

**JANUARY 20, 2021** 



## **Welcome and Opening Remarks**

#### Agenda

- ➤ IBHS Provider Status
- **>** Updates
- ➤ Network Next Steps
- ➤ Important Review
- ➤ Referral List Transition
- Authorization Transition Process
- ➤ Zoom True or False?
- ➤ IBHS Important Reference Materials
- Upcoming Forums and Technical Assistance
- ➤ Magellan Workgroups and Technical Assistance Calls
- ➤ OMHSAS IBHS Assistance
- ➤ Questions



## **IBHS Provider Status**



## What happens after my agency is IBHS licensed and enrolled?



- ✓ If you are an existing group provider and receive your license you would need to email Magellan through the IBHS mailbox to start the credentialing process.
- ✓ If you are an organization and received your license, enrollment, and are credentialed you should email Magellan with that information. Magellan is also monitoring the PROMISE site for completed enrollments.
- ✓ Please inform Magellan if location on approved Program Description/License is new as this will need to be credentialed.
- ✓ Magellan has begun sending out contracts (If you are a new provider) or an amendment to add IBHS to your existing contracts.
- ✓ Your agency will be contacted by Magellan's clinical team to start planning for authorization process.



### **IBHS Service Descriptions**



# Magellan has received 68 state approved Service Descriptions for IBHS.

Waiting on 6 more...

Please send to <a href="mailto:IBHS@magellanhealth.com">IBHS@magellanhealth.com</a>:

- ✓ Approved IBHS Service Descriptions
- ✓ Copy of the state <u>approval letter</u>
- ✓ Licensure



#### **IBHS Contracted & Licensed Providers**



Magellan has 32 contracted IBHS providers (42 locations) within all 6 counties.

Magellan has 12 providers in **Credentialing** process

Magellan has 50 IBHS <u>licensed</u> providers within all 6 counties.

O days until January 17, 2021.



## **Updates**



#### New and Important to Note



- BHRS is not be able to be provided beyond January 17, 2021.
- CRR HH OMHSAS was hopeful to have bulletin approved internally on 1/14/21. Bulletin
  will go into effect in a few months after being issued to allow for time to submit an
  updated SD and switch to new code.
- BH-MCOs should be receiving the final IBHS Reporting requirements in the next month.



#### 1:1 Center Based Services



- Statement from Deputy Secretary Houser on 1/4/2021 noted "In addition, when it is
  determined to be medically necessary and clinically appropriate, Medical Assistance will
  pay for ABA services provided in a community like center-based setting. OMHSAS will
  release guidance on when it would be appropriate for a child, youth or young adults to
  receive 1:1 ABA services in a center-based setting in the near future."
- There will be a bulletin released shortly directly addressing instances when it may be clinically appropriate to provide medically necessary individual or ABA services at a provider's licensed location.

### AUDs need to say "All in network IBHS providers"



## Magellan HEALTHCARES

#### Magellan Behavioral Health of Pennsylvania, Inc. Consent to Release Protected Health Information (PHI)

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) managing care for:
Pennsylvania Health Choices - Bucks, Cambria, Delaware, Lehigh, Montgomery, and Northampton Counties

Protected Health Information (PHI) means information about your health. Federal and state laws protect the privacy c your PHI. The laws say we cannot give anyone other than your doctors or Pennsylvania Health Choices your PHI unles you say it is **OK**. By signing this paper, you give us your **OK**. We will only give out the PHI that you say we can share And, we will only give it to the people or agencies that you list. Do you have questions? We can help. Call Magellan at

 Bucks County:
 Cambria County:
 Delaware County:
 Lehigh County:
 Montgomery County:
 Northampton County:

 1-877-769-9784
 1-800-424-0485
 1-888-207-2911
 1-866-238-2311
 1-877-769-9782
 1-866-238-2312

Members who are hearing impaired can reach us by using PA Relay 7-1-1.

#### YOU MUST FILL OUT ALL PARTS OF THIS FORM. IF ANY PART IS LEFT BLANK IT WILL BE RETURNED TO YOU TO FIX.

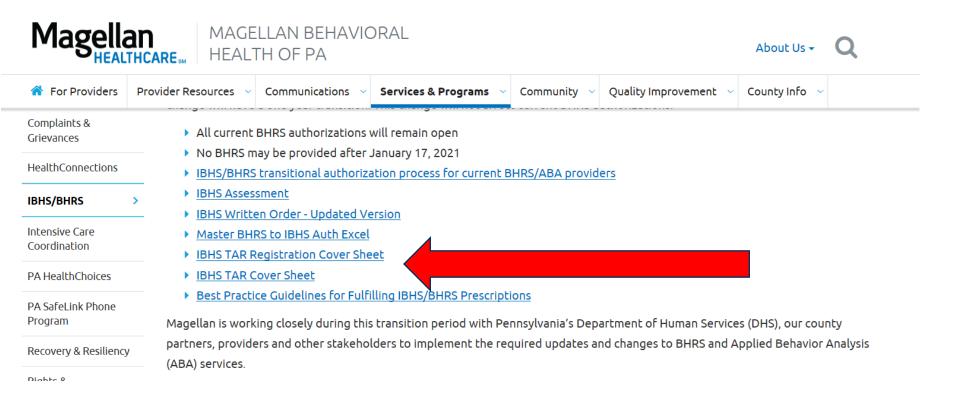
Part 1 Who		ho is the men	nber?			
Last Name		First Name	Middle Initial			
	ID Number	Date of Bir	th (MM/DD/YYYY)	Phone Number (with are	rea code)	



# Magellan's *updated* Written Order template was posted on our IBHS webpage as of 12/9/20.



https://www.magellanofpa.com/for-providers/services-programs/ibhsbhrs/





## Updated Appendix AA in PS&R for 2021 Peer to Peer Reviews



"If the Member is under 21 years of age the reasonable effort to consult with the prescriber must include a request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO. If a Member is under 21 years of age, the BH-MCO must document its attempts to reach the prescriber, including its request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO."

Based on this, please note that if we are uncertain based on the information received whether Medical Necessity is met, a Magellan Care Worker will be outreaching the member's Written Order writer to schedule a peer to peer.

If we have difficulty reaching the Written Order writer, a Magellan Care Manager will be outreaching the member/guardian requesting their assistance to encourage the Written Order writer to contact Magellan to complete this peer to peer review.

