beacon
health options

Applied Behavior Analysis (ABA) Authorization & Billing Process for MBHP

September 2015

MBHP is a Beacon Health Options company.

Objectives

- Overview of Billing Codes and Modifier requirement used by MassHealth plans.
- Verifying Member Eligibility.
- Accessing ProviderConnect℠.
- Authorization Procedures & Claim Submission for MBHP.
- Contact Information.
- Questions.

Overview of Billing Codes and Modifier Requirement

- MassHealth has made the decision to *not* adapt the American Medical Association's (AMA) new CPT codes for ABA services *at this time*

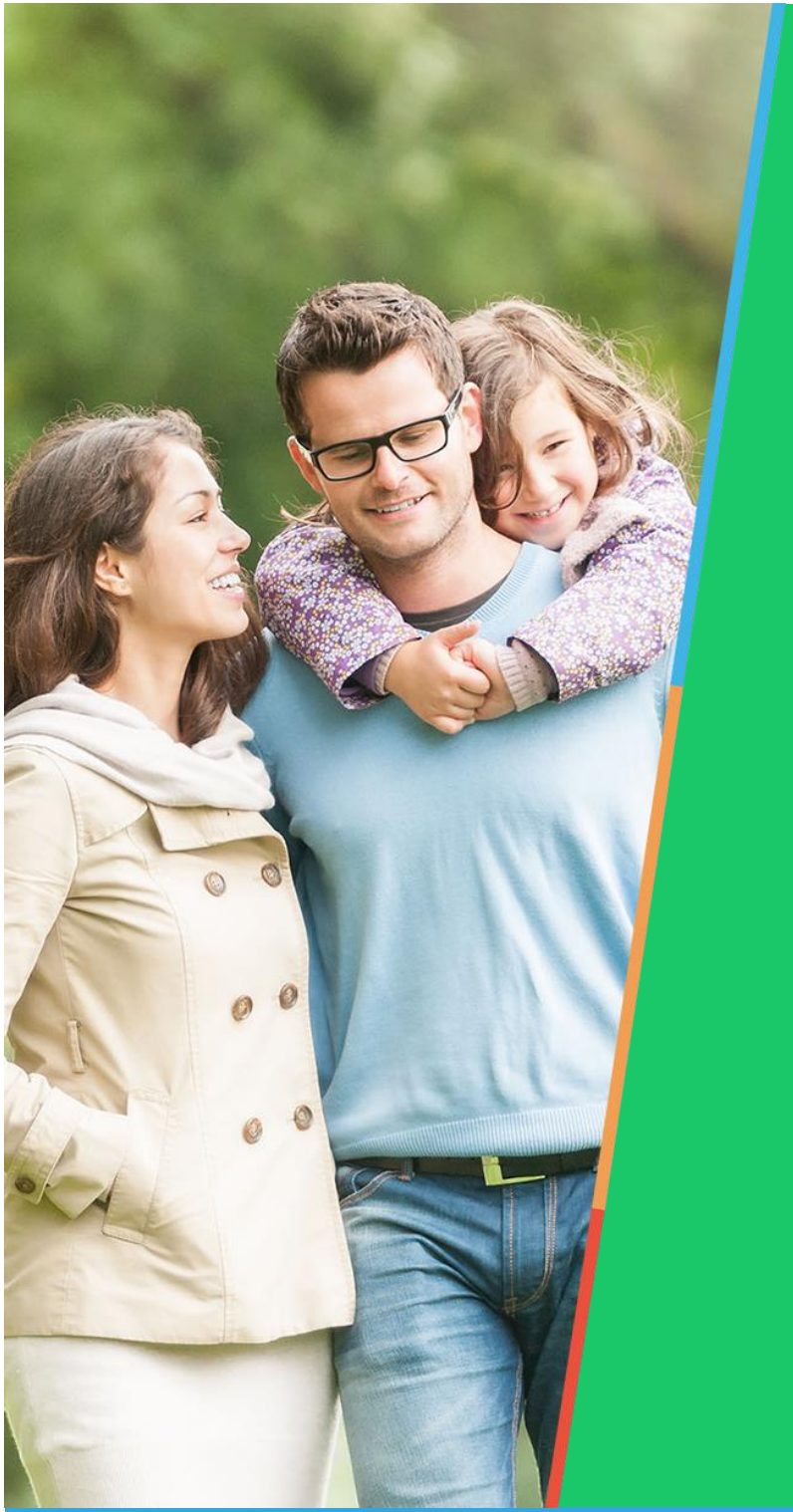
- Four federal HCPCS codes, along with the primary modifier of U2, will be used to denote ABA services

ABA Service Coding

HCPCS Code & Modifier	Service Description	HIPAA Compliant Description	Units
H0031 U2	Assessment and case planning for home services by a BCBA.	Mental Health Assessment by non-physician	1 unit = 15 minutes
H0032 U2	Supervision for home services by a BCBA.	Mental Health Service plan by a non-physician	1 unit = 15 minutes
H2012 U2	Direct instruction by a BCBA – parent training for home services	Behavioral Health day treatment, per hour	1 unit = 1 hour
H2019 U2	Direct instruction by a paraprofessional	Therapeutic Behavioral Health Services, per 15 minutes	1 unit = 15 minutes

Other Information

- The Applied Behavior Analysis Performance Specifications and Medical Necessity Criteria can be found on our website, www.masspartnership.com
- The MBHP Benefit Service Grid, which is also available on our website, www.masspartnership.com, is a useful tool for billing questions such as acceptable place-of-service codes, covered diagnoses, etc.
- For members with third party liability, the primary insurer must always be billed first in order to obtain an EOB. That EOB from the primary insurer indicating that the service was denied or partially paid must then be submitted with the claim to MBHP.



Verifying Member Eligibility

MBHP is a Beacon Health Options company.

