

Welcome to the Magellan Provider IBHS Workgroup

MARCH 18, 2021

Magellan
HEALTHCARE®



Welcome and Opening Remarks

Agenda



- Updates from OMHSAS
- Network Updates
- Miscellaneous Information from the Clinical Department
- Clinical Tips
- IBHS Important Reference Materials
- Upcoming Forums and Technical Assistance
- Questions



Updates from OMHSAS

Updates from OMHSAS



- Community Residential Rehabilitation Host Home (CRR HH)– OMHSAS anticipates releasing that bulletin within the next 2 weeks.
- OMHSAS' updated FAQ is located on their webpage.
<http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>
- OMHSAS is exploring a way for providers to be able to confirm ORP enrollment.
- OMHSAS is exploring if a BH-MCO can reimburse for an assessment which is completed outside of the stipulated timeframes in the regulations.



Network Updates

Provider Notice – Error on ABA Fee Schedule

Sent February 5, 2021



IBHS ABA Update to Current Fee Schedule

The current fee schedule for **IBHS ABA** has a description error that has now been updated. The change is reflected in the highlighted area below.

Old Description

Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one patient **(ABA - Behav Analytic Svcs Ad Bh Tx) - 97153 HO HA**

New Description

Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one patient **(ABA Svcs - Assistant Behav Consult) - 97153 HO HA**

Please let us know if you have any questions. You can send questions to:

IBHS@magellanhealth.com

Some new Provider MIS#s



Some providers, under their amended IBHS contract, received new MIS#s.

- Make sure to confirm that the authorization requests are appropriate from the contracted rendering locations you are submitting for.
- New Provider numbers were issued for new service locations and to groups who now will be credentialed as an organization.

Please ensure any packets or paperwork requesting authorization has the MIS# on it which is consistent with your IBHS contract.

Magellan Provider Portal on Magellanprovider.com



If your agency has a new MIS#, please ensure ability to access to the Magellan Provider portal under the new #. This will allow you to access the authorizations provided under the new IBHS MIS#. You will also be able to request new authorizations from this provider portal.

If your agency has issues accessing the portal under the new MIS#, please email IBHS@magellanhealth.com describing the specific issue and providing your user name.

Claims Submission



When submitting a claim be sure to use your rendering NPI number that matches the location authorized.

If you were previously a group provider, please be sure to use the NPI number and rendering service address when billing. The rendering clinician's NPI should not be used and should not be added in box 24J. Box 32 and 33 should have the rendering location NPI which will allow the system to select the correct provider number with rates associated with that.

*Denial codes to look for if the wrong rendering location NPI was used may be C8 and K9.

Network Team



Scott Donald – Regional Network Director - sddonald@magellanhealth.com

Mitch Fash – Network Manager – MFash@magellanhealth.com

Jess Pearce – Sr. Network Management Specialist – Cambria County- jpearce@magellanhealth.com