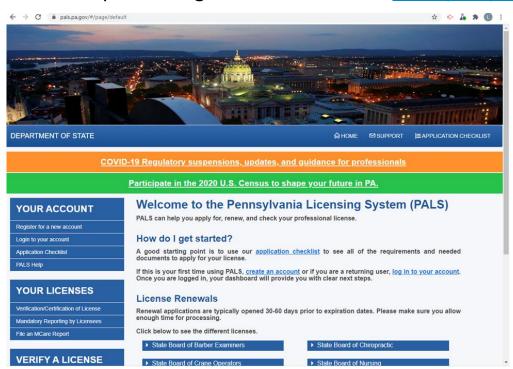


### Behavior Specialist License (BSL) Delays

- Children's Bureau met with Dept. of State and Board of Medicine to discuss BSL delays.
   Board reports, on average, it is taking 4-6 weeks to process new BSL requests. They note it to be one of the most labor intensive due to verification of education piece.
- There is a new tracking system for licenses. Providers can use this PALS system to track
  the status of their employee's application and confirm date of submission.

#### **PALS External USER LOGIN**

External users from Hospitals navigate to PALS Website <a href="https://www.pals.pa.gov">www.pals.pa.gov</a>





## **Network Next Steps**



#### Next Steps without MA Enrolled



Providers who have the following may begin the contracting process.

- ✓ Approved Service Description
- ✓ Approval letter from the state
- ✓ Submitted PROMISE Medical Assistance enrollment

Magellan will need the above information sent to the IBHS email box with the date the enrollment was submitted.

Providers who are in the credentialing process will need to have that completed prior to a contract being sent.



#### Credentialing as an Organization



#### All IBHS providers will be credentialed as an organization:

- > No need to credential every clinician under an organizational credentialing
- > Adding staff would not need to go through any credentialing to begin services
- If you are an existing organization, you will not need to do any credentialing updates unless you are up for regular recredentialing cycle. (Every 3 years).
- ➤ Please make sure if you are a group to reach out when licensed to start the credentialing process.



## **Important Review**



### Auth codes vs Billing codes



#### Auth codes

These codes will be the ones you will see on the authorizations as noted on the TAR.

### Billing codes

These codes are specific to your contract, services/tasks provided, and staff credentials.

#### Place of Service Codes

\*Place of service 11 is now available to all codes



### **IBHS** Registration TAR



Magellan	
HEALTHCARES	и

# Magellan Behavioral Health of Pennsylvania, Inc. HealthChoices Treatment Authorization Cover Sheet for Intensive Behavioral Health Services (IBHS) Registration ONLY

	Registration ONLY										
Bucks County Cambria County Delaware County Lehigh County Montgomery County Northampton County  Date of Birth: (MM/DD/YYYY) Provider Name:								ounty			
	mber Name: ID #:		Magellan Provider MIS #: Provider Phone #: Ext:								
					MAGELLAN USE ONLY						
Services Being Requested		# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Appr- oved?
	IBHS-Individual Initial Assessment				536	H0032	001	НА			
	IBHS-Group Initial Assessment				536	H2021	001	НА			
	IBHS-ABA Initial Assessment				536	97151	001	HA			
-	DSM-5 DIAGNOSIS										



#### **IBHS TAR**



Magel	lan
HE	<b>ALTHCARE</b> <sub>SM</sub>

#### Magellan Behavioral Health of Pennsylvania, Inc. HealthChoices Treatment Authorization Cover Sheet for Intensive Behavioral Health Services (IBHS)

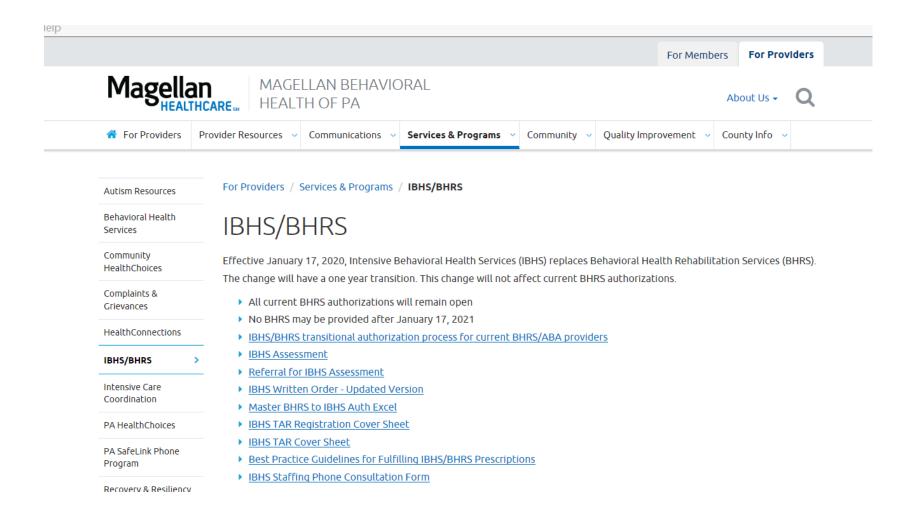
HEALTHCARE <sub>SM</sub>			Intensive Behavioral Health Services (IBHS)								
☐ Treatment Authori				ation Request C			hange in IBHS Prescription				
Bucks County Cambria County Delaware County Lehigh County Montgomery County Northampton County Date of Birth: (MM/DD/YYYY) Provider Name:  Member Name: Magellan Provider MIS #:  MAID #: Provider Phone #: Ext:									ounty		
	_	# of Units	Start Date	End Date	MAGELLAN USE ONLY						
Services Being Requested		Requested	(MM/DD/YYYY)	(MM/DD/YYYY)	Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Appr- oved?
			1	Individual IBHS							
	BC				536	H0032	001	UB			
	MT				536	H2019	001	UB			
	ВНТ				536	H2021	001	AH			
	Brief Tx-BC				536	H0032	001	U1			
	Brief Tx-MT				536	H2019	001	U1			
	IFC-MT				536	H2019	001	U2			
	IFC-BHT				536	H2021	001	U2			
				Group IBHS							
	Group				536	H2021	001	U6			
				ABA Group IBHS							
П	ABA Group-Grad. Level				536	97158	001	но			