MassHealth Eligibility Verification System

- Per provider contracts, MBHP providers are required to verify member eligibility on every date-of-service
- Member eligibility is verified through the MassHealth Eligibility Verification System (EVS), accessed through the MassHealth Virtual Gateway, www.mass.gov (search for “virtual gateway login”)
- Once logged in to the Virtual Gateway, providers can access the Provider Online Service Center (POSC), where EVS is located
- MBHP providers receive a Data Collection Form in the New Provider Welcome Packet. That form must be filled out and mailed/faxed to MassHealth to establish login credentials

MassHealth Virtual Gateway

Provider Online Service Center

- Homepage of POSC:

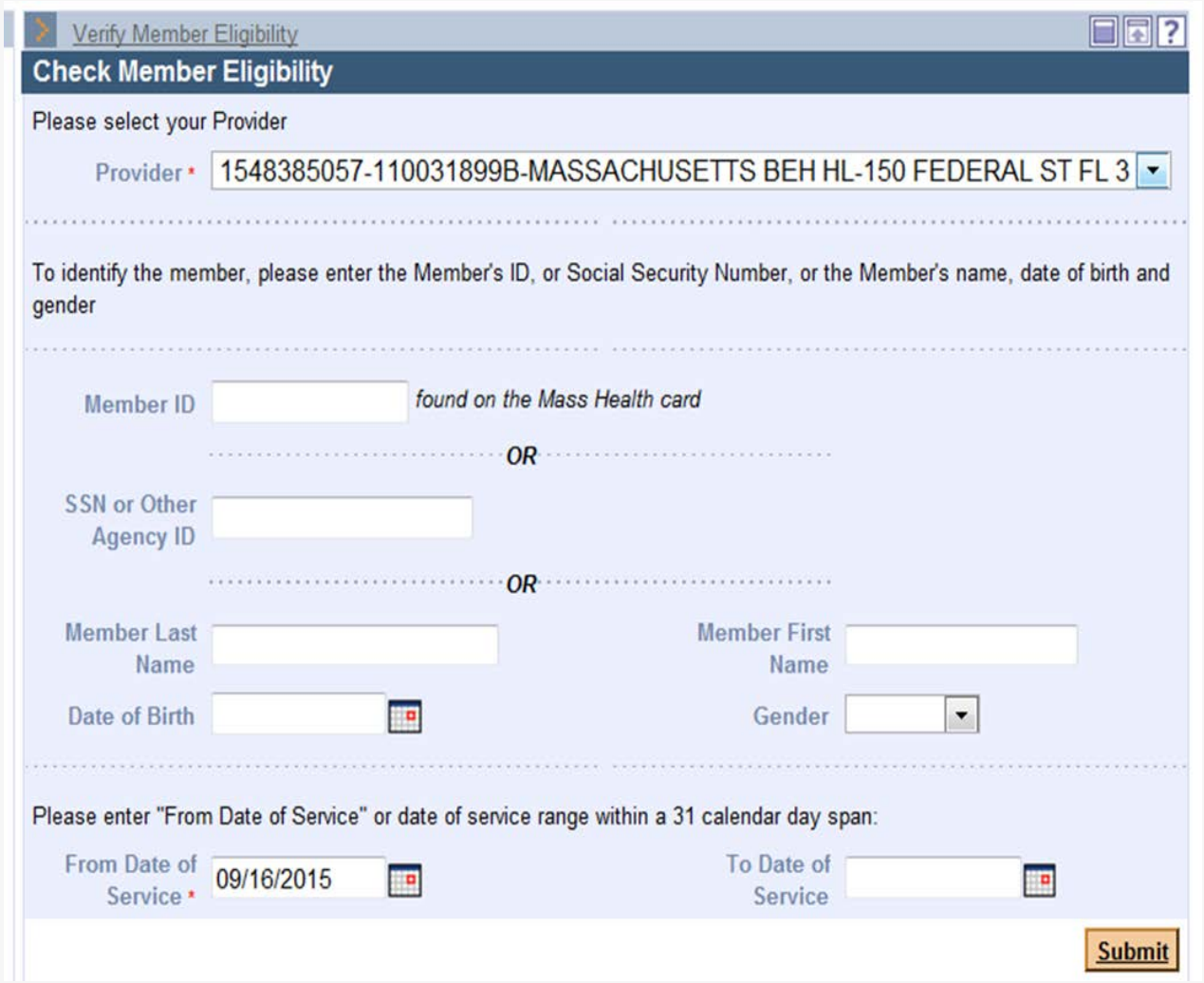
MassHealth EVS

- Finding Member Eligibility Information

- Click on “Manage Members”
- Then “Eligibility”
- Then “Verify Member Eligibility”

