Provider FAQ: Therapeutic Behavioral Services (TBS)

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

1) What is TBS?

Therapeutic Behavioral Services (TBS) are individualized, intensive interventions designed to reduce and manage severe behavioral symptoms and improve functioning in the community. TBS is provided under Ohio Medicaid guidelines.

2) Who can provide TBS?

TBS 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 TBS?

The billing codes for TBS include:

• H2020 – Up to 25 units allowed per calendar year; PA required after 25 units

• H2019 – Up to 8 units per day and 80 units per calendar year; PA required after limits

4) Medical Necessity Criteria (MNC) for TBS

TBS is covered when all the following conditions are met:

- The service provides goal-directed, solution-focused interventions related to behavioral or emotional needs.
- Activities must be intended to achieve the identified goals or objectives as set forth in the individualized treatment plan.

Examples of activities include:

(a) Treatment planning: Participating in and utilizing strengths-based planning, assisting the individual and family members or collaterals with identifying strengths and needs.

(b) Identification of strategies or treatment options: Assisting the individual and family members or collaterals to identify strategies or treatment options associated with the individual's mental illness.

(c) Developing and providing solution-focused interventions and emotional/behavioral management drawn from evidence-based psychotherapeutic treatments.

(d) Restoration of social skills: Rehabilitation and support with the restoration of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, and promote effective functioning in home, work, and school.

(e) Restoration of daily functioning: Assisting the individual to restore daily functioning specific to managing their own home including managing money, medications, and using community resources.

(f) Crisis prevention and amelioration: Assisting the individual with effectively responding to or avoiding identified precursors or triggers that risk remaining in a community setting or result in functional impairments.

- The service is clearly linked to documented goals/objectives.

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

5) When is TBS reimbursable?

TBS 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 TBS?

Yes. When billed on the same day as per diem services (e.g., IOP or PHP), additional rehabilitative services are limited to four (4) total units combined. On non-IOP/PHP days, no more than sixteen (16) total units of rehabilitative services (TBS, PSR, CPST) 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.

8) Can TBS be billed with other services?

Yes, but services must be distinct, non-duplicative, and documented separately. Rehabilitative services delivered during TBS hours are 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.