### All IBHS forms and Magellan Resources are located:



https://www.magellanofpa.com/for-providers/services-programs/ibhsbhrs/





# Individual Behavior Consultant (BC) Authorization Code vs Claim Codes



### BC Authorization: H0032 UB

### BC Claims

H0032 UB HO EP - Unlicensed

H0032 UB HP EP - Licensed



# Individual Mobile Therapy (MT) *Authorization Code vs Claim Codes*



### MT Authorization: H2019 UB

### MT Claims

H2019 UB EP - Licensed

H2019 UB U4 - Unlicensed



# Individual Behavioral Health Technician (BHT) Authorization Code vs Claim Codes



BHT Authorization: H2021 AH

### BHT Claims

H2021 AH UB EP



## Group IBHS *Authorization Code vs Claim Codes*



### Group Authorization: H2021 U6

## Group Claims

H2021 U6 HQ – group size 2\*-8

H2021 U7 HQ – group size 7-12

H2021 U8 HQ - group size 13-20

\*Recently changed by OMHSAS from 4 to 2



# Behavior Consultant ABA (BC-ABA) *Authorization Code vs Claim Codes*



### BC-ABA Authorization: 97151 HO

### <u>Claims</u>

97151 HO 97151 HO HA
BC-ABA Assessment BA Assessment

97155 HO 97155 HO HA BC-ABA Ad. Bx Tx BA Ad. Bx Tx

97156 HO 97156 HO HA BC-ABA Family BA Family



# Behavioral Health Technician ABA (BHT-ABA) Authorization Code vs Claim Codes



### BHT-ABA Authorization: 97152 HO

### <u>Claims</u>

97152 HO BHT-ABA Assessment

97152 HO HA
ABC-ABA Assessment

97153 HO BHT-ABA Ad. Bx Tx

97153 HO HA ABC-ABA Ad. Bx Tx



# ABA Group Graduate Level Professional Authorization Code vs Claim Codes



### ABA Group Graduate Level Professional Authorization: 97158 HO

### ABA Group GLP Claims

97158 HO HA – Group size 2-3

97158 HO HA EP – Group size 4-6

97158 HO – Group size 7-12



## ABA Group BHT Authorization Code vs Claim Codes



### ABA Group BHT Authorization: 97154 HO

### ABA Group BHT Claims

97154 HO

97154 HO HA

97154 HO HA EP



Multi-Systemic Therapy (MST) &

Functional Family Therapy (FFT)

Authorization Code vs Claim Codes



## MST/FFT Claims

MST - H2033 UB

FFT - H2019 U6



### **Reporting Information**



- Date of written order
- Date written order received
- Date assessment began Care Managers have noticed several providers who
  only list 1 date instead of listing the start date as well as the last date of the
  assessment.
- Date assessment complete
- Date ITP completed
- Date services began If the client has been involved in BHRS services with your agency, please continue to write the first date they started BHRS services. For new members, this will be the first date of the services recommended in the written order and assessment. We will need to report all levels of service.



BHT/BHT-ABA requests in school/ESY/summer camp/preschool/afterschool program/daycare



Written Orders can recommend BHT/BHT-ABA in these settings at any time. However, the assessment/authorization requests for them should only come within 60 days of the start of the service in these settings.

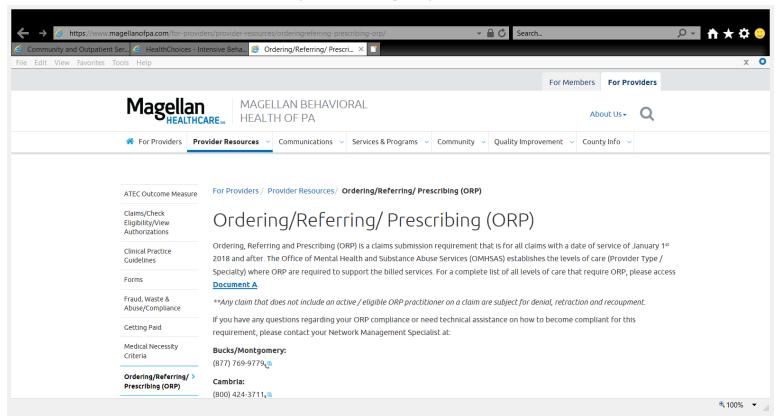


### Ordering/Referring/Prescribing (ORP) Enrollment



- Written orders must be completed by staff who are ORP (Ordering/Referring/Prescribing)
  enrolled.
- Magellan has a page on our website about ORP:

https://www.magellanofpa.com/for-providers/provider-resources/orderingreferringprescribing-orp/





#### New Groups under IBHS



\*Please only initiate this process when your agency is ready to begin implementing group services if approved.

For those who are planning to deliver IBHS Group Services who have not provided group services before (excludes current STAP/TASP providers), please follow the following process:

Submit a detailed program description to IBHS@MagellanHealth.com inclusive of:

- target population (including primary & MA secondary participants)
- clinical model of program
- size of each group
- frequency of each group
- length of group (program duration and each sessions)
- if group is closed or open
- location of group
- family involvement
- Authorization period
- other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.

### Intensive Family Coaching (IFC)



At this time, Intensive Family Coaching (IFC) is contracted to be delivered by:

- Devereux Delaware & Montgomery Counties
- > Child Guidance Resource Center (CGRC) in Bucks, Delaware, & Montgomery Counties

IFC is based on Parent Child Interaction Therapy, which is an evidence-based treatment for children with significant behavioral issues or differences.

- ☐ Works with children ages 2-7 years old
- Designed to address disruptive behaviors such as noncompliance, temper tantrums, aggression, hyperactivity, and disrespect of authority
- Provided in the home/school setting with parent involvement
- ☐ The goal is for families to build a more positive parent-child relationship.
- ☐ The model transfers specialized skills to the parents to better manage the behavioral health problems displayed by children.
- ☐ Uses empirically supported treatment based on Parent Child Interaction Therapy techniques designed to be used in the young child's natural setting



## **Referral List Transition**



### Magellan's IBHS Staffing Assistance Process



#### **Step 1, Phone Consultation:**

- Complete & submit 1 page IBHS Staffing Phone Consultation Request form (new) via fax —
  This will assist Magellan Care Worker (Liz) in using the phone consultation time most
  efficiently. She will review the member's needs, staffing attempts, and make suggestions
  for provider agencies from there.
- After the phone consultation, Care Worker will send a summary of this discussion via email to the provider.

#### Step 2, Magellan Staffing Assistance Requested (if needed):

- If staffing assistance is still needed after phone consult, please reply to Care Worker's email requesting additional assistance.
- Please get AUDs into Magellan so we can maximize the assistance we can provide.
   However, Care Worker will begin outreaches immediately providing non-HIPAA information.
- Care Worker and referring provider will agree on next steps to secure staffing and who is responsible for each task. The referring provider will be responsible for sending the authorization packet over to a potential new provider once one is identified.

\*Effective 1/17/2021



### Magellan's IBHS Staffing Assistance Process



#### Within All 6 Magellan Counties -

- Magellan will accept and identify staffing for all <u>new</u> IBHS Written Order recommendations from Acute Inpatient Mental Health Hospital (AIPs) and Acute Partial Hospitalization Programs (APHP).
- Your agency can outreach to Magellan (Liz) for assistance staffing members with complex needs as well as members with prolonged access issues.

It will be critical that all providers complete and use the new access survey to support our members in being connected to IBHS.