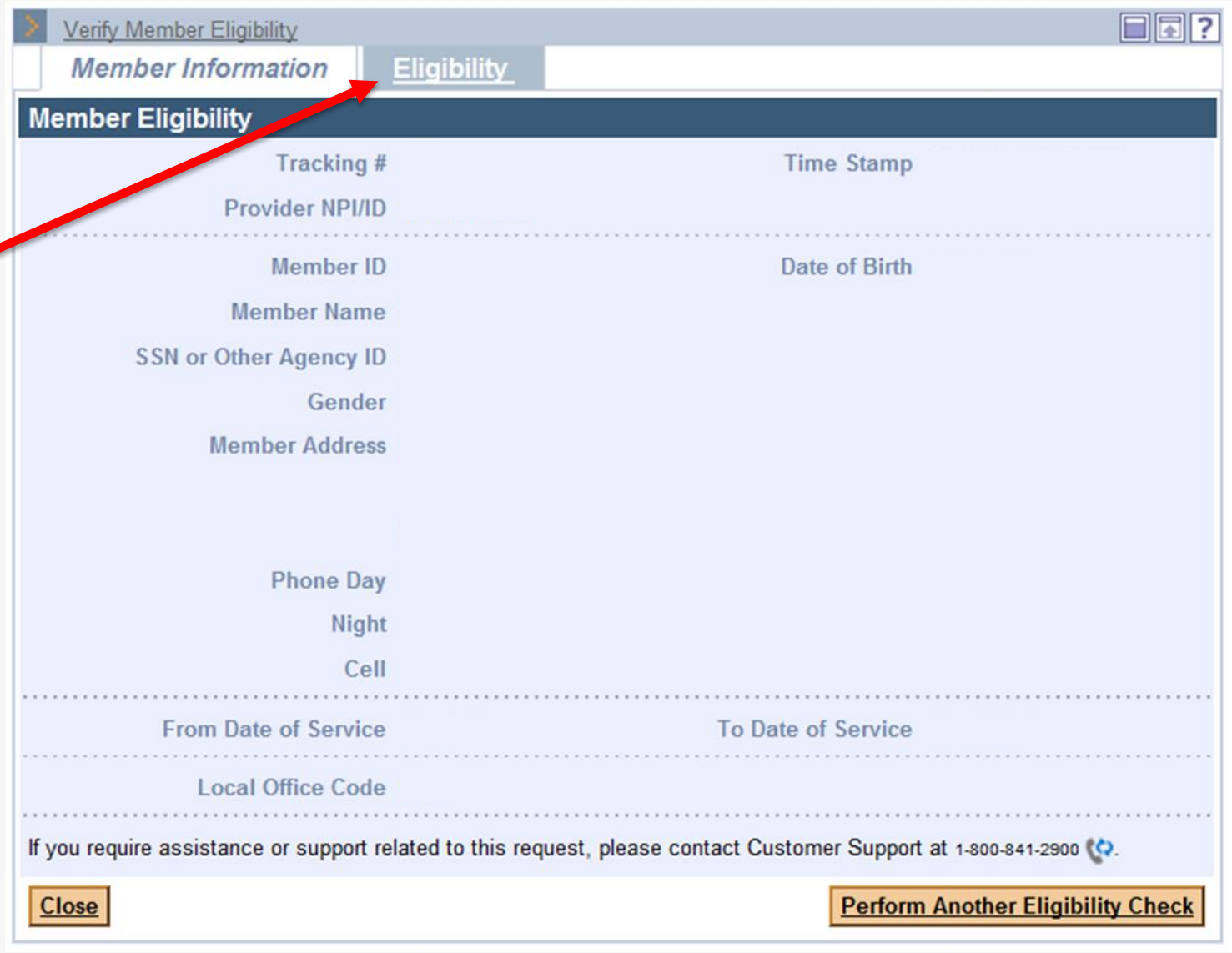
MassHealth EVS *continued…*

- Search criteria:
  - MMIS / SSN / or Name and DOB
  - 1 month maximum date range.
  - Unable to search future dates.



MassHealth EVS *continued…*

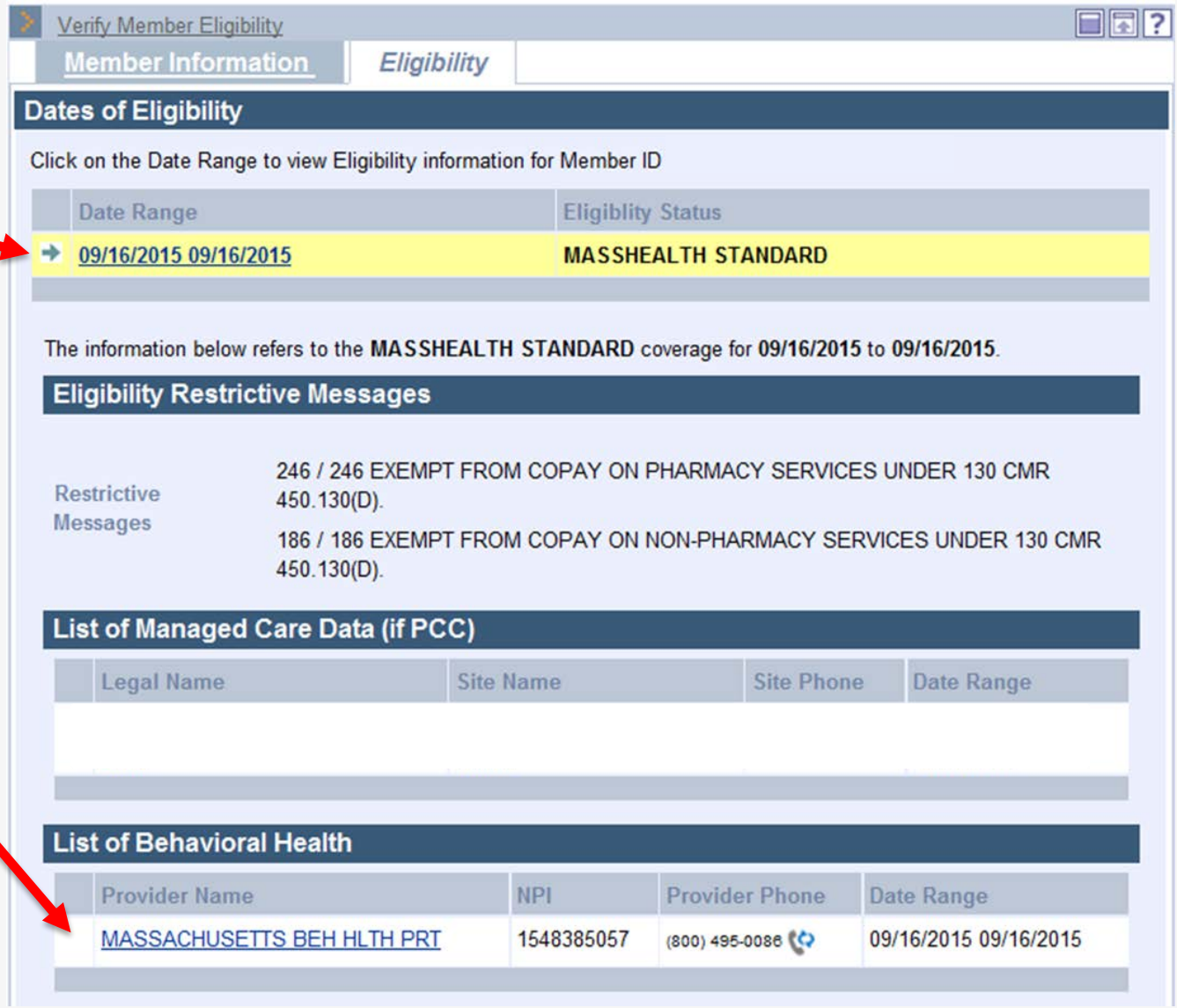
- Click on "Eligibility"