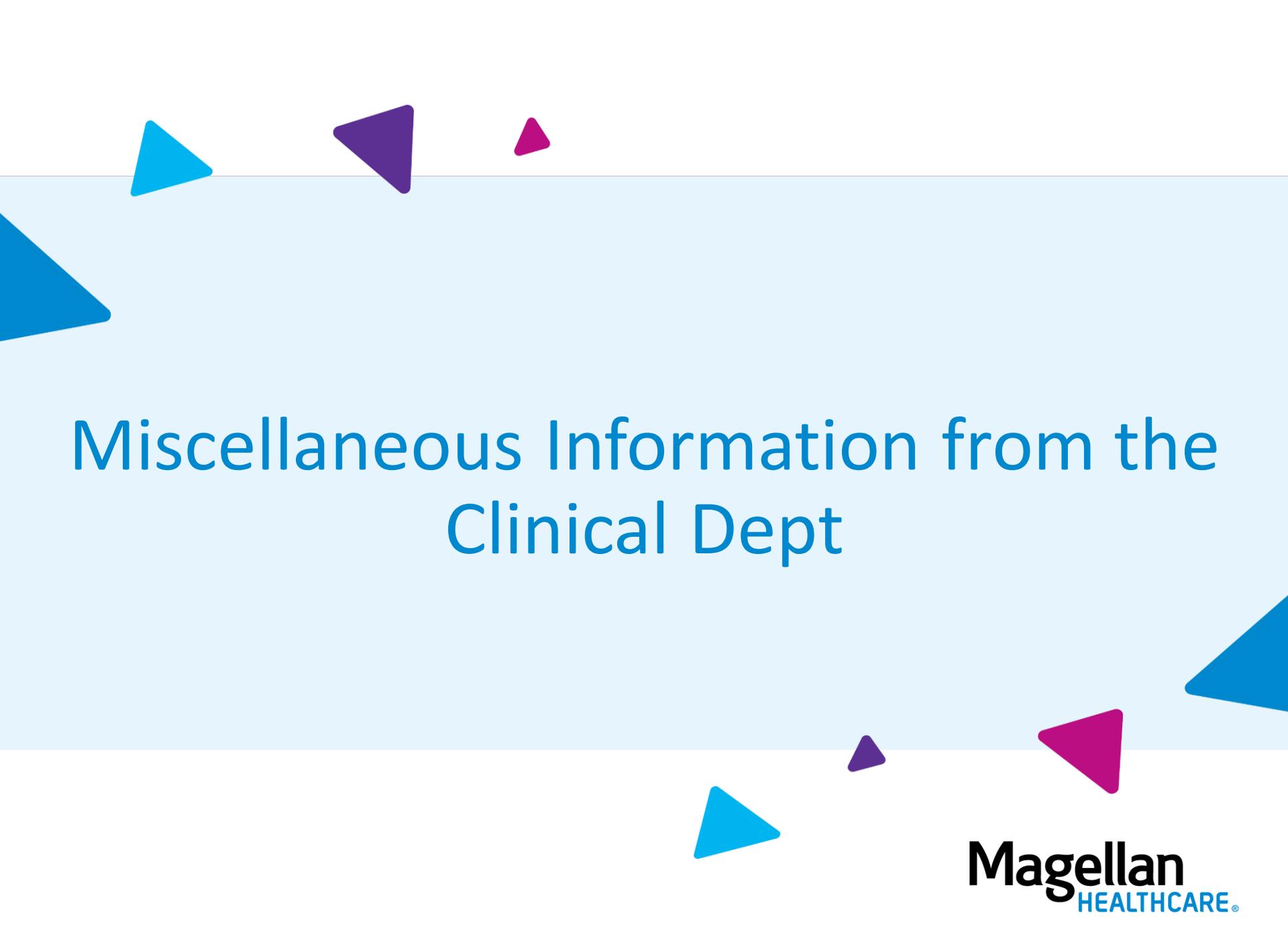
Michael Ditty – Network Management Specialist – Lehigh/Northampton County - msditty@magellanhealth.com

Crystal Devine – Network Management Specialist – Delaware/Montgomery County - cedevine@magellanhealth.com

Kelly Sroka – Network Management Specialist – Bucks County - klsroka@magellanhealth.com

Jeff Stumm – Network Management Specialist – Contracts/Credentialing - jrstumm@magellanhealth.com

Alyssa Gorzelsky – Claims Resolution Specialist – amgorzelsky@magellanhealth.com



Miscellaneous Information from the Clinical Dept

Service Location Clarification



From February webinar: “During fee for service reviews, the state noted in the Individualized Treatment Plans (ITP) that the number of hours specific to each service and location was not being specified. Ex. BHT 20 hours per week in home, community and school. It is in the payment requirements that each service must specify the number of hours per month in each location.”

Clarification: This applies to BHT/BHT-ABA only. BC/BC-ABAs can continue to flex their time across settings as appropriate.

Standardized Tool with Assessment



A standardized assessment tool or process such as an FBA is required as part of the assessment process.

CANS does not count as the standardized assessment tool.

