



NETWORK *Notification*

Notice Date: July 13, 2020
To: Ohio Medicaid and MyCare CBHC Providers
From: CareSource
Subject: CBHC Maximum Units Claim Denials

Summary

CareSource is appropriately denying claims when a Community Behavioral Health Center (CBHC) group bills more than the allowed units per day for a service. This may cause confusion with CBHC groups' accounts receivable (AR).

Impact

When a claim is received for more than the allowed maximum units per day, the entire claim will deny, not just the units over the daily maximum. Providers will need to adjust/correct any denied claims and [resubmit](#) corrected claims to adjudicate them.

For example:

- Code 99355 is allowed four units max, per day.
 - If a CBHC group bills five units, the entire claim will deny. It will not adjudicate to four allowable units.
- Code H2012 is allowed two units max, per day.
 - If a CBHC group bills one unit on the first claim and two units on the second claim, all for the same date of service, the second claim will deny. It will not adjudicate to the allowable two units.

Questions?

For questions, contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).

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