MassHealth EVS *continued…*

- Click on "Date Range" to expand information

- Look for MBHP to confirm eligibility



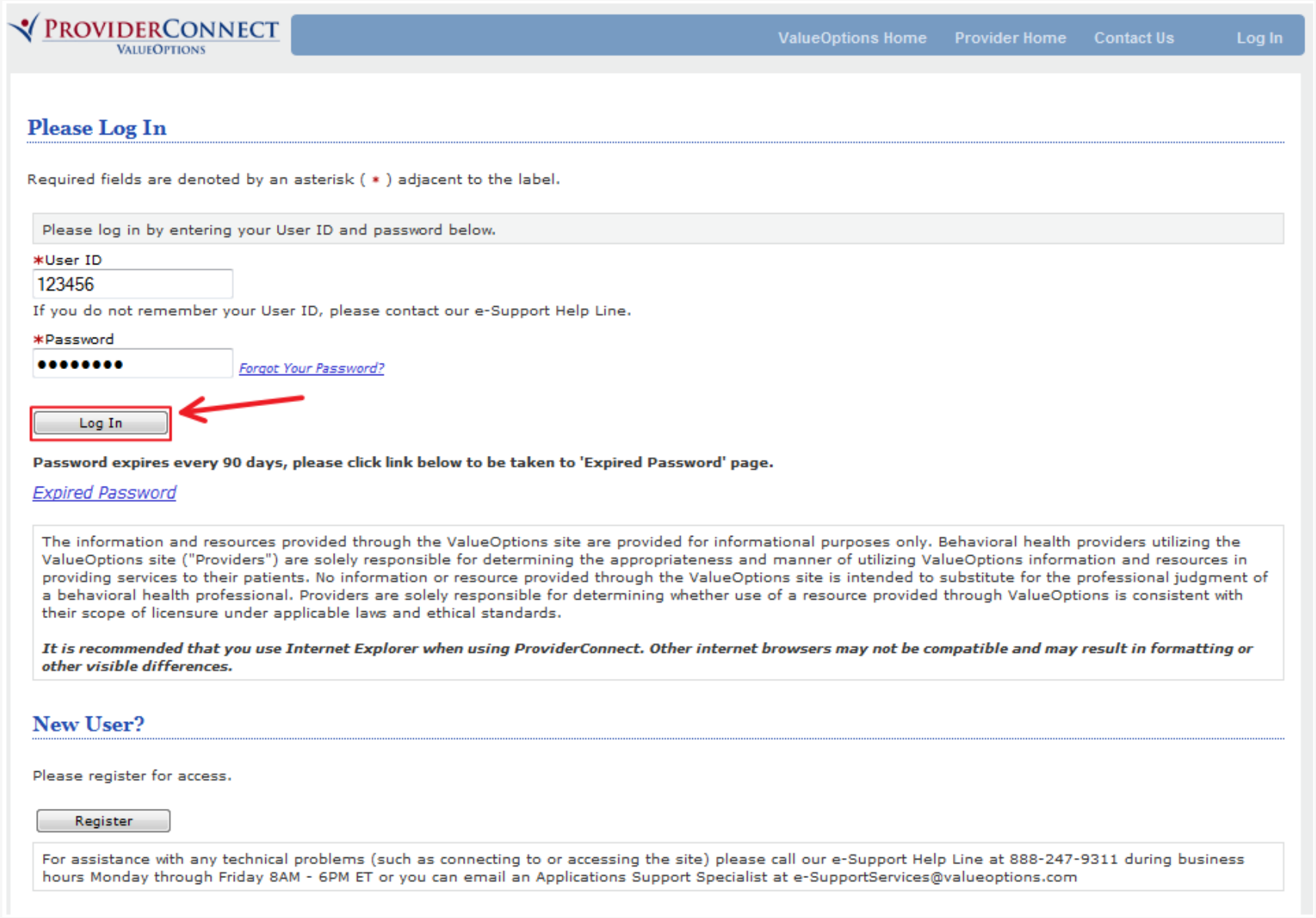
Accessing ProviderConnect

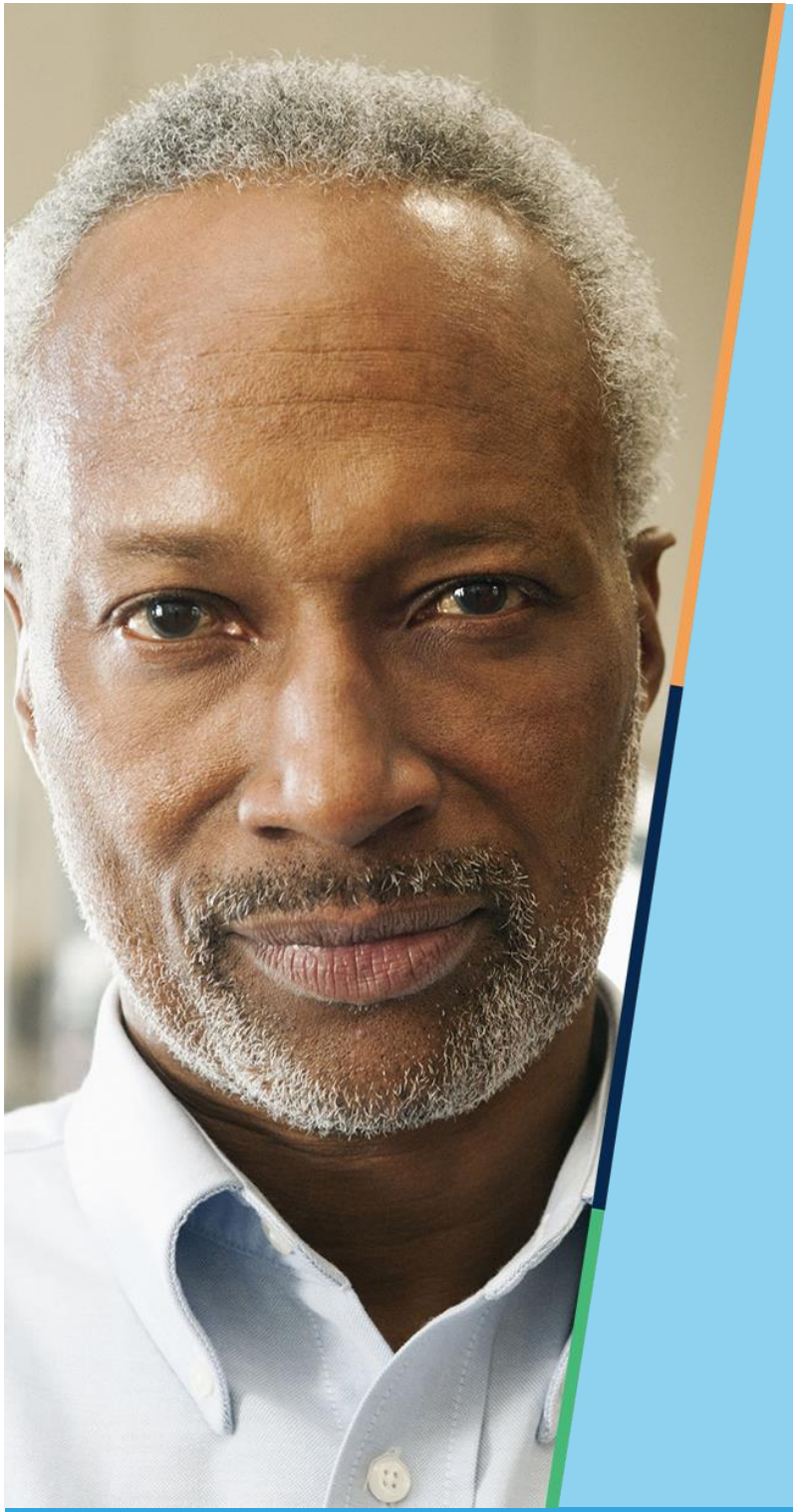
MBHP is a Beacon Health Options company.

