

# Passport Behavioral Health: Autism Services and Behavioral Analysts



# Behavioral Health Program Philosophy

- Improve the health and quality of life of our members.
- Enhance continuity and coordination with behavioral health care providers as well with physical health care providers.
- Establish innovative preventive and screening programs to decrease the incidence, emergence or worsening of behavioral health disorders.
- Ensure members and advocates receive timely and satisfactory service from the Passport network of providers and the Passport benefit administrator.
- Maintain positive and collaborative working relationships with network practitioners and ensure provider satisfaction.
- Responsibly contain health care costs.



# ABA Services for Autism:

## Frequently Asked Questions



# What are ABA services?

ABA Services provide high quality Applied Behavioral Analysis (ABA) to children of all ages. Services are typically provided in home or elsewhere by trained practitioners with programming and supervision by Licensed Behavioral Analysts.

# Is a referral required for a Passport member with autism to receive ABA services?

Passport members may self-refer to network providers for ABA services.

# What services does Passport cover for members with autism?

Passport covers a wide array of behavioral health and other therapy services for members with autism as defined by Kentucky Medicaid State Plan. All services are managed in keeping with Kentucky law and regulations.



# Which regulations are relevant for ABA providers?

- For ABA providers who are Individual Providers or are part of a Provider Groups or Multi-specialty Group, the relevant regulation is 907 KAR 15:010. It may be located at <http://www.lrc.ky.gov/kar/907/015/010E.htm>.
- For ABA providers in Behavioral Health Service Organizations (BHSOs) the relevant regulation is 907 KAR 15: 020. <http://www.lrc.ky.gov/kar/907/015/020.htm>

# Which regulations are relevant for ABA providers?

- For ABA providers who work in a Community Mental Health Center, the relevant regulation is 907 KAR 1:044.

<http://www.lrc.ky.gov/kar/907/001/044.htm>.

*Please note that 907 KAR 1:044 incorporated by reference the Community Mental Health Center Behavioral Health Services Manual.*



# Do other laws or regulations apply to ABA services?

The ones previously cited are most relevant to the delivery of ABA services in the Medicaid program, however, it is the provider's responsibility to be aware of any laws or regulations pertaining to their services. Specifically, although not exclusively, ABA providers should consider any requirements mandated by their professional licensure board.

# What ABA services are covered in the Kentucky Medicaid benefit?

Kentucky's Medicaid plan does not separate ABA services from other behavioral health services. Licensed ABA providers are covered by the plan and may offer any of the services for which the relevant regulation identifies them as providers.

## Under Kentucky's Medicaid benefit which services may licensed ABA providers offer?

- Assessment
- Service Planning
- Individual Therapy
- Group Therapy
- Collateral Therapy
- Crisis Intervention
- Day Treatment
- Comprehensive Community Support Services

## Under Kentucky's Medicaid Benefit, what services may ABA providers not deliver?

- Screenings
- Family Counseling
- SBIRT (Screening Brief Intervention and Referral to Treatment for Substance Use Disorders)
- Intensive Out-patient Programs
- Therapeutic Rehabilitation Programs

ABA services are not like traditional out-patient behavioral health. What codes may be used to bill ABA services?

Kentucky Medicaid has published codes for use by providers on their rate and fee schedules. For individual providers and providers who are part of provider groups, multi-specialty groups, or BHSOs, the allowed codes and the fee schedule may be located here:

<http://chfs.ky.gov/NR/rdonlyres/63561642-4335-45FB-9F06-FE3E75A9E101/0/BHandSUFeeScheduleOPNFrev612016.pdf>

ABA services are not like traditional out-patient behavioral health. What codes may be used to bill ABA services?

Kentucky Medicaid has published codes for use by providers on their rate and fee schedules. For providers within a community mental health center, the fee schedule may be located here:

<http://chfs.ky.gov/NR/rdonlyres/96F4DEA8-24F4-49ED-BE71-6B98B951BE99/0/CMHCMentalHealthSubstanceAbuseFeeScheduleRevJune2016.pdf>

# Will Passport tell providers what codes to use for ABA services?

Passport does not tell providers how to bill for services. It is the responsibility of each provider practice to identify and use codes correctly. However, recognizing the unique nature of ABA services, Kentucky's Department of Medicaid Services issued a provider letter on June 7, 2016 specifically addressing the provision of ABA services for Medicaid fee-for-service providers. Passport generally follows DMS guidance on this issue.



# Where can I locate the DMS guidance on billing ABA services?

For Community Mental Health Centers, the provider letter may be found at:

<http://www.chfs.ky.gov/NR/rdonlyres/683F5EE5-07C8-426A-B010-772A6041BDA8/0/ProvLtrCMHCRvFeeSchdBHASLCADCSTRSDTS060716ADOBE.pdf>

For Behavioral Health Service Organizations, Multi-specialty Groups, Provider Groups, and Individual Providers, the provider letter may be found at:

<http://www.chfs.ky.gov/NR/rdonlyres/7A44AA5C-04A8-4192-BE8E-BF18C6FCDB29/0/ProvLtrBHPProvRevFeeSchdBHASTRPDTS060716ADOBE.pdf>



# What guidance did the DMS letters provide?

The information on ABA services was the same for all provider types (e.g. CMHCs, BHSO, MSGs, provider groups, and individual providers). The recommended grid is on the next two slides.

