modifier 3 and 4

Position	Code	Description	Special notes
3	SC	Medically Necessary (Override Modifier)	<ul style="list-style-type: none"> SC modifier should be used in Modifier 3 (only) to bypass service limits for Pharmacologic Management, Counseling and Assessment for Kids. All other use will cause the claim to deny.
3	TJ	Program Group, Child and/or Adolescent	<ul style="list-style-type: none"> TJ should be used in Modifier 3 (only) to bypass Prior Authorization requirement for Partial Hospitalization and CPST for kids who satisfy the requirements in Section 309.30.55¹ of the budget bill.
3 or 4	H9	Court-ordered	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	GT	Via Interactive A and V Telecom Systems	<ul style="list-style-type: none"> May be used as appropriate; Do not use for MH MCD billable services or MH Residential services
3 or 4	HA	Child/Adolescent program	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HB	Adult program, non-geriatric	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HC	Adult program, geriatric	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HD	Women's program	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HE	Mental health program	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HF	Substance abuse program	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HG	Opioid Addiction Treatment program	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HH	Integrated MH/SA program	<ul style="list-style-type: none"> May be used as appropriate
3 or 4	HI	Integrated MH and MR/DD	<ul style="list-style-type: none"> May be used as appropriate

Position	Code	Description	Special notes
3 or 4	HJ	Employee Assistance program	• May be used as appropriate
3 or 4	HK	Specialized MH programs for high risk populations	• May be used as appropriate
3 or 4	HL	Intern	• May be used as appropriate
3 or 4	HM	Less than bachelor degree level	• May be used as appropriate
3 or 4	HN	Bachelors degree level	• May be used as appropriate
3 or 4	HO	Masters degree level	• May be used as appropriate
3 or 4	HP	Doctoral level	• May be used as appropriate
3 or 4	HQ	Group setting	• May be used as appropriate
3 or 4	HR	Family/couple with client present	• May be used as appropriate
3 or 4	HS	Family/couple without client present	• May be used as appropriate; For Medicaid eligible service, "UK" must be present in modifier 2 if "HS" present in 3 or 4
3 or 4	HT	Multi-disciplinary team	• May be used as appropriate
3 or 4	HU	Funded by child welfare agency	• May be used as appropriate
3 or 4	HV	Funded by state addictions agency	• May be used as appropriate
3 or 4	HW	Funded by state mental health agency	• May be used as appropriate
3 or 4	HX	Funded by county / local agency	• May be used as appropriate
3 or 4	HY	Funded by juvenile justice agency	• May be used as appropriate
3 or 4	HZ	Funded by criminal justice agency	• May be used as appropriate
3 or 4	UK	Services provided on behalf of the client to someone other than the client	• May be used as appropriate for non-Medicaid eligible services
3 or 4	99	Multiple modifiers on claim (CPT)	• Placeholder when no information is being requested in Modifier 2 but information is being valued in Modifier 3 or 4 • Optional placeholder if only Modifier 1 is required.

- **Modifier 3 and 4 will NOT be used to price or adjudicate claims. These values are available to collect information as necessary to the local system. The SC modifier in the modifier 3 position, for certain services to kids, will bypass the service limit, but does not affect pricing or adjudication.**

¹ SECTION 309.30.55. PRIOR AUTHORIZATION FOR COMMUNITY MENTAL HEALTH SERVICES

- (A) As used in this section, "community mental health services" means mental health services included in the state Medicaid plan pursuant to section 5111.023 of the Revised Code.
- (B) For fiscal year 2012 and fiscal year 2013, a Medicaid recipient who is under twenty-one years of age automatically satisfies all requirements for any prior authorization process for community mental health services provided under a component of the Medicaid program administered by the Department of Mental Health pursuant to an interagency agreement authorized by section 5111.91 of the Revised Code if any of the following apply to the recipient:
- (1) The recipient is in the temporary custody or permanent custody of a public children services agency or private child placing agency or is in a planned permanent living arrangement.
 - (2) The recipient has been placed in protective supervision by a juvenile court.
 - (3) The recipient has been committed to the Department of Youth Services.
 - (4) The recipient is an alleged or adjudicated delinquent or unruly child receiving services under the Felony Delinquent Care and Custody Program operated under section 5139.43 of the Revised Code.