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

Initial Assessment Authorization Process



Please submit to Magellan via online provider portal an initial assessment request for members who are brand new:

- IBHS Registration Only TAR
- Copy of the Written Order

Magellan will authorize:

For Individual Initial Assessment (H0032 HA) - 15 hours (60 units) for 30 calendar days

For Individual Group/ABA Group Assessment (H2021 HA) - 15 hours (60 units) for 30 calendar days

For Individual ABA Assessment (97151 HA) - 24 hours (96 units) for 45 calendar days

****Please note that the IBHS regulations specify that Individual and Group assessments are required to be completed within 15 calendar days and 30 calendar days for ABA.**



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

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 #: _____

MA ID #: _____
 Provider Phone #: _____
 Ext: _____

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
<input type="checkbox"/> IBHS-Individual Initial Assessment				536	H0032	001	HA			
<input type="checkbox"/> IBHS-Group Initial Assessment				536	H2021	001	HA			
<input type="checkbox"/> IBHS-ABA Initial Assessment				536	97151	001	HA			

DSM-5 DIAGNOSIS

Re-Assessment



There is NO separate authorization for an IBHS re-assessment.

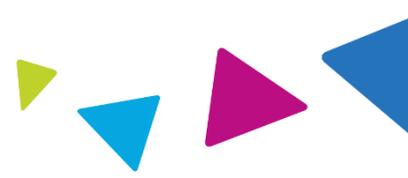
Providers will use the currently approved BC/BC-ABA/MT/Group authorization to bill for completing the re-assessment in preparation for the concurrent packet. BCs/BC-ABAs should be regularly assessing the impact of the interventions, etc.

Assessment Recommendations



- Assessment recommendations should be based on the thorough assessment that was completed and may refine the recommendation of hours accordingly.
- The Written Order recommendations should be the *maximum* prescription.
- The Assessment prescription does not have to match the maximum prescription noted in the Written Order. IBHS encourages the clinicians to utilize the time and clinical information gained during the assessment process to inform their specific service recommendations.

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



Assessment and authorization requests for BHT/BHT-ABA services in the school, ESY, summer camp, preschool, afterschool program & daycare should only come within 60 days of the start of the service in these settings.



Why can providers of behavior consultation-ABA services bill for indirect activities, including data analysis, but providers of behavior consultation services cannot bill for these activities?

The national ABA codes include codes that allow for billing of activities, such as data analysis, which was taken into account in the development of the ABA rates. While providers of behavior consultation services cannot bill directly for activities such as data collection, documentation, and staff oversight, the time associated with these activities was taken into account when the fee schedule rate for behavior consultation services was developed.



Clinical Tips

Review of Initial IBHS Request



- Looking at:
 - Written Order
 - Assessment
 - Treatment Plan
 - ISPT meeting notes (for BHT/BHT-ABA service requests in school/daycare/preschool/after-school/summer camp setting)
- Looking for:
 - Treatment Goals that are achievable
 - Frequency and Duration of Behaviors of Concern (each context)
 - Treatment Goals for reducing behaviors, increasing skills , and transfer of skills to caregiver(s)
 - Interventions targeting reducing behaviors, increasing skills , and transfer of skills to caregiver(s)
 - Titration Plan
 - Discharge Criteria that are achievable

Review of Concurrent Packet Request



- Looking at:
 - Written Order
 - Assessment
 - Treatment Plan
 - ISPT meeting notes (for BHT/BHT-ABA service requests in school/daycare/preschool/after-school/summer camp setting)
- Looking for:
 - Treatment Goals for reducing behaviors, increasing skills, and transfer of skills to caregiver(s)
 - Interventions targeting reducing behaviors, increasing skills, and transfer of skills to caregiver(s)
 - Frequency and Duration of Behaviors of Concern (each context)
 - Assessment of progress for each goal – revisions as indicated
 - Evidence of progress OR revision of treatment plan to address identified barriers
 - Treatment Goal for transfer of skills – with interventions and assessment of progress
 - Titration Plan
 - Discharge Criteria that are achievable

Request for Additional Information (RAI)



- RAIs with clinical questions indicate a need for clarification of:
 - Member behaviors (frequency and intensity) in each setting where services are requested
 - When, where, and how many assessments were conducted
 - Assessment of progress on goals (decrease in behavior/increase in skills)
 - Goal and interventions to transfer of skills to caregiver(s)
 - Assessment of progress transferring skills
 - Barriers to improvement/moderating treatment response
- RAIs with clinical questions indicate the needs for more information to support the Medical Necessity for the services requested.
- Who should receive RAIs at your agency?