Accessing Provider Connect

https://www.masspartnership.com

Logging into ProviderConnect





Authorization Procedures & Claim Submission

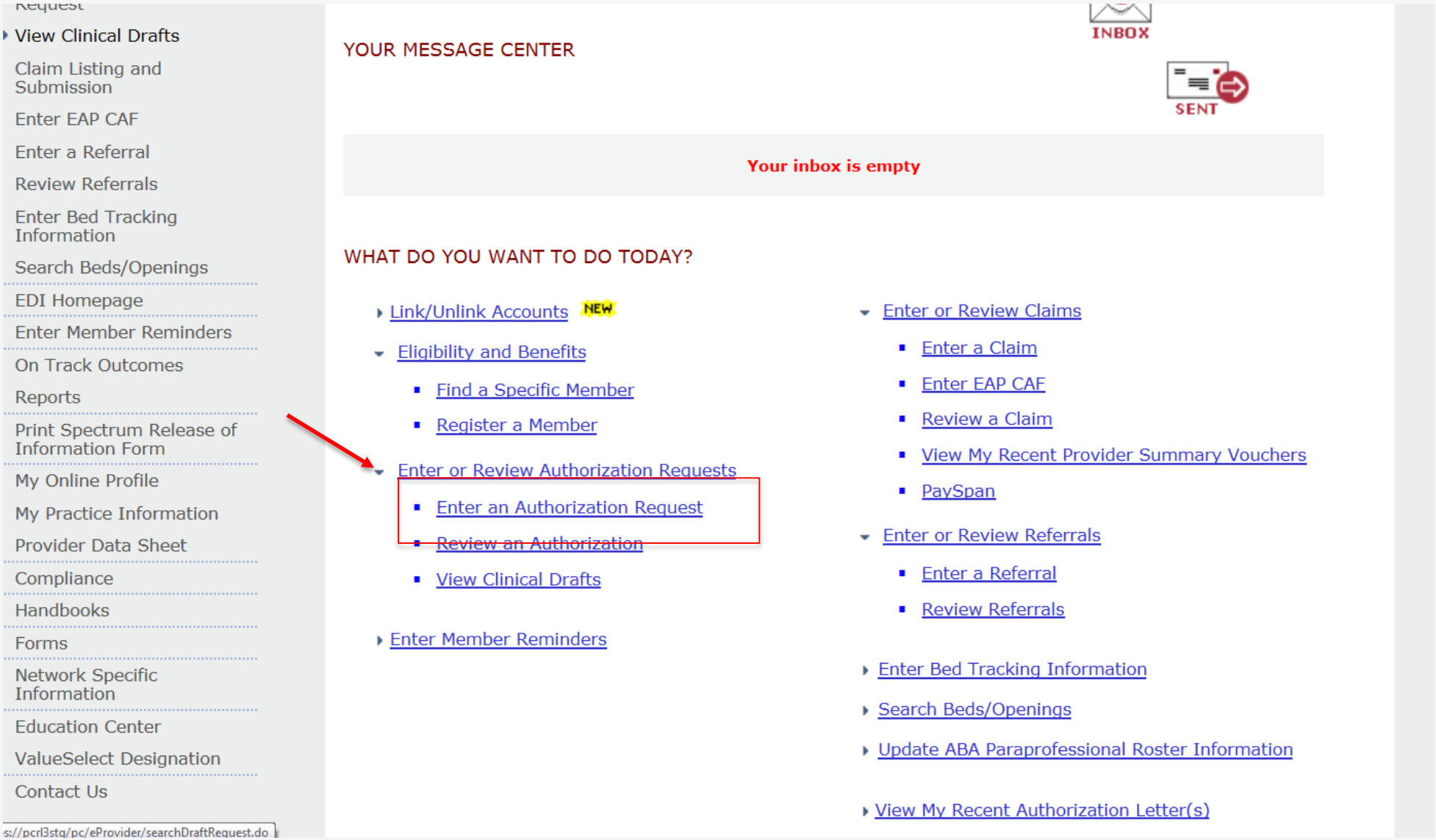
MBHP is a Beacon Health Options company.

ABA Authorization Requests

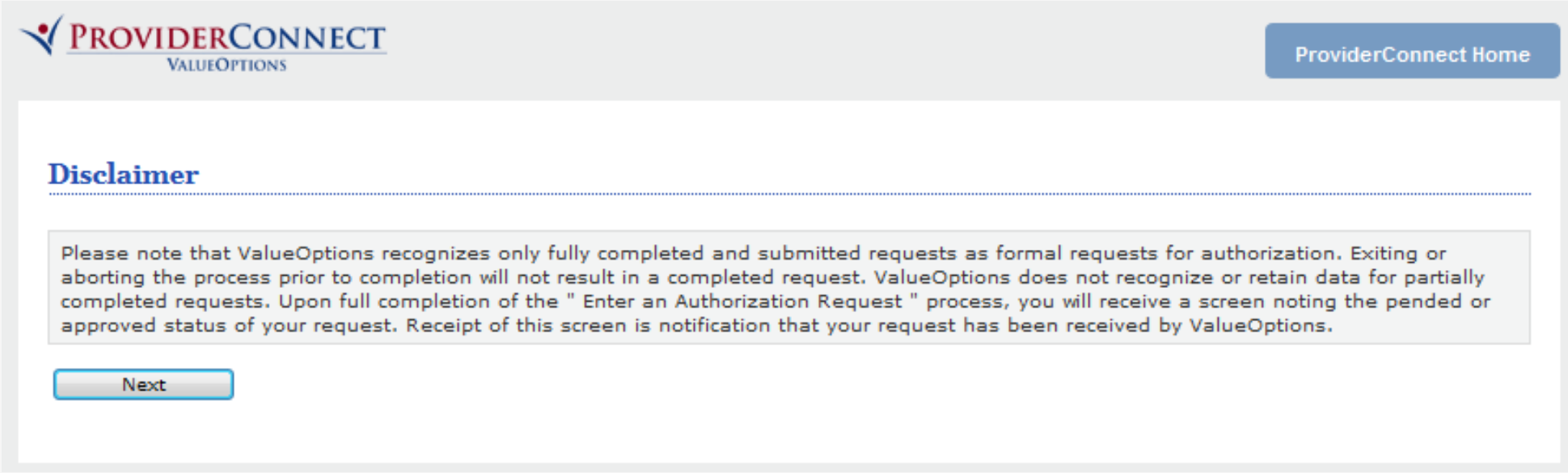
- All requests for authorization for ABA Assessment or ABA Services for MBHP and HNE Be Healthy Members is via an on-line application called Provider Connect.

