

Provider FAQ: Psychosocial Rehabilitation (PSR)

This FAQ provides guidance on Psychosocial Rehabilitation (PSR), including Medical Necessity Criteria (MNC) and billing limits, in alignment with Ohio Administrative Code (OAC) and Buckeye Health Plan policy.

1) What is PSR?

Psychosocial Rehabilitation (PSR) is a rehabilitative behavioral health service designed to help individuals develop skills necessary for independent living, social integration, and recovery. PSR focuses on improving functional abilities through structured interventions.

2) Who can provide PSR?

PSR must be delivered by qualified behavioral health professionals employed or contracted by an Ohio Medicaid-enrolled provider organization, in accordance with Ohio Administrative Code (OAC) 5160-27-08.

3) What is the billing code for PSR?

The billing code for PSR is H2017 (Psychosocial Rehabilitation Services, per 15 minutes).

- H2017 – Up to 8 units per day and 120 units per calendar year; PA required after limits

4) Medical Necessity Criteria (MNC) for PSR

PSR is covered when all the following conditions are met:

- The service assists the individual in implementing treatment plan interventions to compensate for or eliminate functional deficits.
- The member has a mental health diagnosis associated with functional impairments or interpersonal barriers.
- Activities include restoration, rehabilitation, and support of daily functioning to improve self-management of psychiatric or emotional symptoms that interfere with daily functioning.
- Supporting the individual with restoration and implementation of daily routines critical to remaining successful in home, school, work, and community.
- Rehabilitation and support to restore skills to function in a natural community environment.

Indicators of Medical Necessity include documented functional deficits or behavioral/emotional needs, interventions tied to the treatment plan, clinically appropriate service delivery, and non-duplication of other interventions.

5) When is PSR reimbursable?

PSR is reimbursable when medically necessary, authorized under an individualized treatment plan, and delivered in accordance with Ohio Medicaid requirements.

6) Are there daily limits for PSR?

Yes. When billed on the same day as per diem services (IOP, PHP, or TBS), PSR units count toward the combined 4-unit daily limit for rehabilitative services. On non-IOP/PHP/TBS days, no more than sixteen (16) total units of rehabilitative services (PSR, CPST, TBS) may be reimbursed per member per date of service.

7) What documentation is required?

Providers must maintain documentation including: separate progress notes, start and stop times, clinical justification, and alignment with the member's treatment plan, adhering to requirements set forth in OAC 5160-01-27 and 5160-8-05.

8) Can PSR be billed with other services?

Yes, but services must be distinct, non-duplicative, and documented separately. PSR delivered during IOP, PHP, or TBS program hours is considered included in the per diem and not separately reimbursable.

9) Are there exceptions to daily limits?

Exceptions may be approved by Buckeye's Utilization Management team based on documented medical necessity.

10) Who can providers contact with questions?

Providers may contact Buckeye's Provider Services at 866-296-8731 or their assigned Provider Engagement Administrator representative.