Peer Reviews



- Magellan is now required to request a Peer Review prior to issuing any denial for MNC for any member under 21 years of age.*
- Is the prescriber prepared to dialogue with the Magellan Psychiatrist/Psychologist?
- What is your process for communicating with Prescribers?
 - Assessments and Treatment Plan/Progress summary
 - RAI response (if indicated)
- Are your Prescribers encouraged to contact you when they receive a D2D request?

* Appendix AA; HC BH Program Standards and Requirement – Primary Contractor January 1, 2021



Important IBHS Reference Material

Magellan
HEALTHCARE®



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.



Referral List Transition

Magellan's IBHS Staffing Assistance Process



Step 1: IBHS access survey dashboard review

- Review the most recent IBHS access survey dashboard. Reach out to the agencies whose availability matches that of your staffing need. Consult with the family to determine if they would consider a full transfer as some providers will not consider split referrals. Reach out to transfer agencies as applicable.

Step 2: 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 3: 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.

Magellan's IBHS Staffing Assistance Process



Within All 6 Magellan Counties -

- Magellan will accept and identify staffing for all new 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.



Billing Reminders & Tips



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



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



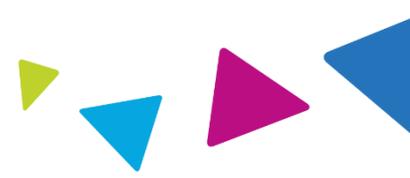
MT Authorization: H2019 UB

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

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.

