

Utilization of CPST in MITS

01. Log onto the MITS portal and select “Eligibility Search.”
02. Enter in the client identification information and the procedure code H0036.
03. Enter today’s date in the “From DOS” and “To DOS” fields and then click the “Search” button.
04. Look towards the bottom of the page and see the “Service Limitation” panel. This recipient has received 0.5 hours of CPST out of their total annual benefit of 104 hours. Had the recipient received 104 hours, any further claims would be denied for payment in MITS. Providers must seek approval of additional hours by submitting a prior authorization request. Develop a process by which all documentation is reviewed for quality prior to it being faxed to Permedion.

Super User Providers Account Claims **Eligibility** Prior Authorization Reports Publications

eligibility search

Eligibility Verification Request

Medicaid Billing Number [REDACTED] Birth Date 05/18/2008
 SSN [REDACTED] DOS Date Format MM/DD/YYYY
 Procedure Code H0036 From DOS 10/01/2012 To DOS 10/01/2012

search clear

Recipient Information

Medicaid Billing Number [REDACTED] SSN [REDACTED]
 Last Name [REDACTED] County of Residence [REDACTED]
 First Name [REDACTED] County of Eligibility [REDACTED]
 Gender [REDACTED] County Office <http://jfs.ohio.gov/county/cntydir.stm>
 Date of Birth 05/18/2008 Number Bed Hold Days Used Paid CY 20120101: 14
 Date of Death

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	10/01/2012	10/01/2012		\$0.00	\$0.00
Ohio Mental health	10/01/2012	10/01/2012		\$0.00	\$0.00
Medicaid Schools	10/01/2012	10/01/2012		\$0.00	\$0.00
MRDD Targeted Case Mgmt	10/01/2012	10/01/2012		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/01/2012	10/01/2012		\$0.00	\$0.00

Case/Cat/Seq Spenddown
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TPL
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Managed Care

Plan Name	Plan Description	Effective Date	End Date
CARESOURCE	HMO, CFC	10/01/2012	10/01/2012

Lock-In
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Medicare
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Service Limitation - Limits have been calculated based on the From DOS 10/01/2012

Procedure Code	Description	Benefit Description	Total Limits	Used Limits	Remaining Limits	Time Frame	Date of Next Service
H0036	CONN PSY FACE- FACE PER 15MIN	6101 -MH-104 HOURS/FISCAL YR	104	0.50	103.50	FISCAL YEAR	

Level of Care Determinations
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Patient Liability
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Long Term Care Facility Placements
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