- Providers complete and submit the request form on-line. All requests are reviewed by MBHP staff who will make a determination.

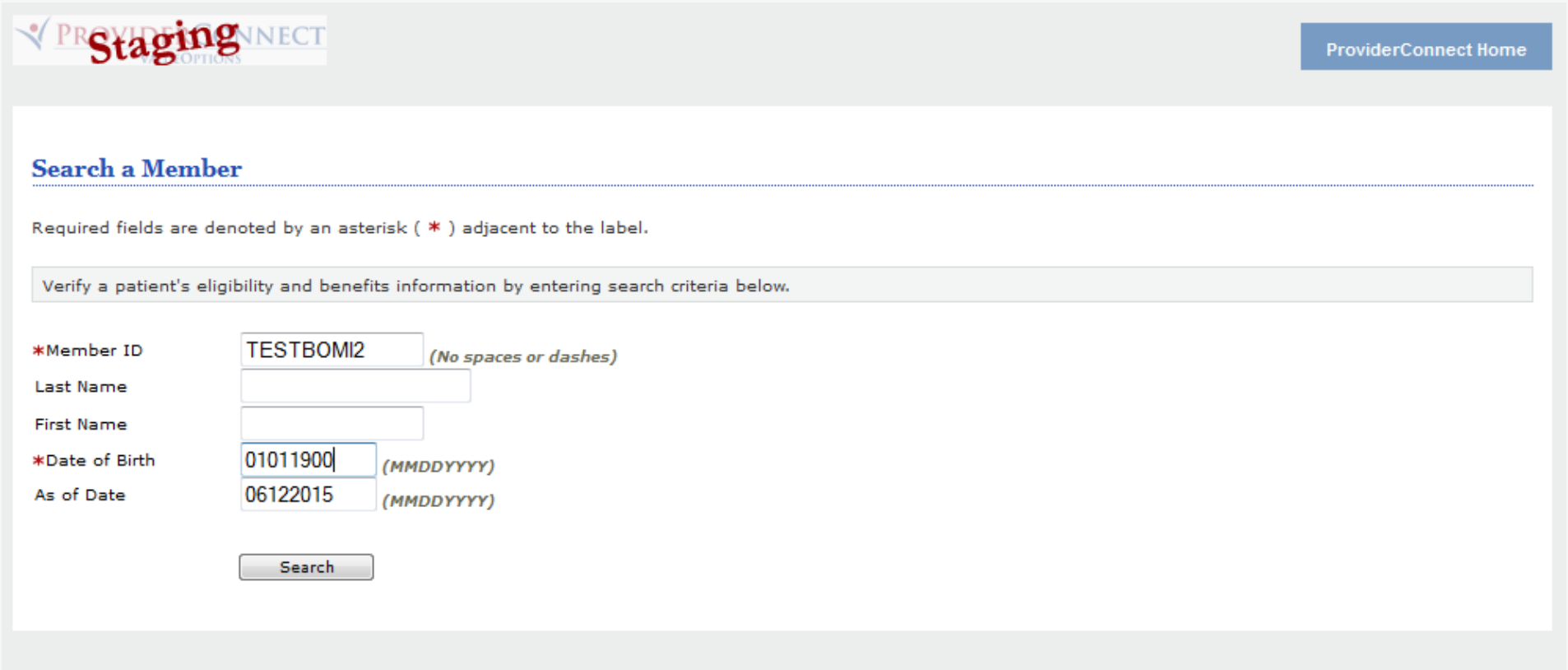
Enter an Authorization Request
https://www.valueoptions.com/pc/eProvider/providerLogin.do



