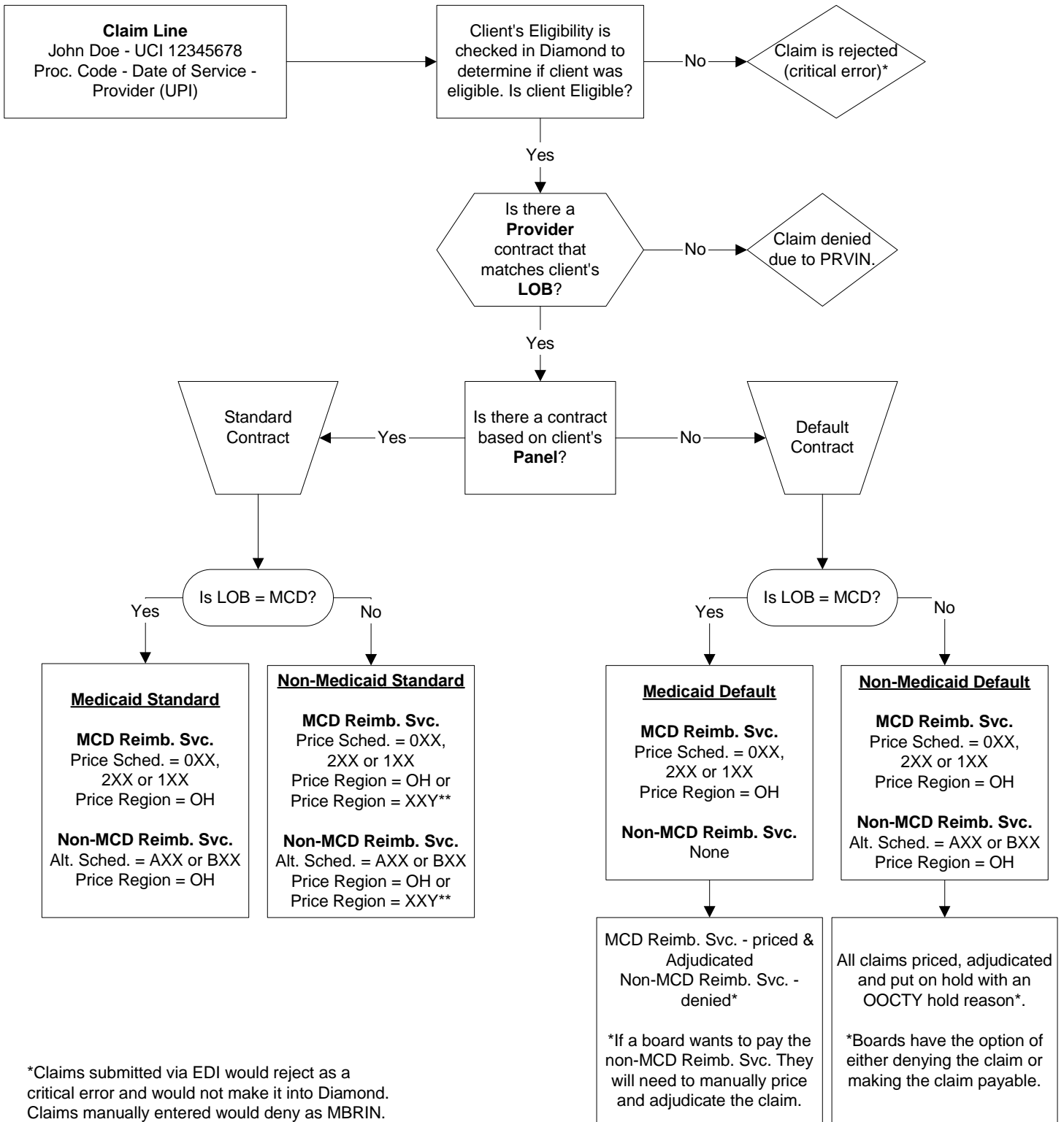