# Authorization Transition Process from BHRS to IBHS



#### Ways to transition BHRS auths to IBHS auths:



Your agency has the following BHRS to IBHS authorization transition options:

- Option 1. Utilize the transition tracker which is posted on our provider IBHS
  webpage. This document is strictly for members who already have a written order which
  contains an IBHS recommendation and was approved by Magellan already.
- Option 2. Have your members naturally transition over to IBHS authorizations as their BHRS authorizations expire.
- Option 3. Once IBHS contracted, begin getting updated written orders containing recommendations for IBHS which would be submitted as a change packet. Ensure that the packets contain: WO with IBHS recommendations, Assessment with IBHS recommendations, ITP with IBHS staffing, BHRS TAR (to reflect the units and date frame for your BHRS auth), and IBHS TAR. Remember the last covered day of your IBHS authorization must be the same as it was for your BHRS authorization; WO updates cannot extend an authorization.

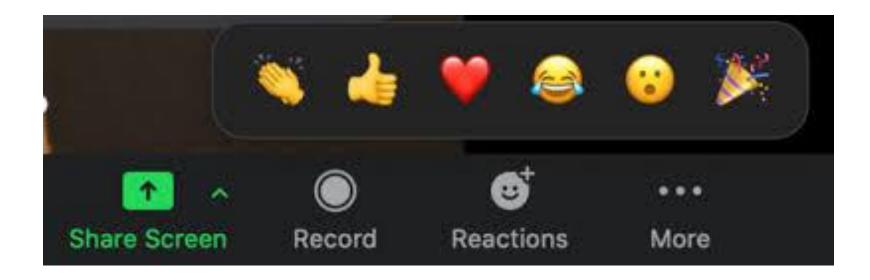


## Zoom - True or False?



#### **Zoom Reactions**







## **TRUE**









For the continued stay process, the Re-assessment can be completed by the clinician *prior to* the Written Order is completed or updated if needed.





For the continued stay process, the Reassessment can be completed by the clinician *prior to* the Written Order is completed or updated if needed.

## **TRUE**





I need to get an assessment authorization to complete a re-assessment.





# I need to get an assessment authorization to complete a re-assessment.

## **FALSE**

- Re-assessments do not require a new authorization.
- Re-assessment should occur as part of an existing authorization and means to evaluate the effectiveness of treatment.
- If BC/BC-ABA/MT units are exhausted, then the provider can request additional units.





ISPT meetings are required to be held for all packet requests for BHT or BHT-ABA.





# ISPT meetings are required to be held for all packet requests for BHT or BHT-ABA.

## **FALSE**

ISPT meetings are required to be held when:

- TSS/TSS-ABA/BHT/BHT-ABA is requested in the school/camp/preschool/daycare setting.
- The school must have a representative attend this meeting if services are being recommended in that setting.
- The meeting summary is required for the authorization packet.





A BSL counts as a license for a licensed professional claims code.





A BSL counts as a license for a licensed professional claims code.

**TRUE** 





I should expect to see all ABA codes authorized by Magellan.





# I should expect to see all ABA codes authorized by Magellan.

## **FALSE**

At this time, Magellan is only authorizing 2 ABA service codes (97151 HO, 97152 HO) outside of the initial assessment authorization. You will NOT see the following codes as authorized: 97151 HO HA, 97152 HO HA, 97153 HO, 97153 HO HA, 97155 HO, 97155 HO HA, 97156 HO, or 97156 HO HA. These codes are used strictly for billing.







# How to Complete the Transition Tracker

TRANSITIONING BHRS AUTHS TO IBHS AUTHS



#### Transition Tracker - Demographics

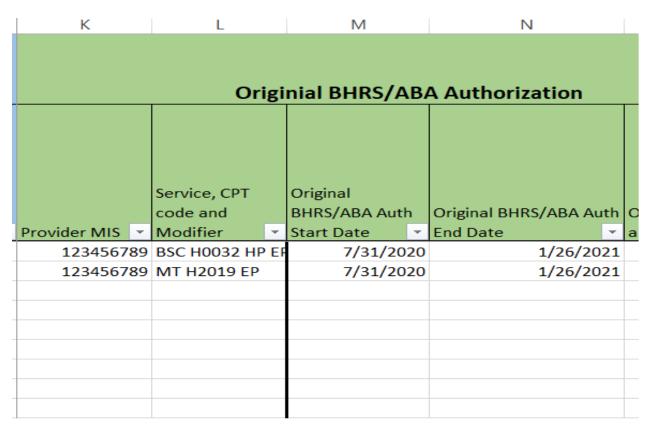


Α	В	С	D	Е	F	G	Н	I	J
		Dem	ographics						
Magellan Staff Assigned- please put your initials	Last Name	First name	County	MAID#	DOB v	Gender 🔻	Medication	Diagnosis 🔻	Provider •
	Smith	Joseph	Bucks	BUC1234567890	1/1/2015		n/a	F84.0	Lenape
	Smith	Joseph	Bucks	BUC1234567890	1/1/2015	M	n/a	F84.0	Lenape

- MA ID# Please add the county initials to the front of the MA# as this is how we enter member info into our system. (BUC, CAM, DEL, LEH, MNT, NOH)
- MA ID# Please double check as we've had multiple scenarios where a digit was missing.



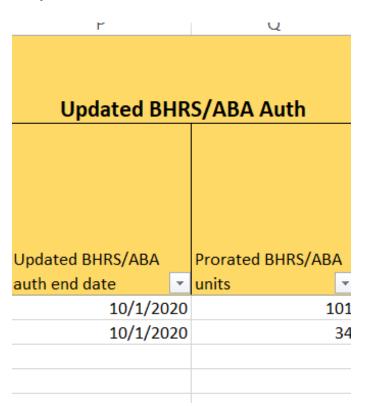
### Transition Tracker – Original BHRS/ABA Authorization



- MIS# If your MIS# is changing under IBHS, please make sure in this section, you put your BHRS MIS#.
- Start date Please make sure this date matches the official authorization start date.



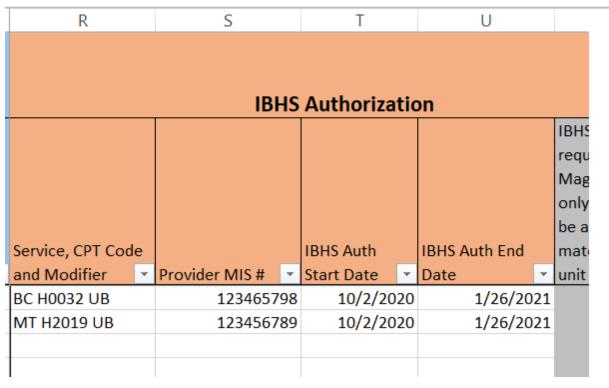
### Transition Tracker – Updated BHRS/ABA Authorization



 Prorated units – Please figure out the units based on the script and the new date span. Please DO NOT enter units used in BHRS auth span.