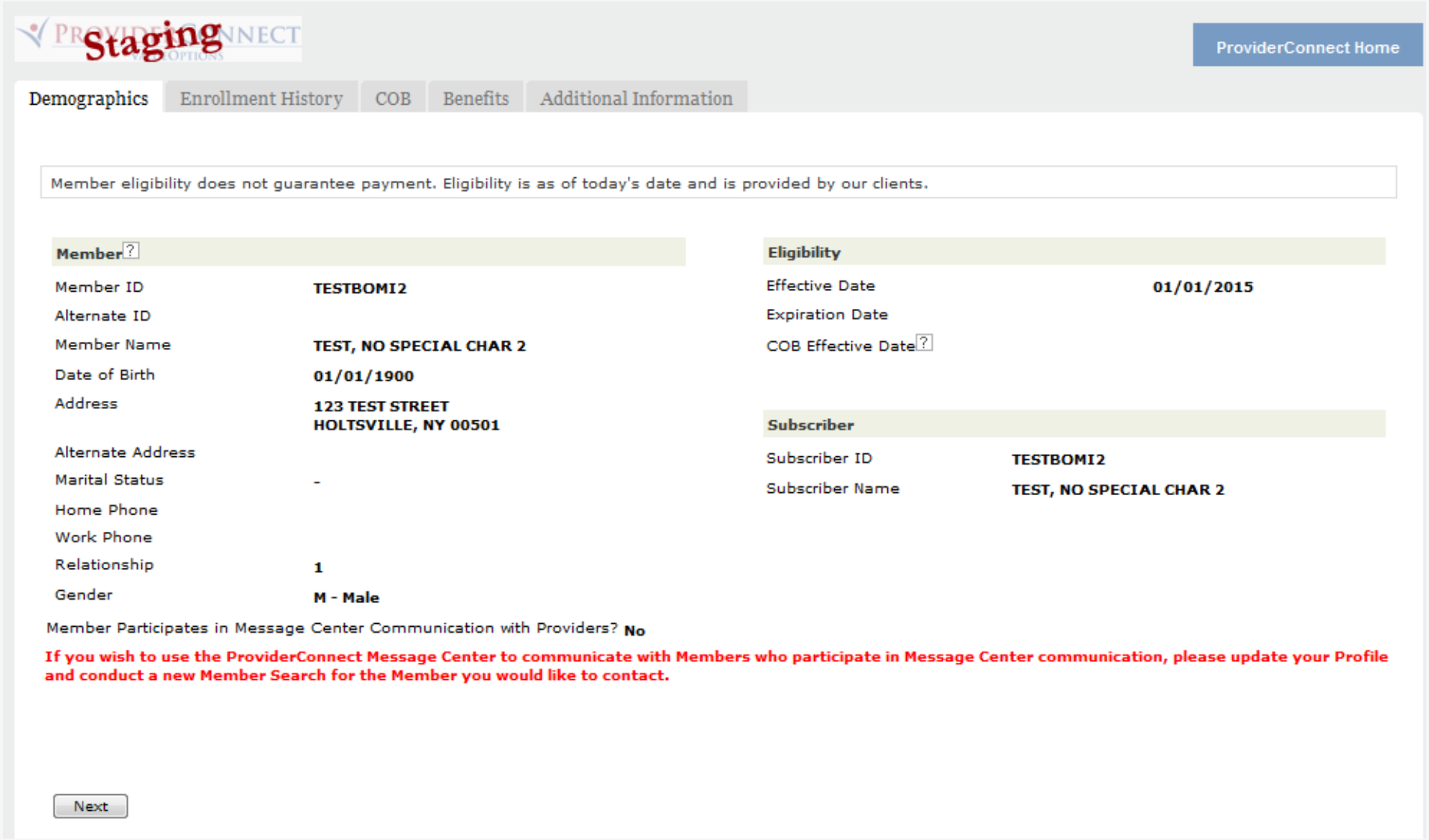
Disclaimer


PROVIDERCONNECT
VALUEOPTIONS
ProviderConnect Home
Disclaimer
Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the " Enter an Authorization Request " process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by ValueOptions.
Next

