



Angela Cornelius Dawson, ODADAS Director • Ted Strickland, Governor • Sandra Stephenson, ODMH Director

TO: Executive Directors of Medicaid Participating ODADAS-Certified Treatment Programs
Executive Directors of Medicaid Participating ODMH-Certified Community Mental Health Agencies
FROM: Nilu Ekanayake, Medicaid Program Specialist, ODADAS
Theresa Rohrbaugh, Medicaid Program Administrator, ODMH
DATE: September 22, 2010 via the ODADAS and ODMH Medicaid e-mail distribution lists
RE: Medicaid Fee Schedule Implementation

ODMH Numbered Advisory: 9-FY11-5

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Mental Health (ODMH) are transitioning their respective community Medicaid programs from the cost-based/reconciled payment method to fee schedule payment methods effective for services provided on or after October 4, 2010.

For your convenience, the following tables are the fee schedules for Medicaid covered alcohol and other drug treatment and mental health services.

Table with 3 columns: Alcohol and other Drug Treatment Service, Fee Schedule, HCPCS/CPT Code. Rows include Ambulatory Detoxification, Assessment, Case Management, Crisis Intervention, Group Counseling, Individual Counseling, Intensive Outpatient, Laboratory Urinalysis, Medical/Somatic, and Methadone Administration.

Table with 3 columns: Mental Health Service, Fee Schedule, HCPCS/CPT Code. Rows include Partial Hospitalization, Pharmacological Management, CPST-Individual, CPST-Group, Crisis Intervention, Mental Health Assessment, Psychiatric Diagnostic Interview, BH Counseling-Group, and BH Counseling-Individual.

In order to facilitate the initial implementation of the fee schedules on October 4, 2010, the Departments have collaborated on an automated process that requires no action on the part of a participating program/provider. Providers must continue to bill their usual and customary charge for each service being provided and must continue to submit actual uniform cost reports to the Departments in accordance with Ohio Administrative Code rules 3793:2-1-10 and 5122-26-19.

One of the advantages of implementation of the fee schedules is that services provided on or after October 4, 2010 will not be subject to cost reconciliation. However, the departments will need to conduct the reconciliation for all services provided prior to this date.

The State of Ohio is an equal opportunity employer.

ADDING AND TERMINATING SERVICES (Complete the appropriate service array sheet for ODADAS or ODMH)

A budgeted UCR is no longer required to be submitted. New service array sheets (attached) have been created to accommodate the fee schedule implementation, specifically when services are added or terminated. They should be used to communicate and document the changes by sending to ODADAS or ODMH.

ODADAS requests should be sent to Nilu Ekanayake at the following:

Email: [Medicaidrates@ada.ohio.gov](mailto:Medicaidrates@ada.ohio.gov)  
Hardcopy: Nilu Ekanayake, Medicaid Program Specialist  
Ohio Department of Alcohol and Drug Addiction Services  
280 North High Street, 12<sup>th</sup> Floor  
Columbus, OH 43215

ODMH requests should be sent to Theresa Rohrbaugh at the following:

Email: [Medicaidrates@mh.ohio.gov](mailto:Medicaidrates@mh.ohio.gov)  
Hardcopy: Theresa Rohrbaugh, Medicaid Program Administrator  
Ohio Department of Mental Health  
30 East Broad Street, 7<sup>th</sup> Floor  
Columbus, OH 43215

- Field (1): Enter the Agency/Program name and address. A service array sheet should be submitted for each location (address) being billed using that Unique Provider Identification number (UPI).
- Field (2): Enter the nine digit Federal Tax Identification (FTID) number associated with the UPI.
- Field (3): Enter the name and address of the ADAMHS/ADAS/CMHS Board where the agency/program's primary place of business is located. Regardless of how many service array sheets are submitted by an agency/program, this should be the same Board in all cases. For example, if an agency/program primarily operating in Franklin County also has a site operating in Pickaway County, the address in field (1) should be the Pickaway County address and the information in field (3) should be for the Franklin County ADAMHS Board.
- Field (4): Enter the Unique Provider Identification number (UPI) through which the services documented on the service array sheet will be billed.
- Field (5): Enter the ODMH Certification number and effective date or the ODADAS certification type, certification number, effective date and, if applicable, the ODADAS Opioid Agonist Program License number and effective date.
- Column (6): This column has been protected so the information cannot be altered.
- Column (7): This column has been protected so the information cannot be altered.
- Column (8): This column has been protected so the information cannot be altered.
- Column (9): Enter a checkmark on the appropriate line of the new service.
- Column (10): Enter a checkmark on the appropriate line of the terminated service.
- Column (11): Enter the effective date.

This letter is accessible at the departments' respective web sites using the following links: ODADAS: <http://www.odadas.ohio.gov/public/ContentLinks.aspx?SectionID=2e4c5671-2ee3-436a-bc94-ca7351080fee> & ODMH: <http://mentalhealth.ohio.gov/partner-resources>. If you have any questions please feel free to contact Nilu at 614-644-8458 or Theresa at 614-644-1513.

**C:** Executive Directors, ADAMHS/ADAS/CMHS Board  
Ohio Association of County Behavioral Health Authorities  
Ohio Council of Behavioral Healthcare Providers

Ohio Association of Child Caring Agencies  
Ohio Alliance of Recovery Providers