



## **Network Notification**

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

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### **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