

We continue to work with our provider community to further enhance access to care for OhioRISE children. The IHBT Amendment Opportunity offers an all-inclusive monthly rate Comprehensive Community Support services for IHBT, FFT, and MST.

In addition to the contract's payment appendix, we have added additional billing guidelines to support our providers. The case rate of **\$3,000 applies to IHBT & MST**. The case rate of **\$2,670 applies to FFT**.

IHBT Billing Guidelines:

- Providers must maintain IHBT certification in order to receive the monthly case rate.
- **Modifier TF & U1 is required when billing H2015 for FFT.**
***Claim will deny if Modifier TF & U1 is not billed on the FFT claim.*
- **Modifier U1 is required when billing H2015 & H2033 for IHBT & MST.**
***Claim will deny if Modifier U1 is not billed on the IHBT & MST claim.*
- **No prior authorization** is required to submit 1 claim per calendar month up to 6 months. Any services after 6 calendar months requires a prior authorization. This requirement remains in effect until member dis-enrolls from OhioRISE for a minimum 90 days.
- The case rate will replace the 15-minute rate upon the effective date of the amendment. Switching between the Case Rate and 15-min billing intervals is not allowed once the Amendment is in place.
- **Partial Month Services** will be paid at the full case rate payment. If services are provided on the last day of the month, the full case rate will pay. Please use the date of service when services began for the **From Date** and billing **One Unit**.
- **For Full Month Services** the **From Date** should be the 1st of the month and the **Thru Date** should be the last day of the calendar month and billing **One Unit**.
- The billed charge needs to **equal or exceed the case rate**. If the billed charges are less than case rate the claim will be processed at the billed amount

We look forward to working with you and your staff on this unique endeavor with Aetna Better Health of Ohio Behavioral Health Respite network. For more information, please contact OHRISE-Network@aetna.com and reference this communication.