#### Transition Tracker – IBHS Authorization



- Provider MIS# If your MIS# changed under IBHS, please ensure to enter your new MIS# in this column/section.
- IBHS Auth Start date Start date can be any date after the contracted date.



## **IBHS Step Down Referrals**



### IBHS Referrals from Family Based Services (FBS)



- FBS writes the Written Order or asks IBHS provider to assist with WO
- IBHS agency requests initial assessment authorization from Magellan
- IBHS agency completes the assessment, Individualized Treatment Plan (ITP) and develops initial packet
- Initial packet gets sent to FBS to submit to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- FBS/IBHS Overlap allowed for services: 14 days minus IBHS assessment



# IBHS Referrals from Residential Treatment Facilities (RTF)



- RTF writes the Written Order, completes the initial assessment, develops the ITP and puts together the initial packet for Magellan to review.
- Initial packet gets sent to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- IBHS/RTF services overlap allowed: 30 days minus IBHS assessment



# IBHS Referrals from Acute MH Inpatient or Acute Partial Hospital



- Written Order is completed by Acute MH Inpatient or Acute Partial Hospital.
- Submit the IBHS Written Order along with a Magellan Referral Form as well as the appropriate AUDs.
- AUDs are required.
- Magellan will secure assessment provider.
- Magellan will secure staffing once initial packet is reviewed and approved.



# IBHS Referrals from Outpatient Mental Health Provider



- Written Order is completed by Outpatient Mental Health Provider or Outpatient can refer member right to an IBHS provider to complete the Written Order, Assessment, and Initial Packet.
- If assistance is needed by an outpatient mental health provider in finding an available IBHS agency for the Written Order and/or Assessment, please outreach to Magellan for assistance. Please secure AUDs from the member/caregiver.

## Billing Reminders & Tips



#### **Billing Reminders**



#### **Helpful Tips:**

- Review what the current authorization is for Member (BHRS Vs IBHS).
- \* Be sure to review dates of new IBHS authorization prior to submitting claim.
- Look to ensure the new code and modifier combos are being used correctly.
- Use the correct Place of Service identified on contract for each code billed.

#### Some billing issues we have assisted with:

- > IBHS codes being billed when it should have been BHRS
- BHRS codes billed when IBHS was authorized
- ➤ Location of service not matching contract
- Units were used up from authorization approval
- > Timely filing of claims



#### Written Order and Evaluation Codes



The written order and evaluation codes have officially been added to all service levels. The state will be sending an announcement to confirm. The codes were added to the most recent HealthChoices covered services grid issued in July 2020.

Code	Mod 1	Mod 2	Mod3	Mod4	Name	Туре	Spec	POS
90791	UB	EP			Psych Diag Eval no med svcs	11	590, 592, 593	11, 12, 99
90791	UB	UC			Psych Diag ReEval no med svcs	11	590, 592, 593	11, 12, 99
H0031	UB				Written Order other lic	11	590, 592, 593	11, 12, 99
H0031	UB	U6			Written order other MD/PhD	11	590, 592, 593	11, 12, 99



#### Changes for 90791 – Psychological Evaluation



- The 90791 code- Psych Diag Eval no medical services and Psych Diag ReEval no medical services have changed from a per occurrence to a 30-minute billable unit.
- Only face-to-face time is billable.
- The Compliance Guidance issued in May 2013 still applies.



#### Compliance Guidance for 90791



- Minimum face-to-face for initial evaluation is 1.5 hours. Begin and end time of the face-to-face interview is included on the evaluation as well as on the signed encounter form.
- Minimum face-to-face for re-evaluations are 1 hour. Begin and end time of the face-to-face interview is included on the evaluation, as well as on the signed encounter form.
- Collaboration with the current clinical team (behavior specialist consultant and/or outpatient therapist) in writing, via phone or in person for all evaluations.
- Collaboration with the treating physician regarding treatment and progress/lack of progress for any member prescribed psychotropic medication.
- Review and summary of any available assessment and/or evaluation reports (e.g., IEPs, CANS, assessment tools etc.) and their relation to current symptoms and recommendations.
- A summary of the interventions being implemented by the treatment team, their effectiveness and/or ineffectiveness, and recommendations for adjustments based upon a review of a segment of the treatment team progress notes.
- The Recommendations section will include suggested treatment plan changes based upon the above collaborations and review.
- The Recommendations section will indicate if the evaluator agrees with the current treatment plan and offer information regarding the interventions which are most appropriate for the member's diagnosis and symptoms.
- Recommendations will indicate if the treatment interventions are consistent with the clinical practice guidelines (CPG) or best practices for the diagnosis.
- Evaluations should not contain "ruleout" (R/O) diagnoses for more than one re-evaluation. If an R/O diagnosis is given, the evaluation will indicate steps needed to determine the validity and applicability of that diagnosis to the member.
- If the member is identified as having a developmental delay, the IQ range should be provided and factored into treatment recommendations and expectations.



#### Guidance for the H0031 Written Order Code



- H0031 is a 30-minute unit.
- Only face to face time is billable.
- A written order requires a minimum of 1 unit of face to face time.
- Additional units may be billed as needed based on the needs of the member.



# IBHS – Initial Assessment Codes for Individual, Group, and ABA services



These codes are only to be used and requested for **INITIAL** assessments only at the start of services.

These are the <u>authorization codes</u> for initial assessments you can choose when completing the Registration TAR for IBHS:

Name	Authorization Code	Authorization Modifier
IBHS - Individual Initial Assessment	H0032	НА
IBHS -GRP Initial Assessment	H2021	НА
IBHS - ABA Initial Assessment	97151	НА



# Initial Assessment billing codes for Individual, Group, and ABA services



#### These are the **billing codes** for initial assessments:

Individual IBHS - Initial Assessment by Unlicensed BC	H0032	НА	EP	
Individual IBHS - Initial Assessment by Licensed BC	H0032	НА	EP	U1
Group IBHS – Initial Assessment by Unlicensed Assessor	H2021	НА	EP	
Group IBHS – Initial Assessment by Licensed Assessor	H2021	НА	EP	U1
ABA IBHS - Initial Assessment by BC-ABA	97151	НА	EP	
ABA IBHS - Initial Assessment by Behavior Analytic	97151	НА	EP	U1

#### **Individual Services Behavior Consultation**



Service	Authorization Codes	Billing Codes
Behav Consult - Unlic Prac	H0032 UB	H0032 UB HO EP
Behav Consult - Lic Prac	H0032 UB	H0032 UB HP EP
Behav Consult - Brief Tx PhD	H0032 U1	H0032 U1 UB HP EP
Behav Consult - Brief Tx - MA	H0032 U1	H0032 U1 UB HP



