

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)**B. Diagnosis and Treatment** (continued)**8. Rehabilitative Services: Outpatient Behavioral Health****(c) Covered Services** (continued)**(D) Eligibility Criteria: PHP/IOP**

Any child 0-21 who is an eligible client and meets the medical necessity criteria and programmatic criteria for behavioral health services qualify for PHP/IOP. This service must be ordered by a physician, physician's assistant, or advanced registered nurse practitioner, within their scope of practice, and be prior authorized by OHCA or its designated agent. Concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

(E) Billing Limits: PHP/IOP

~~1. Therapeutically intensive clinical services are limited to 4 billable hours per day, as authorized.~~

~~2.~~ PHP/IOP is all-inclusive of the service components. PHP/IOP cannot be billed in conjunction with the following:

- Children's Psychosocial Rehabilitation Services;
- Residential Services (PRTF or RBMS);
- Targeted Case Management;
- Individual, family, or group therapy;
- Mobile crisis intervention;
- Peer-to-Peer services;
- Therapeutic Day Treatment (TDT);
- MST

(d) Exclusions and Limitations

- i. All behavioral health services must be subject to the medical necessity criteria. The services listed in 8(c) iv - x are initiated following the completion of a diagnostic screen or assessment and subsequent development of a plan of care.
- ii. Only specialized, rehabilitation or psychological treatment services to address unique, unusual or severe symptoms or disorders will be authorized. Concurrent documentation must be provided that these services are not duplicative in nature.
- iii. A QBHT who also provides case management services must document case management separately from rehabilitation services and may not refer to their own agency.

(e) Non-Covered Services

- i. Room and Board;
- ii. Educational costs;
- iii. Services to inmates of public institutions;
- iv. Services to clients in Institutions for Mental Diseases (IMDs);
- v. Routine supervision and non-medical support services in school setting;
- vi. Child care;
- vii. Respite;
- viii. Personal Care

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated and effective on the first of each calendar year based on the Medicare rate update from October of the prior calendar year
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at www.okhca.org/feeschedules.

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2018
A. Emergency Room Services		October 1, 2018
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2018
C. Dialysis Services		October 1, 2018
D. Ancillary Services, Imaging and Other Diagnostic Services		October 1, 2018
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2018
F. Clinic Services and Observation/Treatment Room		October 1, 2018
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2018
Physician Services	Attachment 4.19-B, Page 3	October 1, 2018
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2018
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2018
Dental Services	Attachment 4.19-B, Page 5	October 1, 2018
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2018
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2018
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2018
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2018
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2018
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2018
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2018
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2018
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2018
4.b. EPSDT		
• <u>Partial Hospitalization Program</u>	<u>Attachment 4.19-B, Page 17</u>	<u>April 1, 2019</u>
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2018
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	October 1, 2018
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2018

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

I. Outpatient Hospital Reimbursement (continued)**E. Therapeutic Services**

1. Payment is made for drugs and supplies for outpatient chemotherapy. A separately billable facility fee payment is made for administration based on Medicare APC group 0117. Claims cannot be filed for an observation room, clinic, or ER visits on the same day.
2. For each therapeutic radiology service or procedure, payment will be the technical component of the Medicare RBRVS. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.
3. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.
4. Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%.
5. Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

F. Clinic Services and Observation/Treatment Room

A fee will be established for clinic visits and certain observation room visits. Reimbursement is limited to one unit per day per patient, per provider. The payment rates are based on APC groups 601 and 0339, respectively. Separate payment will not be made for observation room following outpatient surgery. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%.

Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

G. Hospital-based Community Mental Health Centers (CMHCs) Operated by Units of Government

1. CMHCs will be paid on the basis of cost in accordance with the following methodology: An overall outpatient cost-to-charge ratio (CCR) for each hospital will be calculated using the most recently available cost reports, with data taken from Worksheet C, Part 1. The overall CCR for each hospital will be applied to the Medicaid charges for the state fiscal year to determine the Medicaid costs for the year.
2. The agency's fee schedule rates are set as of July 1, 2006 and in effect for services provided on or after that date. All rates are published on the agency's website located at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.
3. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%

H Partial Hospitalization Services (PHP)

PHP services are provided in accordance with 42 CFR 410.43

Any child 0-20 that is an eligible member and who meets the medical necessity and programmatic criteria for behavioral health services qualifies for PHP. Treatment is time limited and must be offered a minimum of 3 hours per day, 5 days a week. ~~Therapeutically intensive clinical services are limited to 4 billable hours per day.~~ Services are prior authorized for 1-3 months based on medical necessity criteria.

The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse vendor. An initial prior authorization will be required by OHCA or its designated agent. This initial prior authorization will ensure that the level of service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

4b. Early and Periodic screening, diagnostic and treatment (cont'd)**Partial Hospitalization Program (PHP)**

A uniform rate is paid to governmental and non-governmental providers and to hospital and non-hospital providers.

The reimbursement rate is ~~\$42.80 per hour~~ **\$160.50 per encounter up to 23 hours and 59 minutes**, converted from a blend of the 2010 Medicare two tiered per diem payment approach for partial hospitalization services: one for days with three services (APC172) and one for days with four or more services (APC173).

Physician services, physician assistant services, nurse practitioner and clinical nurse specialist services, qualified psychologist services and services furnished to SNF residents are separately covered and not paid as partial hospitalization services.

~~The rate applies to services provided on or after November 1, 2010 and is published on the agency website located at www.okhca.org.~~

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