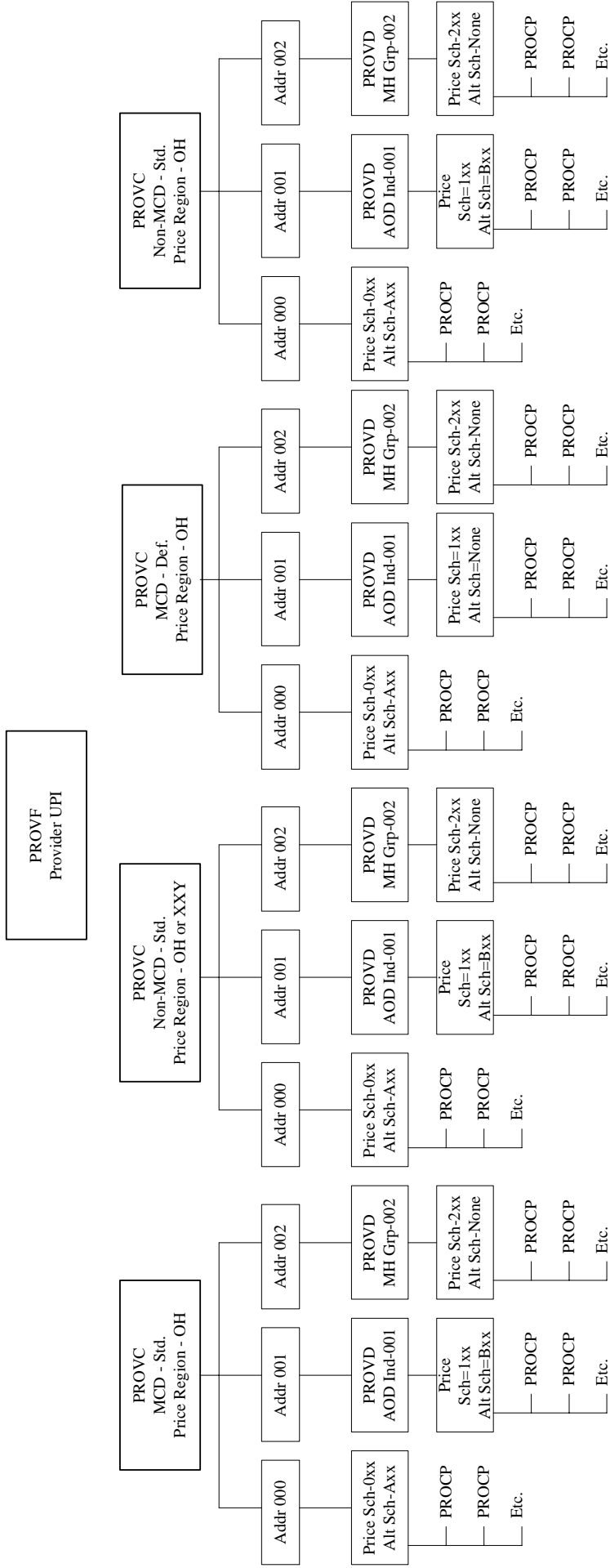