### **Individual Services Mobile Therapy**



Service	Authorization Codes	Billing Codes
Mobile Therapy- Lic Prac	H2019 UB	H2019 UB EP
Mobile Therapy- Unlic Prac	H2019 UB	H2019 UB U4
Mobile Therapy Brief Tx- Lic	H2019 U1	H2019 U1 U7 EP
Mobile Therapy Brief Tx- Unlic	H2019 U1	H2019 U1 U7 U4 EP



#### Individual Services Behavioral Health Technician



Service	Authorization Codes	Billing Codes
Behavior Health Tech	H2021 AH	H2021 AH UB EP



# Behavior Consultation – Applied Behavior Analysis (BC-ABA)



Service	Authorization Codes	Billing Codes
ABA Services- Behav Consult - Assess	97151 HO	97151 HO
ABA Services- Behav Analytic Servc- Assess	97151 HO	97151 HO HA
ABA Services- Behav Consult - Ad Bh Tx	97151 HO	*97155 HO
ABA Services- Behav Analytic Servc- Ad Bh Tx	97151 HO	*97155 HO HA
ABA Services- Behav Consult - Family	97151 HO	97156 HO
ABA Services- Behav Analytic Servc- Family	97151 HO	97156 HO HA

### Behavioral Health Technician – ABA (BHT-ABA)



Service	Authorization Codes	Billing Codes
ABA- Behavior Health Tech Services- Asses	97152 HO	97152 HO
ABA Services Assistnt Behav Consul - Assess	97152 HO	97152 HO HA
ABA- Behavior Health Tech Services- Ad Bh Tx	97152 HO	97153 HO
ABA Services Assistnt Behav Consul – Ad Bh Tx	97152 HO	97153 HO HA



# Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT)



Service	Authorization Codes	Billing Codes
MST	No auth required	H2033 UB
FFT	No auth required	H2019 U6

### **Group Services**



Service	Authorization Codes	Billing Codes
Group Services 13-20 members	H2021 U6	H2021 U8 HQ
Group Services 2-8 members	H2021 U6	H2021 U6 HQ
Group Services 9-12 members	H2021 U6	H2021 U7 HQ

### **ABA Group Services**



Service	Authorization Codes	Billing Codes
BHT-ABA Group Services Up to 3 members	97154 HO	97154 HO
BHT-ABA Group Services 4-6 members	97154 HO	97154 HO HA
BHT-ABA Group Services 7- 12 members	97154 HO	97154 HO HA EP
ABA Group Services 7- 12 members	97158 HO	97158 HO
ABA Group Services Up to 3 members	97158 HO	97158 HO HA
ABA Group Services 4- 6 members	97158 HO	97158 HO HA EP



#### MST/FFT



- MST/FFT will NOT be requesting authorization for their assessments.
- MST/FFT providers should use their one code to bill for all services except the evaluation and Written Order.

#### Reminder



Medicaid is always the payer of last resort.

Magellan <u>cannot</u> reimburse as primary payer because your agency is out of network with the primary insurance.

Magellan <u>can</u> reimburse as primary payer if primary plan terms, benefit is exhausted, or service is not a covered benefit.

#### Individual Services: Behavior Consultation\*



This will be used for all behavior consultation services. This includes conducting an assessment of the strengths and needs of the child, youth and young adult in the home and community and developing an individual treatment plan. If member is diagnosed with Autism Spectrum Disorder, staff must be a licensed BC, as per IBHS regulation 5240.71 (b). Staff must meet the staffing criteria for Behavior Consultant (BC found in the IBHS regulation 5240.71 (a).

Billable	Non-Billable
<ul> <li>Face-to-Face consultation and assessment with team members</li> <li>Onsight coordination with BHT for treatment plan implementation</li> <li>Attendance at team meetings related to the member</li> <li>Development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.)</li> <li>Child and Adolescent Needs and Strengths (CANS) completion &amp; completion of other standardized tools, such as a Functional Behavior Assessment</li> <li>Telephonic services will be billable under the following parameters: used for coordination of care and less than 10% of members authorized units are done telephonically in a 6-month authorization period</li> </ul>	<ul> <li>Not inclusive of writing the treatment plan or online research for treatment plan development</li> <li>Training and research are not billable, role of consultant is to give information to team</li> <li>Clerical time</li> <li>Supervision</li> <li>BC and MT should not bill for the same time period with the member, family, or team members, only one staff member can bill</li> <li>Travel time</li> <li>Time spent scheduling sessions</li> <li>Emails/Text messaging or other forms of electronic correspondence</li> <li>Time spent completing administrative tasks</li> </ul>



<sup>\*</sup>Pending OMHSAS approval.

#### Individual Services: Mobile Therapy\*



MT will be used for all mobile therapy services. This includes conducting an assessment of the strengths and needs of the child, youth and young adult in the home and community and developing an individual treatment plan. It can be provided to siblings only as it relates to identified members' treatment goals as identified on the treatment plan. This is not inclusive of writing the treatment plan or online research for treatment plan development. This service should not be delivered simultaneously as BC or BHT unless necessary as outlined in the treatment plan. Staff must meet the staffing criteria for Mobile Therapy (MT) found in the IBHS regulation 5240.71 (c).

Billable	Non-Billable
<ul> <li>Face-to-face individual and family therapy, assessment of members, development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.)</li> <li>Crisis stabilization and addressing problems the youth has encountered</li> <li>Attending team meetings when family, youth or external team member is present for a maximum of 6 hours per year for coordination and treatment plan development</li> </ul>	<ul> <li>Training and research</li> <li>Clerical time is not billable</li> <li>Telephonic</li> <li>Travel time</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence</li> </ul>



<sup>\*</sup>Pending OMHSAS approval

#### Individual Services: Behavioral Health Technician\*



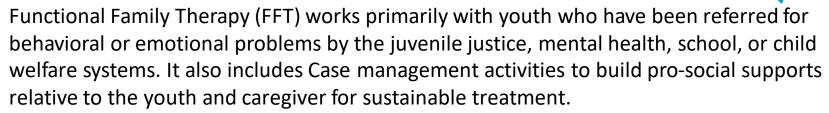
Behavioral Health Technician services consistent of implementing the individualized treatment plan. Staff must meet the staffing criteria for Behavioral Health Technician (BHT) found in the IBHS regulation 5240.71 (d).

