

Ohio Crosswalk of HealthySteps-Aligned Services with Billing Codes and Provider Types

The HealthySteps National Office Policy and Finance Team



About This Document

Have you ever wanted a list of the reimbursable HealthySteps (HS)-aligned services and a corresponding list of providers who can render these specific “open” codes in the Ohio Medicaid program? If so, this document will provide you with helpful guidance. Knowing the HS-aligned services open in the Ohio Medicaid program, their associated billing codes, and the professionals eligible to render the service and/or receive reimbursement for each service, will assist your site in understanding potential billing opportunities available through Medicaid, and may assist you in the decision-making process when hiring a HS Specialist.

The following table outlines HS-aligned services, the service types, and the providers who can provide and/or render the services. At the bottom of the table, you will find a tally of the number of billable codes for each provider type.

In summary the top four provider types with the most opportunities to currently bill for HS-aligned services in Ohio, under Medicaid, are:

- Licensed Psychologist
- Licensed Independent Social Worker (LISW)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Independent Marriage & Family Therapist (LIMFT)

Disclaimer: This document is not intended to give billing advice or guidance to any specific provider or HealthySteps site and does not consider the fact that payors, providers, and sites may have their own policies and procedures that may affect or prohibit implementation of these recommendations. Additionally, billing guidance is updated often. If there are any updates you recommend, please reach out to HSPolicyandFinance@zerotothree.org.

Service Description	Service Billing Codes	Physician (MD/DO), Clinical Nurse Specialist, Physician Assistant, Nurse Practitioner &, Cert. NP	Psychologist	Licensed Independent Social Worker (LISW)	Licensed Professional Clinical Counselor (LPCC)	Licensed Independent Marriage & Family Therapist (LIMFT)	Licensed Professional Counselor (LPC) Modifier U2 req'd	Licensed Social Worker (LSW) Modifier U3 req'd	Licensed Marriage & Family Therapist (LMFT) Modifier U5 req'd
Developmental milestone survey, speech and language delay with scoring and documentation, per standardized instrument (ASQ-3, M-CHAT-R, PEDS, SWYC, CSBS DP)	96110	X							
Social emotional/ brief emotional/behavioral assessment	96127	X							
Caregiver-focused health risk assessment	96161	X							
Psychiatric diagnostic evaluation	90791	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Psychotherapy, 30 minutes with patient/ 45 minutes with patient/ 60 minutes with patient	90832/90834/ 90837	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Family psychotherapy without patient present/with patient present	90846/90847	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Multiple family group psychotherapy	90849	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Group psychotherapy (<i>other than multiple-family group</i>)	90853	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Interactive complexity	+90785	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Psychotherapy for crisis; first 60 minutes/each additional 30 minutes	90839/90840	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Developmental test administration; first hour/each additional 30 minutes	96112/96113	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Psychological testing and evaluation; first hour/each additional hour after the 1 st hour of service	96130/96131	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Health and Behavior Assessment or re-assessment. Health and Behavior Intervention, Individual, face-to-face; initial 30 minutes/ each additional 15 minutes	96156/96158 /96159		X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes/intensive, greater than 10 minutes	99406/99407	X		X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd

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Preventive medicine counseling and risk factor reduction intervention; 15 minutes/30 minutes/45 minutes/60 minutes	99401/99402/99403/99404	X	X	X	X	X	X-Supervision req'd	X-Supervision req'd	X-Supervision req'd
Lactation consultant services	S9443	Registered nurses who have a current certification as an International Board-Certified Lactation Consultant (IBCLC) may render lactation services when billed by a supervising practitioner.							
Number of Billable Codes Eligible for Reimbursement		24	22	24	24	24	24	24	24

Notes

1. “Healthcek” is Ohio’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit for all Medicaid recipients younger than 21 years of age.
 2. Ohio Medicaid requires that physicians providing reimbursable EPSDT screenings adopt and utilize the guidelines established by the American Academy of Pediatrics' Bright Futures' periodicity schedule.
 3. Every behavioral health service reported on a claim must be within the scope of practice of the licensed professional, with appropriate certification and/or training for the service, who renders or supervises it and must be performed in accordance with any supervision requirements established in law, regulation, statute, or rule.
 4. Medical Behavioral Health Practitioners (M-BHPs) are professionals who are licensed by a professional board in the state of Ohio, are authorized to practice some level of general medicine and have specialty experience and/or training related to persons with behavioral health conditions. M-BHPs are Physicians, Certified Nurse Specialists (CNS), Certified Nurse Practitioners (CNP), and Physician Assistants (PAs). Thus, these specific providers are allowed to bill 90791, 90832, 90834, and 90837.
 5. Psychiatric Diagnostic Evaluations (90791) can be billed for one encounter per billing provider, per calendar year, and not on the same date of services as a therapeutic visit. Prior authorization is required for additional services.
 6. For Psychological testing (96112, 96113, 96130, 96131), a maximum of 20 hours/encounters per patient, per calendar year, for all psychological testing codes. Prior authorization is required for additional services.
 7. All the behavioral health providers can bill for Health and Behavior Assessment or re-assessment/intervention (96156, 96158, & 961598). However, Ohio Medicaid does not provide clear and precise coding and billing guidance regarding reimbursement for specifically LISW, LPPC, LIMFT, LPC, LSW, and LMFT. Thus, it is highly recommended that clinics verify directly with insurance carriers for clarification on coding and billing for these specific service codes under these particular providers.
 8. Coding and billing guidance publicly available through Ohio Medicaid is not clear relating to BH providers administrating preventive medicine counseling codes (99401, 99402, 99403, & 99404). Therefore, it is highly recommended that clinics verify directly with insurance carriers for clarification on these specific coding and billing guidelines.
 9. Ohio Medicaid requires the following practitioners to practice under either direct or general supervision: LPC (U2 modifier), LSW (U4 modifier), LMFT (U5 modifier). Additionally, all practitioners require specific modifiers appended to their billed services.
 10. Physicians, physician assistants, and advanced practice registered nurses can render and bill lactation consulting services by use of Evaluation and Management (E/M) codes. Individuals may receive medically necessary lactation consulting services as needed within the twelve-month post-partum period.
 11. Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) should bill T1015 with each encounter.
 12. Lactation consulting services furnished by a FQHC or RHC are paid under the Prospective Payment System (PPS). FQHCs and RHCs should submit claims for lactation consulting services under PPS using T1015 with a U1 modifier along with the appropriate procedure codes. Payment is made at the FQHCs or RHCs pre-established per visit payment.
 13. Any service delivered using telehealth technology must be appropriate for telehealth delivery and be of the same quality and otherwise on par with the same service delivered in person. A telehealth encounter must maintain the confidentiality and security of protected health information in accordance with applicable state and federal law. For purposes of Ohio Medicaid reimbursement, telehealth is the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment that occurs in real-time and when the member is actively participating during the transmission. Additionally, GT Modifier is required for any services delivered via secured video-conferencing or other allowable telehealth delivery methods.
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Sources and Helpful Links

Ohio Department of Medicaid. Medicaid Behavioral Health State Plan Services. Provider Requirements and Reimbursement Manual. Version 1.27. August 27, 2024. https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/BH/provider/Manuals/BH_Manual_1.27_Aug_2024_final.pdf

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Center for Medicare and Medicaid Services (CMS). Health and Behavioral Assessment/Intervention – Medical Policy Article. 10/1/2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52434#:~:text=Health%20Behavior%20Assessment%20and%20Intervention,duplicative%20of%20other%20provider%20assessments>