## Contracts and Pricing



# Diamond 8+ Contract Structure



## Procedure Codes and Affiliated Price Schedules

		Mental Health Services		AOD Services	
Medicaid Reimbursable Services	(P0) Primary Price Schedule <b>044</b>	(P2) Primary Price Schedule <b>244</b>	(P0) Primary Price Schedule <b>044</b>	(P1) Primary Price Schedule <b>144</b>	
		90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)
Non-Medicaid Reimbursable Services	(A0) Alt. Price Schedule <b>A44</b>	n/a	(A0) Alt. Price Schedule <b>A44</b>	(A1) Alt. Price Schedule <b>B44</b>	
	H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030	

\*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

## ODMH Services - Primary versus Alternate Price Schedule Usage

<b>Client and Provider Contract</b>						
<b>Medicaid Eligible Client</b>			<b>Non-Medicaid Eligible Client</b>			
<b>Medicaid Reimbursable Services</b>	<b>(P0)</b>	<b>(P2)</b>	<b>(P0)</b>	<b>(P2)</b>	<b>(P0)</b>	<b>(P2)</b>
	<b>Pri. Psched - 044 Panel - 25B Price Region - OH</b>	<b>Pri. Psched - 244 Panel - 25B Price Region - OH</b>	<b>Pri. Psched - 044 Panel - 25B Price Region - OH</b>	<b>Pri. Psched - 244 Panel - 25B Price Region - OH</b>	<b>Pri. Psched - 044 Panel - 25B Price Region - 25B</b>	<b>Pri. Psched - 244 Panel - 25B Price Region - 25B</b>
			<i>(same rates and services as for Medicaid eligible client)</i>		<i>(dif. rates, services, or withholds than for MCD elig. client)</i>	
	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040 H2016 S0201 S9484	H0004 (grp) H0036 (grp)	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040 H2016 S0201 S9484	H0004 (grp) H0036 (grp)
<b>Non-Medicaid Reimbursable Services</b>	<b>(A0)</b>	<b>N/A</b>	<b>(A0)</b>	<b>N/A</b>	<b>(A0)</b>	<b>N/A</b>
	<b>Alt. Psched - A44 Panel - 25B Price Region - OH</b>		<b>Alt. Psched - A44 Panel - 25B Price Region - OH</b>		<b>Alt. Psched - A44 Panel - 25B Price Region - 25B</b>	
			<i>(same rates and services as for Medicaid eligible client)</i>		<i>(dif. rates, services, or withholds than for MCD elig. client)</i>	
	H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x	

\*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

## ODADAS Services - Primary versus Alternate Price Schedule Usage

Client and Provider Contract						
Medicaid Eligible Client			Non-Medicaid Eligible Client			
Medicaid Reimbursable Services	(P0)	(P1)	(P0)	(P1)	(P0)	(P1)
	Pri. Psched - 044 Panel - 25B Price Region - OH	Pri. Psched - 144 Panel - 25B Price Region - OH	Pri. Psched - 044 Panel - 25B Price Region - OH	Pri. Psched - 144 Panel - 25B Price Region - OH	Pri. Psched - 044 Panel - 25B Price Region - 25B	Pri. Psched - 144 Panel - 25B Price Region - 25B
			<i>(same rates and services as for Medicaid eligible client)</i>		<i>(dif. rates, services, or withholds than for MCD elig. client)</i>	
	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)
Non-Medicaid Reimbursable Services	(A0)	(A1)	(A0)	(A1)	(A0)	(A1)
	Alt. Psched - A44 Panel - 25B Price Region - OH	Alt. Psched - B44 Panel - 25B Price Region - OH	Alt. Psched - A44 Panel - 25B Price Region - OH	Alt. Psched - B44 Panel - 25B Price Region - OH	Alt. Psched - A44 Panel - 25B Price Region - 25B	Alt. Psched - B44 Panel - 25B Price Region - OH
			<i>(same rates and services as for Medicaid eligible client)</i>		<i>(dif. rates, services, or withholds than for MCD elig. client)</i>	
	99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030	99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030	99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030

**Medicaid Default Contracts  
Provider + LOB  
Medicaid Eligible Client**

	<b>Mental Health Services</b>		<b>AOD Services</b>	
	<b>(P0) Primary Psched - 044 Panel - None Price Region - OH</b>	<b>(P2) Primary Psched - 244 Panel - None Price Region - OH</b>	<b>(P0) Primary Psched - 044 Panel - None Price Region - OH</b>	<b>(P1) Primary Psched - 144 Panel - None Price Region - OH</b>
<b>Medicaid Reimbursable Services</b>	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)
<b>Non-Medicaid Reimbursable Services</b>	Alt. Psched - None  Any claims for non-Medicaid reimbursable services will be denied in Diamond.	Alt. Psched - None  Any claims for non-Medicaid reimbursable services will be denied in Diamond.	Alt. Psched - None  Any claims for non-Medicaid reimbursable services will be denied in Diamond.	Alt. Psched - None  Any claims for non-Medicaid reimbursable services will be denied in Diamond.

\*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

**Non-Medicaid - Default Contracts**

**Provider + LOB**

**Non-Medicaid Eligible Client**

**ALL CLAIMS FOR NON-MEDICAID ARE PLACED ON HOLD**

		<b>Mental Health Services</b>		<b>AOD Services</b>	
<b>Medicaid Reimbursable Services</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - None</b> <b>Price Region - OH</b>	<b>(P2)</b> <b>Primary Psched - 244</b> <b>Panel - None</b> <b>Price Region - OH</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - None</b> <b>Price Region - OH</b>	<b>(P1)</b> <b>Primary Psched - 144</b> <b>Panel - None</b> <b>Price Region - OH</b>	
	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)	
<b>Non-Medicaid Reimbursable Services.</b>	<b>(A0)</b> <b>Alt. Psched - A44</b> <b>Panel - None</b> <b>Price Region - OH</b>	<b>N/A</b>	<b>(A0)</b> <b>Alt. Psched - A44</b> <b>Panel - None</b> <b>Price Region - OH</b>	<b>(A1)</b> <b>Alt. Psched - B44</b> <b>Panel - None</b> <b>Price Region - OH</b>	
	H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030	