Billable	Non-Billable
<ul> <li>Face-to-Face services with the child to implement the treatment plan</li> </ul>	<ul> <li>All non-face-to-face time</li> <li>Time spent not related to the goals on the treatment plan</li> <li>Travel time</li> <li>Activities solely for recreation</li> </ul>



<sup>\*</sup>Pending OMHSAS approval

### Functional Family Therapy (FFT)\*



Billable	Non-Billable
<ul> <li>Face-to-face treatment/contact by the therapist or any member of FFT team with the youth, parent(s)/caregiver(s), members of the family, friends, service providers, other support systems (school, JPO, CYS, etc.) and/or other essential persons for the purpose of assisting the family in meeting their treatment goals. If necessary, treatment can include marital therapy, substance abuse treatment, addressing Mental Health problems or other Behavioral Health services with the parent(s)/caregiver(s) that effect the treatment of the youth and/or their functioning relative to healthy parenting</li> <li>Face-to-face contact can also include meetings with one or more of the above individuals/groups, with or without the youth present</li> <li>Crisis intervention services</li> <li>Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.) (limited to 2 hrs. maximum for the authorization period)</li> </ul>	<ul> <li>Telephonic contact</li> <li>Time spent in travel</li> <li>Training</li> <li>Paperwork</li> <li>Other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan</li> <li>Supervision</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence is not billable</li> </ul>

<sup>\*</sup>Pending OMHSAS approval



#### Multi-Systemic Therapy (MST)\*



Multi-Systemic Therapy is intensive family and community-based treatment that addresses the multiple determinants of serious antisocial behaviors in juvenile offenders. MST is provided by using community-based services with a team of a master's level clinicians and bachelors level case manager. This also includes Case Management to build pro-social supports relative to the youth and caregiver for sustainable treatment.

Billable	Non-Billable
<ul> <li>Face-to-face treatment/contact by the therapist or any member of MST team with the youth, parent(s)/caregiver(s), members of the family, friends, service providers, other support systems (school, JPO, CYS, etc.) and/or other essential persons for the purpose of assisting the family in meeting their treatment goals. If necessary, treatment can include marital therapy, substance abuse treatment, addressing Mental Health problems or other Behavioral Health services with the parent(s)/caregiver(s) that effect the treatment of the youth and/or their functioning relative to healthy parenting</li> <li>Face-to-face contact can also include meetings with one or more of the above individuals/groups, with or without the youth present. Face to Face by therapist with the MST Systems Supervisor regarding the treatment of each youth</li> <li>Crisis intervention services</li> <li>Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences, etc.) limited to 2 hrs. maximum for the authorization period</li> </ul>	<ul> <li>Telephonic contact</li> <li>Time spent in travel</li> <li>Training</li> <li>Paperwork</li> <li>Other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan</li> <li>Supervision</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence is not billable</li> </ul>



<sup>\*</sup>Pending OMHSAS approval

#### **Group Services\***



Group Service is therapeutic interventions provided primarily in a group format through clinical interventions, structured activities, and community integration activities that address a child, youth or young adult identified treatment needs. Group services may be provided in a community setting or community like setting. Group services can be delivered by a graduate level professional or an individual that is qualified to provide BHT services. The member needs to be present for each unit billed. The group needs to have clear therapeutic objectives for each group session that correlate to the members' treatment plan. This may include family therapy sessions onsite. Family therapy must be specific to the ITP. It can only be used when a minimum of members are present for the duration of the unit. Billing code should be consistent to the number of members in the group. They are not billable hours if less than the minimum members were present.

Billable	Non-Billable
<ul> <li>Includes group therapy such as         Psychoeducational groups, Skills development groups, Cognitive—behavioral/problem solving groups, and Interpersonal process groups     </li> </ul>	<ul> <li>Time for meals, purely recreational activities, and breaks</li> <li>Time spent not related to the members goals or goals of the group</li> </ul>



<sup>\*</sup>Pending OMHSAS approval

### ABA Services- Behavior Consultation: Assessment\*



Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with member and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. This is not inclusive of writing the treatment plan or online research for treatment plan development without member present. You cannot bill Behavior Consultation-ABA Assessment and Behavior Analytic Assessment for the same timeframe. Staff must meet the staffing criteria for Behavior Consultation-ABA (BC-ABA) found in IBHS regulation 5240.81 (e) and Behavior Analytic (BA) in 5240.81 (d).

Billable	Non-Billable
<ul> <li>Face-to-Face consultation and assessment with team members; attendance at meetings related to the member</li> <li>Development of treatment plan (including observations, behavior tracking, defining antecedents, and consequences etc.)</li> <li>Administering assessments, such as a Functional Behavior Assessment or the Child and Adolescent Needs and Strengths (CANS)</li> <li>Non-face-to-face activities include analyzing of past data, scoring/interpreting the assessment</li> <li>Preparing the report/treatment plan</li> <li>Observational data identification and analysis of skill deficits and/or targeted behaviors</li> <li>Discussing findings and recommendations with member/guardian</li> </ul>	<ul> <li>Telephonic</li> <li>Training and research</li> <li>Role of consultant is to give information to team</li> <li>Clerical time</li> <li>Travel time</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence</li> </ul>



<sup>\*</sup>Pending OMHSAS approval

# ABA Services- Behavior Consultation - Adaptive Behavior Treatment\*



Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, faceto-face with one member, each 15 minutes. You cannot bill Adaptive Behavior Treatment delivered by Behavior Consultation-ABA and Behavior Analytic Assessment for the same timeframe. Staff must meet the staffing criteria for Behavior Consultation-ABA (BC-ABA) found in IBHS regulation 5240.81 (e) and Behavior Analytic (BA) in 5240.81 (d).

Billable	Non-Billable
<ul> <li>Face-to-face with the member to monitor protocol or make changes</li> <li>Direction of behavior technician with the member</li> <li>1:1 intervention provided face to face identified in the treatment plan</li> </ul>	<ul> <li>Any non-face-to-face with member</li> <li>Travel time</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence</li> </ul>



<sup>\*</sup>Pending OMHSAS approval

# ABA Services- Behavior Consultation – Family Adaptive Behavior\*



Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the member present), face-to-face with guardian(s)/caregiver(s), each 15 minutes. You cannot bill Family Adaptive Behavior Treatment delivered by Behavior Consultation-ABA and Behavior Analytic Assessment for the same timeframe. Staff must meet the staffing criteria for Behavior Consultation-ABA (BC-ABA) found in IBHS regulation 5240.81 (e) and Behavior Analytic (BA) in 5240.81 (d).

Billable	Non-Billable
<ul> <li>Face-to-face with the guardian/caregiver (inclusive of teachers/day care workers etc.) with or without the member present</li> <li>Includes coaching, modeling, or teaching one or more protocols based on the Individualized Treatment Plan (ITP).</li> </ul>	<ul> <li>Non-face-to-face with guardian/caregiver (inclusive of teachers/day care workers etc.)</li> <li>Travel time</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence</li> </ul>



<sup>\*</sup>Pending OMHSAS approval

### ABA- Behavioral Health Technician- Assessment\*



Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the member, each 15 minutes. You cannot bill Behavioral Health Technician-ABA (BHT-ABA) and Assistant Behavior Consultant-ABA (ABC-ABA) for the same timeframe. BHT-ABA and ABC-ABA should not be conducting or doing parts of the assessment as it is beyond their scope of what they are trained to do. Staff must meet the staffing criteria for Behavioral Health Technician-ABA (BHT-ABA) found in IBHS regulation 5240.81 (g) or Assistant Behavior Consultation-ABA (ABC-ABA) in 5240.81 (f).