# DMS fee-for-service codes for rendering behavior analysis services

State Plan and Regulation Language	Suggested HCPCS Codes for Services Rendered	Behavior Analyst Service Definition
Individual Therapy	H2019 Therapeutic behavioral services, 15 minutes	Adaptive behavior treatment/with protocol modification
Assessment	H0031, Mental Health Assessment by non-physician	Behavior identification assessment
Service Planning	H0032, Mental health service plan development by non-physician	Service Planning

# DMS fee-for-service codes for rendering behavior analysis services (continued)

State Plan and Regulation Language	Suggested HCPCS Codes for Services Rendered	Behavior Analyst Service Definition
Group Therapy	H0025, Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Multi-family group adaptive behavior treatment guidance and adaptive behavior treatment social skills group
Collateral Therapy	H2027, Psychoeducational service, per 15 minutes	Family adaptive behavior treatment guidance (patient not present)
Comprehensive Community Support	H2015, Comprehensive Community Support Services, 15 minutes	Exposure adaptive behavior treatment; with protocol modification

## Does Passport make any exceptions to the DMS guidance for fee-for-service providers?

- Passport will accept H2021 for Comprehensive Community Support Services when billed by an MSG. According to the DMS fee schedule, H2015 may only be billed by a licensed agency.

# Behavior Analysts use Registered Behavior Technicians (RBTs) to implement intervention. How may these providers be billed?

RBTs are unlicensed providers who work under the supervision of a licensed ABA provider. They are not specifically recognized in the Kentucky Medicaid plan. However, unlicensed providers, including RBTs may qualify as Community Support Associates. Requirements for Community Support Associates may be found at:

<http://www.lrc.ky.gov/kar/908/002/250.htm>.

Behavior Analysts use RBTs to implement intervention. How may these providers be billed?(continued)

Unlicensed providers may only bill for services through a licensed agency such as a CMHC or a BHSO. MSGs, provider groups, and individual providers may not bill for services offered by an unlicensed provider.

# Do ABA services require prior authorization?

Passport allows a variety of behavioral health services to be provided without prior authorization including assessment, service planning, crisis services, and collateral and group intervention. Services that do require prior authorization are listed on the next page.

# What ABA services require prior authorization?

- Therapeutic Behavioral Services
- Comprehensive Community Supports
- Therapeutic Rehabilitation Programs
  - Any residential services



# How do I obtain a prior authorization?

- Provider should submit an electronic Outpatient Request Form to secure authorization for targeted case management, therapeutic rehabilitation, and comprehensive community supports
  - eORF form can be downloaded at <https://provider.beaconhs.com>, under “Provider Tools” and can be submitted directly through eServices or faxed to 781-994-7633.
- All partial hospitalization, intensive outpatient and residential services require telephonic prior authorization.
  - **FOR AUTHORIZATIONS CALLS 1-855-834-5651**

# Clinical Behavioral Analysis in Schools

- Passport pays for services delivered in schools provided they are in keeping with DMS requirements.
- Managed care does not cover services which are identified as being needed per the child's IEP. These services can be billed through the school's access to Medicaid and are not included in the managed care contracts.
- Passport does not pay for the same service being delivered by a different provider during the same time period. This can be an issue if the provider is delivering services at a school and does not know the member is receiving services from another provider outside of school. The same time period includes the time between when the case is open with another provider and when the member is discharged from that provider.
- If there is a compelling reason for two providers to deliver the same service, at the same time to a member, prior authorization should be sought with detailed description of why two providers are needed

## What are the reimbursement rates?

- Passport uses the current DMS Behavioral Health Facility and Non-Facility Fee Schedules (Mental Health Substance Abuse Services Facility & Non-Facility Fee Schedules) listed on the website below
  - <http://chfs.ky.gov/dms/fee.htm>

# What needs to be on my claim?

- Typically services provided in the community must be submitted on a CMS –1500 claim form. The claim must include a valid billing NPI and billing taxonomy for the date of service. The rendering clinicians' NPI and taxonomy must also be valid for the date of service. Additionally the rendering provider must be linked to the billing provider's service site. Providers are also expected to use the modifier for the clinician rendering the service. Specific services may require additional modifiers. For example, targeted case management required multiple modifiers in addition to the rendering clinician type.

# What else do I need to know?

- Providers are responsible to adhere to requirements as outlined in the Passport Provider Manual.
  - The manual can be found here (Behavioral Health is Section 16): <http://passporthealthplan.com/provider-manual/>
- Providers should also sign up for and review any Passport eNews Communication as this is the most efficient way to learn about changes for billing or authorization requirements. You can also review previous Provider Communications available on our website.
  - The link to eNews is here: <http://passporthealthplan.com/providers/provider-communications/>
- Lastly, the Passport provider orientation webinar provides more specific information about services, authorization requirements and claims submissions.
  - The link to the webinar is here: <http://passporthealthplan.com/wp-content/uploads/2017/01/Orientation-Webinar-Presentation-3.pdf>

# Every time I submit a claim it gets denied, what am I doing wrong?

- Common claim denial reasons are:
  - Failure to use the appropriate procedure code/modifier combination
  - Duplicate claim meaning the claim was previously paid to your agency
  - The service requires a prior authorization and no authorization information is on file
  - Failure to use a valid billing or rendering NPI and taxonomy
  - The rendering clinician is not linked to the billing provider

**Your Provider Network Representative is the best resource for getting feedback for problems on unpaid claims or obtaining resolution on issues in correct payment processing.**

# Contact Information

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*Passport Health Plan's mission is to improve the health and quality of life of our members*