\*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

# Medicaid Standard Contracts

Provider + LOB + Panel

Medicaid Eligible Cleint

		Mental Health Services		AOD Services	
<b>Medicaid Reimbursable Services</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>(P2)</b> <b>Primary Psched - 244</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>(P1)</b> <b>Primary Psched - 144</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	
	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)	
<b>Non-Medicaid Reimbursable Services</b>	<b>(A0)</b> <b>Alt. Psched - A44</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>n/a</b>	<b>(A0)</b> <b>Alt. Psched - A44</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>(A1)</b> <b>Alt. Psched - B44</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	
	H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030	

\*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

**Non-Medicaid - Standard Contracts  
 Provider + LOB + PANEL  
 Non-Medicaid Eligible Client**

Medicaid Reimbursable Services	(P0) Primary Psched - 044 Panel - 25B Price Region - OH	(P2) Primary Psched - 244 Panel - 25B Price Region - OH	(P0) Primary Psched - 044 Panel - 25B Price Region - OH	(P1) Primary Psched - 144 Panel - 25B Price Region - OH
	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)
Non-Medicaid Reimbursable Services.	(A0) Alt. Psched - A44 Panel - 25B Price Region - OH	N/A	(A0) Alt. Psched - A44 Panel - 25B Price Region - OH	(A1) Alt. Psched - B44 Panel - 25B Price Region - OH
	H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030

\*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

**MH Non-Medicaid - Standard Contracts**  
**Provider + LOB + Panel**  
**Non-Medicaid Eligible Client**

<b>Mental Health Services</b>				
<b>Medicaid Reimbursable Services</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - 25B</b> <b>Price Region - OH</b> <i>(same rates and services as for Medicaid eligible client)</i>	<b>(P2)</b> <b>Primary Psched - 244</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - 25B</b> <b>Price Region - 25B</b> <i>(different rates, services, or withholds than for Medicaid eligible client)</i>	<b>(P2)</b> <b>Primary Psched - 244</b> <b>Panel - 25B</b> <b>Price Region - 25B</b>
	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040 H2016 S0201 S9484	H0004 (grp) H0036 (grp)
<b>Non-Medicaid Reimbursable Services.</b>	<b>(A0)</b> <b>Alt. Psched - A44</b> <b>Panel - 25B</b> <b>Price Region - OH</b> <i>(same rates and services as for Medicaid eligible client)</i>	N/A	<b>(A0)</b> <b>Alt. Psched - A44</b> <b>Panel - 25B</b> <b>Price Region - 25B</b> <i>(different rates, services, or withholds than for Medicaid eligible client)</i>	N/A
	H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x	

\*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.

**AOD Non-Medicaid - Standard Contracts**  
**Provider + LOB + Panel**  
**Non-Medicaid Eligible Client**

<b>AOD Services</b>				
<b>Medicaid Reimbursable Services</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - 25B</b> <b>Price Region - OH</b> <i>(same rates and services as for Medicaid eligible client)</i>	<b>(P1)</b> <b>Primary Psched - 144</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>(P0)</b> <b>Primary Psched - 044</b> <b>Panel - 25B</b> <b>Price Region - 25B</b> <i>(different rates, services, or withholds than for Medicaid eligible client)</i>	<b>(P1)</b> <b>Primary Psched - 144</b> <b>Panel - 25B</b> <b>Price Region - 25B</b>
	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)
<b>Non-Medicaid Reimbursable Services.</b>	<b>(A0)</b> <b>Panel - 25B</b> <b>Price Region - OH</b> <i>(same rates and services as for Medicaid eligible client)</i>	<b>(A1)</b> <b>Panel - 25B</b> <b>Price Region - OH</b>	<b>(A0)</b> <b>Panel - 25B</b> <b>Price Region - 25B</b> <i>(different rates, services, or withholds than for Medicaid eligible client)</i>	<b>(A1)</b> <b>Panel - 25B</b> <b>Price Region - 25B</b>
	99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030	99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030