Group IBHS
Authorization Code vs Claim Codes



Group *Authorization*: H2021 U6

Group Claims

H2021 U6 HQ – group size 2*-8

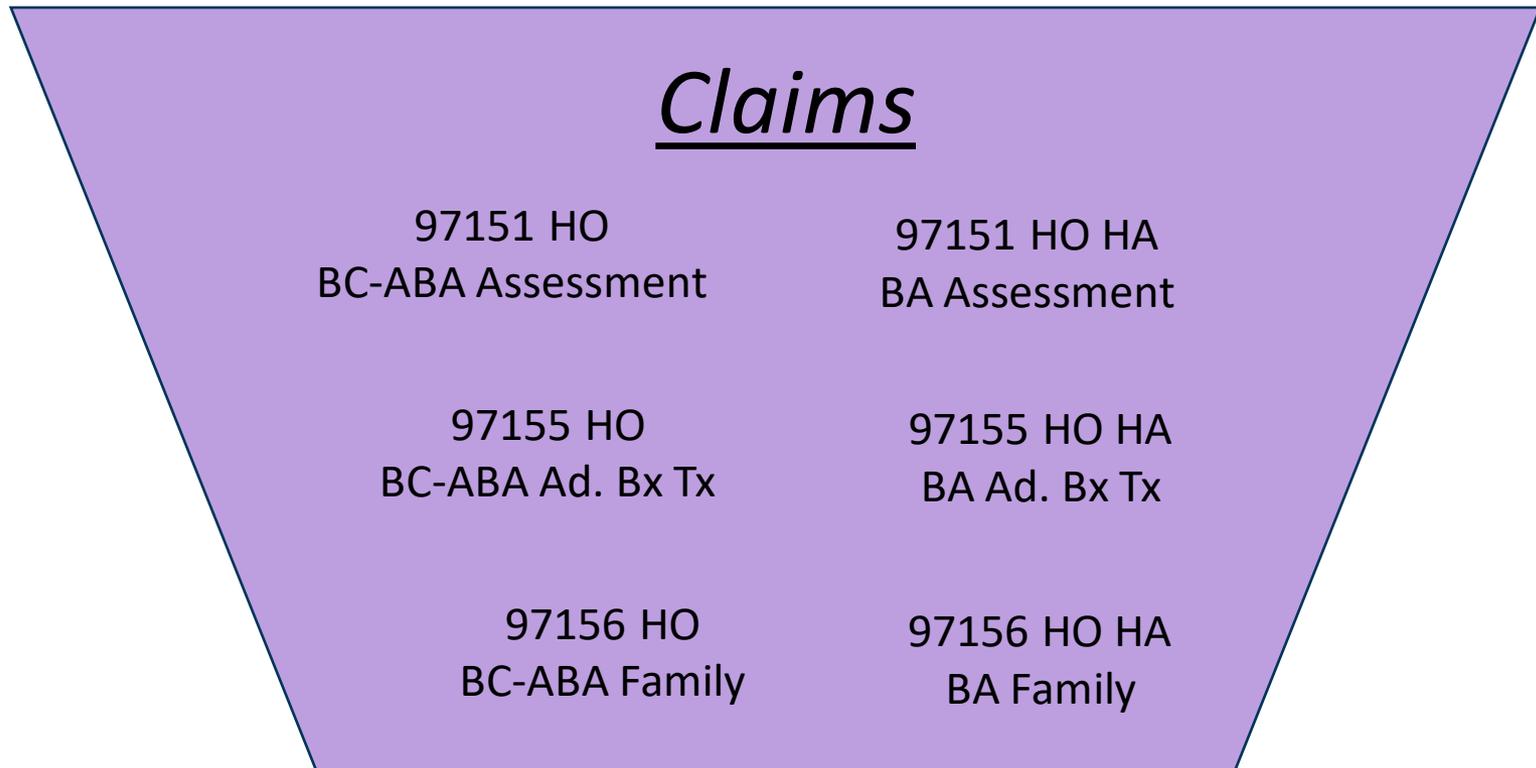
H2021 U7 HQ – group size 7-12

H2021 U8 HQ – group size 13-20

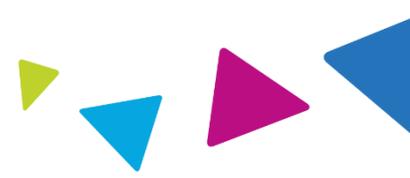
*Recently changed by OMHSAS from 4 to 2



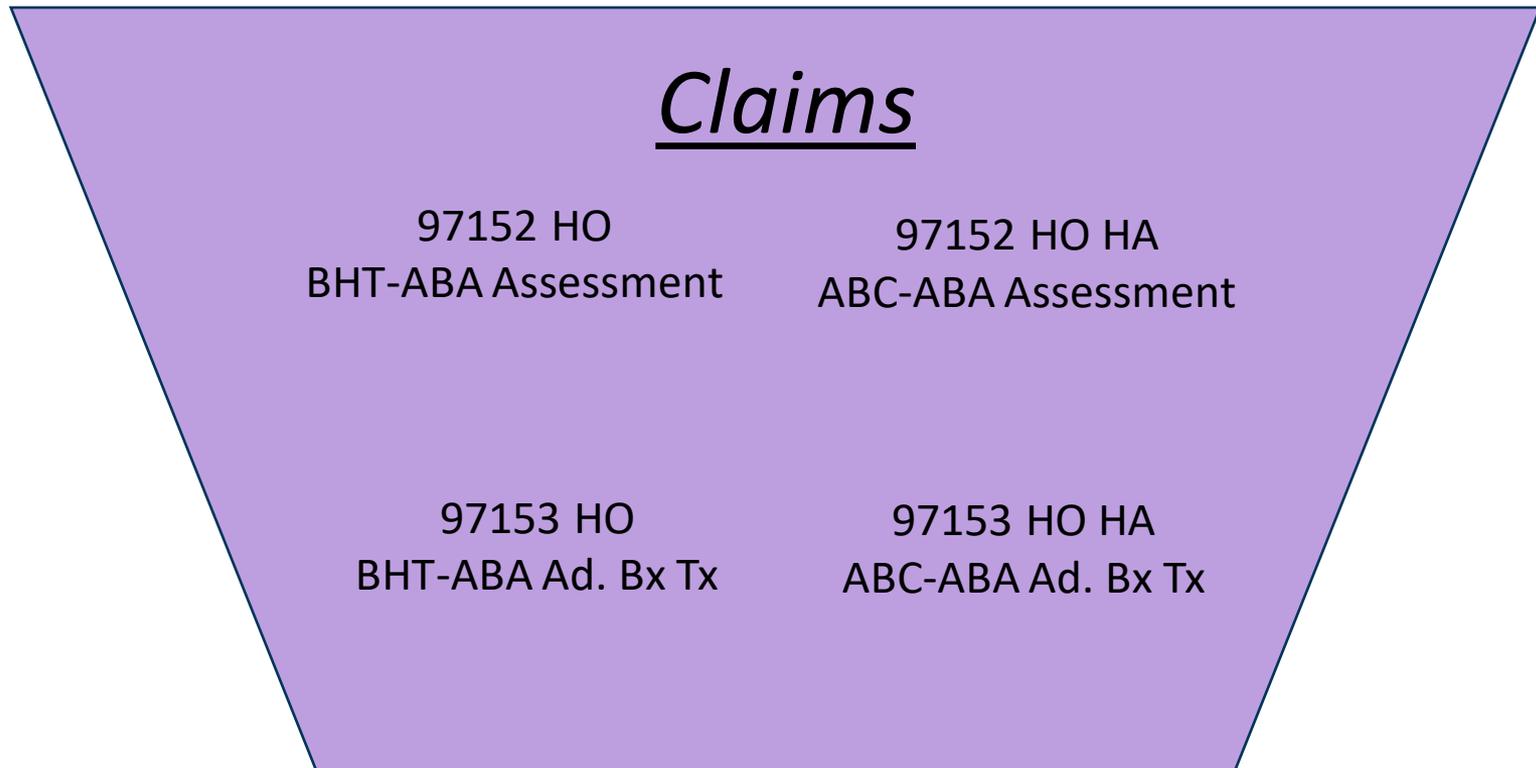
BC-ABA Authorization: 97151 HO



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



BHT-ABA Authorization: 97152 HO



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 *Authorization: None*

MST/FFT Claims

MST – H2033 UB

FFT – H2019 U6

Billing Reminders



Helpful Tips:

- ❖ 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:

- 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	Type	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 authorization codes for initial assessments you can choose when completing the Registration TAR for IBHS:

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

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



- 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.

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

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.

ABA Group Services



Service	Authorization Codes	Billing Codes
BHT-ABA Group Services 2-3 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 2-3 members	97158 HO	97158 HO HA
ABA Group Services 4-6 members	97158 HO	97158 HO HA EP

Reminder



Medicaid is always the payer of last resort.

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

Magellan can 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 style="list-style-type: none">▪ Face-to-Face consultation and assessment with team members▪ Onsite coordination with BHT for treatment plan implementation▪ Attendance at team meetings related to the member▪ Development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.)▪ Child and Adolescent Needs and Strengths (CANS) completion & completion of other standardized tools, such as a Functional Behavior Assessment▪ 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	<ul style="list-style-type: none">▪ Not inclusive of writing the treatment plan or online research for treatment plan development▪ Training and research are not billable, role of consultant is to give information to team▪ Clerical time▪ Supervision▪ BC and MT should not bill for the same time period with the member, family, or team members, only one staff member can bill▪ Travel time▪ Time spent scheduling sessions▪ Emails/Text messaging or other forms of electronic correspondence▪ Time spent completing administrative tasks