Billable	Non-Billable	
<ul> <li>Face-to-face with member to complete data collection to support the assessment process</li> </ul>	<ul> <li>Non-face-to-face time</li> <li>Travel time</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence</li> <li>Tasks without member present</li> <li>Interventions</li> </ul>	



<sup>\*</sup>Pending OMHSAS approval

## ABA- Behavioral Health Technician- Adaptive Behavior Treatment\*



Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one member, each 15 minutes. Interventions used 1:1 to address a member's symptoms/behaviors and/or conducting the protocol as defined in the Individualized Treatment Plan (ITP). BHT-ABA's and ABC-ABA's may bill for face-to-face time with caregiver in absence of child as it relates to the treatment plan implementation. Staff must meet the staffing criteria for Behavioral Health Technician-ABA (BHT-ABA) found in IBHS regulation 5240.81 (g).

Billable	Non-Billable	
<ul> <li>Face-to-face with the member/caregiver</li> <li>Behavioral intervention</li> <li>Data collection</li> </ul>	<ul> <li>Non face-to-face time</li> <li>Travel time</li> <li>Time spent completing administrative tasks</li> <li>Emails/Text messaging or other forms of electronic correspondence</li> </ul>	



<sup>\*</sup>Pending OMHSAS approval

#### Place of Service Codes



POS	Place of Service Description	POS	Place of Service Description
03	School/Daycare/Preschool/After School Program/Summer Camp	49	Independent Clinic
11	Office	50	Federally Qualified Health Ctr
12	Home	52	Psychiatric Facility - PH
15	Mobile Unit	54	ICF/MR
21	Inpatient Hospital	56	Psychiatric RTF
22	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
23	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other POS



### Miscellaneous



#### TSS/BHT recommendations by setting



- The IBHS regulations require that Written Orders for Individual and ABA services specify the settings where services will be provided for payment.
- Just like BHRS, please have your Written Order and Assessment recommendations divide out the BHT/BHT-ABA hours by setting.
  - Ex. BHT up to 20hr/month in daycare and 6hr/month in the home/community

#### **BC-ABA** recommendations



BC-ABA Written Order recommendations should be made based on the maximum number of hours per month. Assessments should specify the exact amount of hours to be provided consistent with the Written Order.

- Ex. BC-ABA up to 12hrs/month

If a member has a primary insurance, the provider must meet the requirements of both funders.

Ex. BC-ABA up to 12hrs/month

97151 4hr/month

97155 4hr/month

97156 4hr/month



#### **Group Assessment**



For members transitioning from one group service (ex STAP) to another group service (ex TASP), Magellan will accept a group assessment completed within the last 6 months as long as the member's clinical presentation has not changed significantly. In addition, the assessment should measure skills or track observations which are specifically being address in each group. For instance, a member just completed a social skills group and is now transitioning to an ABA group specifically addressing behavioral issues. It would not seem appropriate to utilize the social skills assessment since it will not likely capture the behavioral assessment needed for this next ABA group.



#### Written Order and Assessment Recommendations



If the assessment recommendations agree with the written order recommendations, submit both as part of the IBHS authorization packet

#### WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



#### ASSESSMENT RECOMMENDATION

BC 10 hours/month

#### WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



#### ASSESSMENT RECOMMENDATION

BC 12 hours/month





#### WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



#### ASSESSMENT RECOMMENDATION

BC 15 hours/month

#### WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



#### ASSESSMENT RECOMMENDATION

MT 10 hours/month

If the assessment recommendations differ from the written order recommendations:

- Provider must go back to the order writer with the updated clinical assessment to review recommendations. Written order writer can update the order to match the assessment or leave the recommendations as originally written based on their clinical judgement. This should be documented and included in the packet submission.
- If provider is unable to collaborate with the order writer and is able to complete
  a new order with new recommendations, then this should be completed. Packet
  should include original order, assessment, and new order. All will be reviewed for
  medical necessity.



#### Standardized Tool with Assessment



A standardized assessment tool or process such as an FBA is required as part of the assessment process for individual, group, and ABA services within IBHS.

Please submit those results and the analysis of these results with your packets (including the assessment template if used).



# Upcoming Forums & Technical Assistance



#### Technical Assistance Calls



- Magellan will continue to offer ½ hour IBHS technical assistance calls to any provider interested.
- We would like any provider needing to transition members as well as agencies proposing to provide group services for the first time to sign up.
- Please use the sign-up genius link to sign up and we will email you the zoom connection.

https://www.signupgenius.com/go/9040C44ADA72DA5FD0-ibhs



#### Additional IBHS Provider Forums



#### Wednesday February 17, 2021 1:00-2:30 P.M. Via Zoom:

https://magellanhealth.zoom.us/j/92391248876?pwd=Mm5ob05ZaHRuRTBmMkxKU URNNE5ydz09&from=msft

Password: 30Y\$#b

Thursday, March 18, 2021 3:00-4:30 P.M. Via Zoom

https://magellanhealth.zoom.us/j/98811615299?pwd=ZWsrNIIxNU5sNnBlaldjdFR0U XcyZz09&from=msft

Password: 1shp9H

Registration is required for all future forums so we can maximize Zoom capabilities. Please register in advance.

\*\*Magellan will continue monthly IBHS provider webinars through Q1 2021 (as noted above) and will likely transition to quarterly beginning Q2 2021.



#### Q&A Call for only IBHS contracted agencies



These Q&A calls will no longer occur as almost the entire network is now contracted for IBHS.

Please bring those questions to these monthly provider webinars, email the IBHS email box, or schedule a private TA call for assistance if needed.



#### **OMHSAS Updates**



#### **OMHSAS** website link:

http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm

Submit questions to <a href="mailto:RA-PWIBHS@pa.gov">RA-PWIBHS@pa.gov</a>

Medical Necessity Guidelines have been released.

The Medical Necessity Guideline Bulletin can be found here: <u>Bulletin OMHSAS-20-05</u>.

- IBHS Individual Services
- ABA Services
- Group Services

OMHSAS plans to publish an updated and final FAQ on their IBHS webpage. The link is now located on the right-hand side of the webpage.





### **Questions? Suggestions?**



### Magellan Contact



Please send all questions to <a href="mailto:IBHS@MagellanHealth.com">IBHS@MagellanHealth.com</a>





### Thank you!



### **Confidentiality Statement for Providers**



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