*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 style="list-style-type: none">▪ Face-to-face individual and family therapy, assessment of members, development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.)▪ Crisis stabilization and addressing problems the youth has encountered▪ 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	<ul style="list-style-type: none">▪ Training and research▪ Clerical time is not billable▪ Telephonic▪ Travel time▪ Time spent completing administrative tasks▪ Emails/Text messaging or other forms of electronic correspondence

*Pending OMHSAS approval

Individual Services: Behavioral Health Technician*



Behavioral Health Technician services consist 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 style="list-style-type: none">Face-to-Face services with the child to implement the treatment plan	<ul style="list-style-type: none">All non-face-to-face timeTime spent not related to the goals on the treatment planTravel timeActivities solely for recreation

*Pending OMHSAS approval

Functional Family Therapy (FFT)*



Functional Family Therapy (FFT) works primarily with youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems. It also includes Case management activities to build pro-social supports relative to the youth and caregiver for sustainable treatment.

Billable	Non-Billable
<ul style="list-style-type: none"> ▪ 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 ▪ Face-to-face contact can also include meetings with one or more of the above individuals/groups, with or without the youth present ▪ Crisis intervention services ▪ Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.) (limited to 2 hrs. maximum for the authorization period) 	<ul style="list-style-type: none"> ▪ Telephonic contact ▪ Time spent in travel ▪ Training ▪ Paperwork ▪ Other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan ▪ Supervision ▪ Time spent completing administrative tasks ▪ Emails/Text messaging or other forms of electronic correspondence is not billable

*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 style="list-style-type: none"> ▪ 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 ▪ 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 ▪ Crisis intervention services ▪ Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences, etc.) limited to 2 hrs. maximum for the authorization period 	<ul style="list-style-type: none"> ▪ Telephonic contact ▪ Time spent in travel ▪ Training ▪ Paperwork ▪ Other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan ▪ Supervision ▪ Time spent completing administrative tasks ▪ Emails/Text messaging or other forms of electronic correspondence is not billable

*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 style="list-style-type: none">Includes group therapy such as Psychoeducational groups, Skills development groups, Cognitive-behavioral/problem solving groups, and Interpersonal process groups	<ul style="list-style-type: none">Time for meals, purely recreational activities, and breaksTime spent not related to the members goals or goals of the group

*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 style="list-style-type: none"> ▪ Face-to-Face consultation and assessment with team members; attendance at meetings related to the member ▪ Development of treatment plan (including observations, behavior tracking, defining antecedents, and consequences etc.) ▪ Administering assessments, such as a Functional Behavior Assessment or the Child and Adolescent Needs and Strengths (CANS) ▪ Non-face-to-face activities include analyzing of past data, scoring/interpreting the assessment ▪ Preparing the report/treatment plan ▪ Observational data identification and analysis of skill deficits and/or targeted behaviors ▪ Discussing findings and recommendations with member/guardian 	<ul style="list-style-type: none"> ▪ Telephonic ▪ Training and research ▪ Role of consultant is to give information to team ▪ Clerical time ▪ Travel time ▪ Time spent completing administrative tasks ▪ Emails/Text messaging or other forms of electronic correspondence

*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, face-to-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 style="list-style-type: none">▪ Face-to-face with the member to monitor protocol or make changes▪ Direction of behavior technician with the member▪ 1:1 intervention provided face to face identified in the treatment plan	<ul style="list-style-type: none">▪ Any non-face-to-face with member▪ Travel time▪ Time spent completing administrative tasks▪ Emails/Text messaging or other forms of electronic correspondence

*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 style="list-style-type: none">▪ Face-to-face with the guardian/caregiver (inclusive of teachers/day care workers etc.) with or without the member present▪ Includes coaching, modeling, or teaching one or more protocols based on the Individualized Treatment Plan (ITP).	<ul style="list-style-type: none">▪ Non-face-to-face with guardian/caregiver (inclusive of teachers/day care workers etc.)▪ Travel time▪ Time spent completing administrative tasks▪ Emails/Text messaging or other forms of electronic correspondence

*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 style="list-style-type: none">▪ Face-to-face with member to complete data collection to support the assessment process	<ul style="list-style-type: none">▪ Non-face-to-face time▪ Travel time▪ Time spent completing administrative tasks▪ Emails/Text messaging or other forms of electronic correspondence▪ Tasks without member present▪ Interventions

*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 style="list-style-type: none">▪ Face-to-face with the member/caregiver▪ Behavioral intervention▪ Data collection	<ul style="list-style-type: none">▪ Non face-to-face time▪ Travel time▪ Time spent completing administrative tasks▪ Emails/Text messaging or other forms of electronic correspondence

*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.
- 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>



Thursday, May 20, 2021 1:00 to 2:30 P.M. Via Zoom

<https://magellanhealth.zoom.us/meeting/register/tJcpcemspzkjE9zXtOyjYuoPUrYT5NSQfOUD>

Password: 015180

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

****Magellan will be transitioning to quarterly IBHS provider webinars starting Quarter 2 of 2021.**

All IBHS forms and Magellan Resources are located:

<https://www.magellanofpa.com/for-providers/services-programs/ibhs/>

The screenshot shows a web browser window displaying the Magellan Behavioral Health of PA website. The address bar shows the URL <https://www.magellanofpa.com/for-providers/services-programs/ibhs/>. The website header includes the Magellan Healthcare logo and the text "MAGELLAN BEHAVIORAL HEALTH OF PA". A navigation menu is visible with options like "For Providers", "Provider Resources", "Communications", "Services & Programs", "Community", "Quality Improvement", and "County Info". The "Services & Programs" menu is expanded, showing a list of services including "Behavioral Health Services", "Community HealthChoices", "Complaints & Grievances", "HealthConnections", "IBHS", "Intensive Care Coordination", "PA HealthChoices", "Recovery & Resiliency", "Rights & Responsibilities", and "Whole Health". The "IBHS" link is highlighted. The main content area is titled "IBHS" and contains the following text: "Effective January 17, 2020, Intensive Behavioral Health Services (IBHS) replaces Behavioral Health Rehabilitation Services (BHRS).". Below this text is a list of links: "IBHS Assessment", "Referral for IBHS Assessment", "IBHS Written Order - Updated Version", "Master BHRS to IBHS Auth Excel", "IBHS TAR Registration Cover Sheet", "IBHS TAR Cover Sheet", "Best Practice Guidelines for Fulfilling IBHS/BHRS Prescriptions", and "IBHS Staffing Phone Consultation Form". Further down, there is a paragraph stating: "Magellan is working closely during this transition period with Pennsylvania's Department of Human Services (DHS), our county partners, providers and other stakeholders to assist in a smooth transition to IBHS." followed by another paragraph: "Providers should refer to this [IBHS FAQ](#) for helpful information." and a final paragraph: "Listed below are the transition meetings that Magellan has hosted to date, along with upcoming provider and member meetings currently scheduled. For the most recent IBHS resources available through DHS, please go [here](#)." Below this is a list of transition meetings: "Sept. 17, 2019 (provider workgroup): [presentation](#)", "Oct. 17, 2019 (provider workgroup): [presentation](#), [recording](#)", "Nov. 13, 2019 (provider workgroup): [presentation](#), [recording](#)", "Dec. 16, 2019 (provider workgroup): [presentation](#), [recording](#)", "Dec. 17, 2019 (stakeholder forum): [presentation](#), [recording](#)", and "Jan. 16, 2020 (provider workgroup): [presentation](#), [recording](#)". The browser window also shows a search bar and a zoom level of 100%.

OMHSAS Updates



OMHSAS website link:

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

Submit questions to RA-PWIBHS@pa.gov

Medical Necessity Guidelines have been released.

The Medical Necessity Guideline Bulletin can be found here: [Bulletin OMHSAS-20-05](#).

- [IBHS Individual Services](#)
- [ABA Services](#)
- [Group Services](#)

OMHSAS plans to publish an updated and final FAQ on their IBHS webpage.



Questions? Suggestions?

Magellan Contact



Please send all questions to IBHS@MagellanHealth.com



Thank you!

Confidentiality Statement for Providers



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.