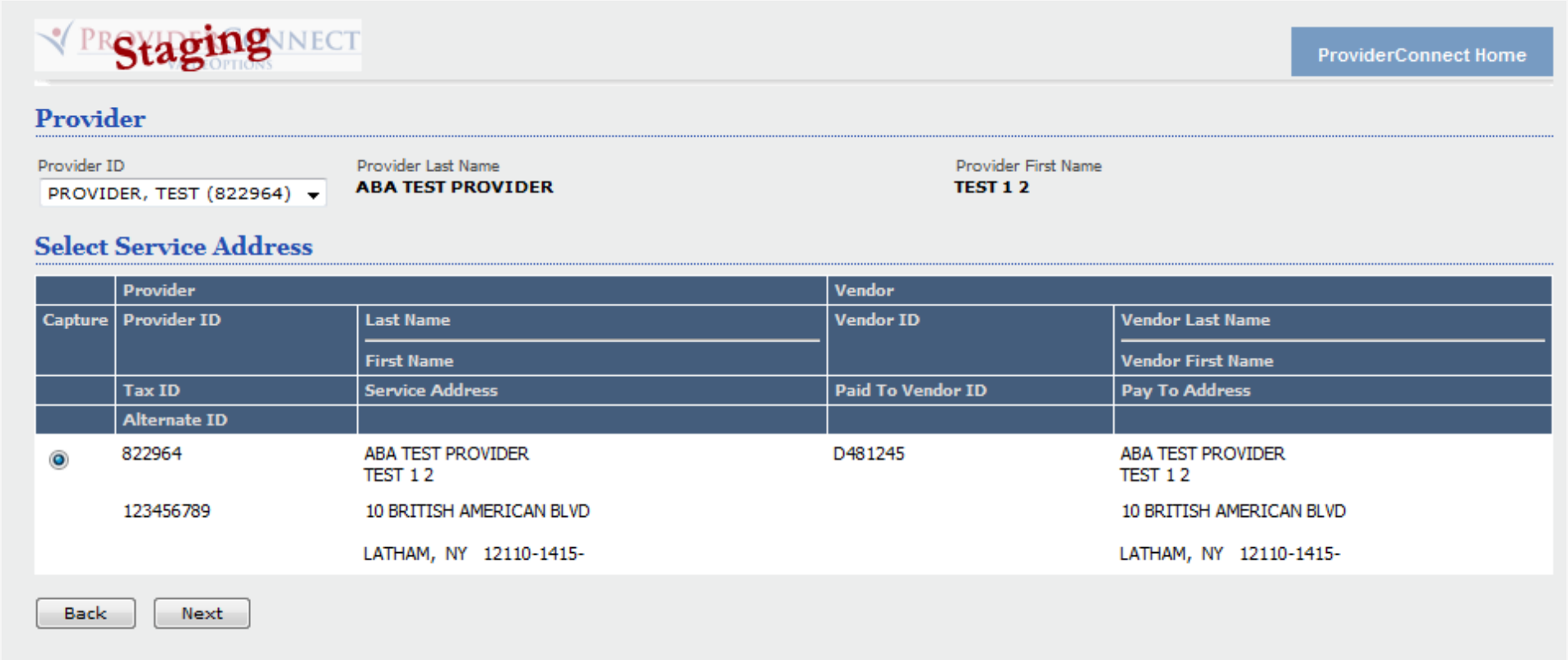
Search a Member



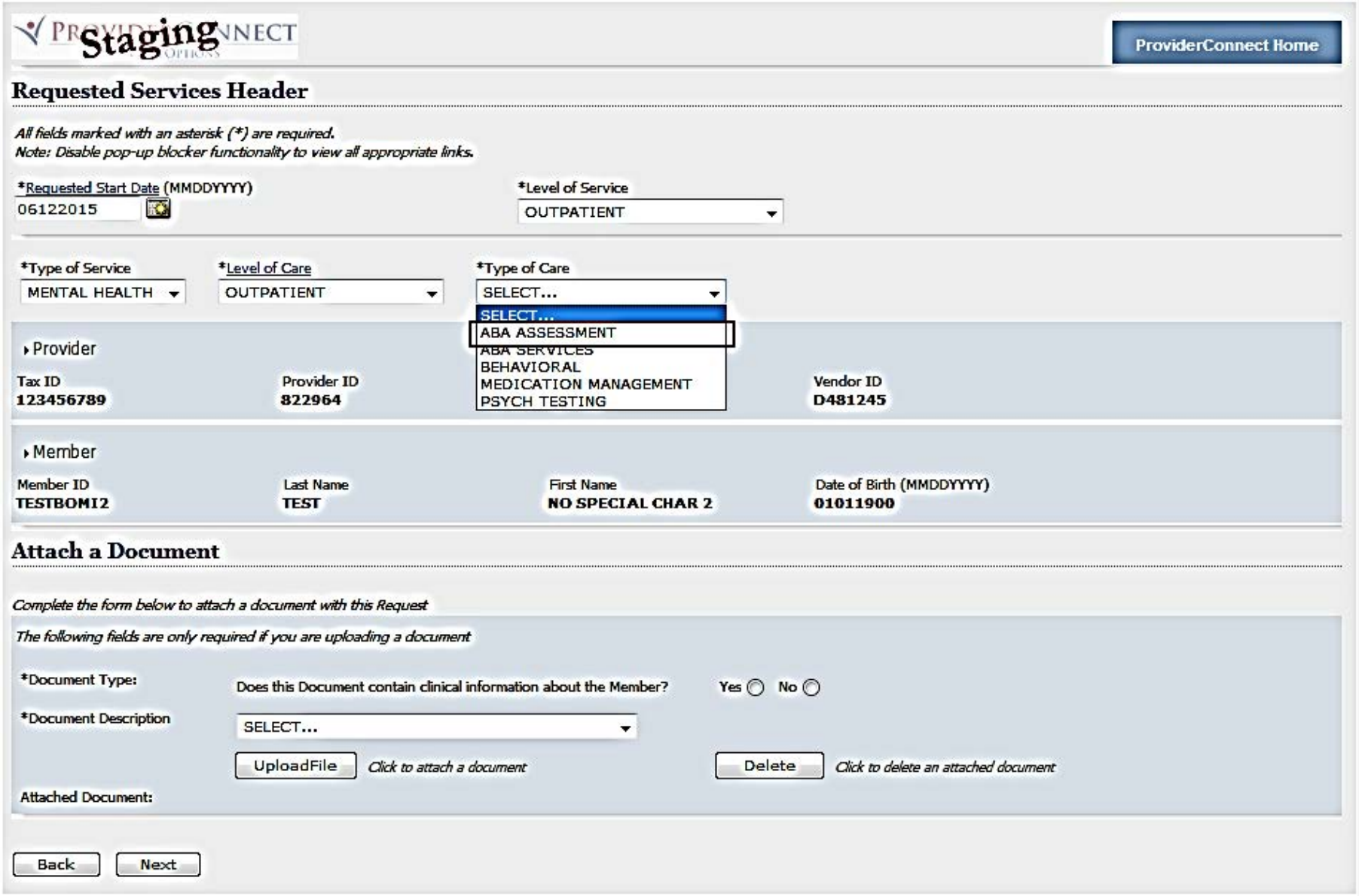
Member Demographics



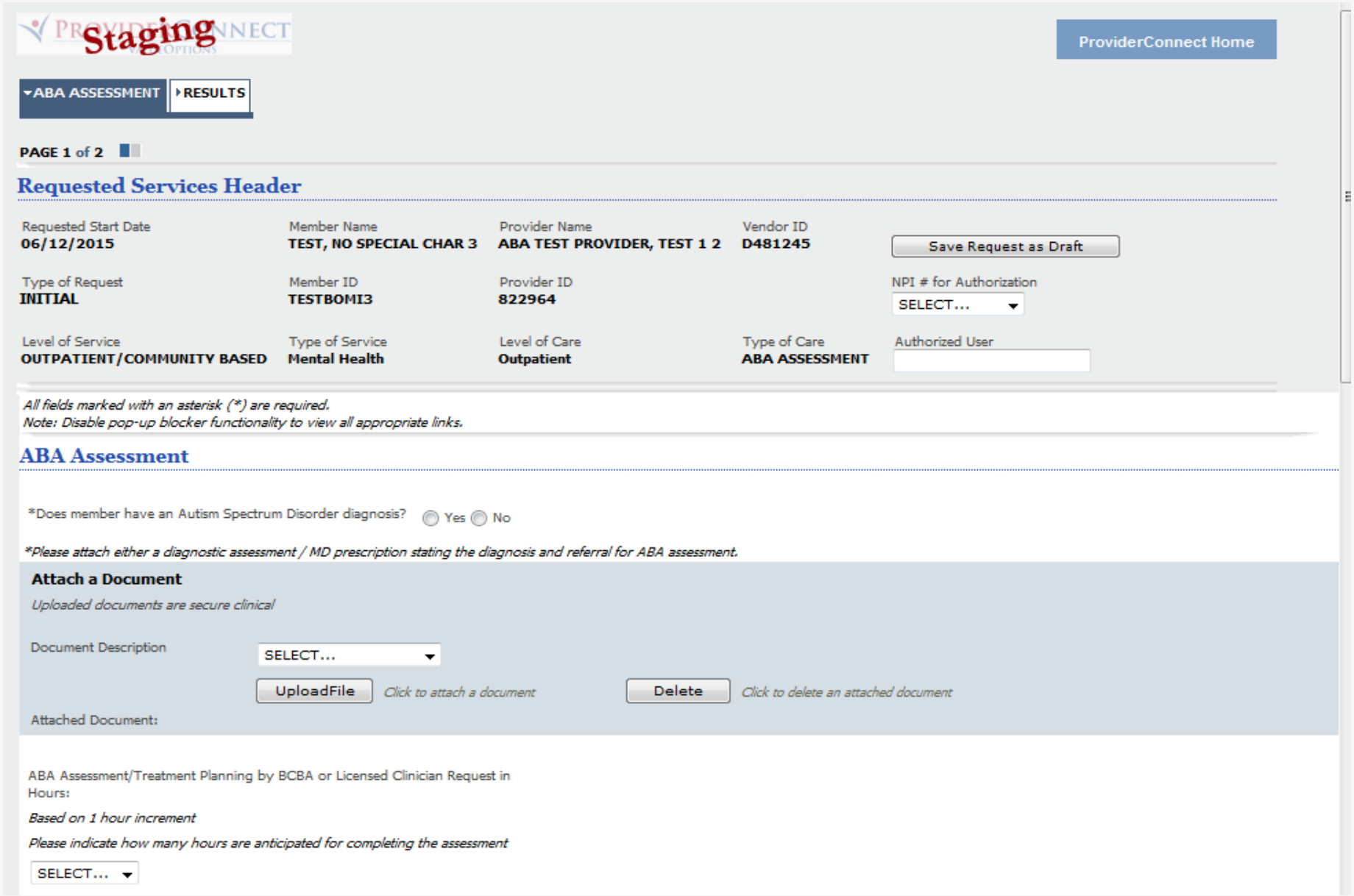
Select Servicing Address



ABA Assessment



ABA Assessment



ABA Assessment

*Please attach either a diagnostic assessment / MD prescription stating the diagnosis and referral for ABA assessment.

Attach a Document

Uploaded documents are secure clinical

Document Description SELECT...

UploadFile *Click to attach a document* Delete *Click to delete an attached document*

Attached Document:

ABA Assessment/Treatment Planning by BCBA or Licensed Clinician Request in Hours:

Based on 1 hour increment

Please indicate how many hours are anticipated for completing the assessment

SELECT...

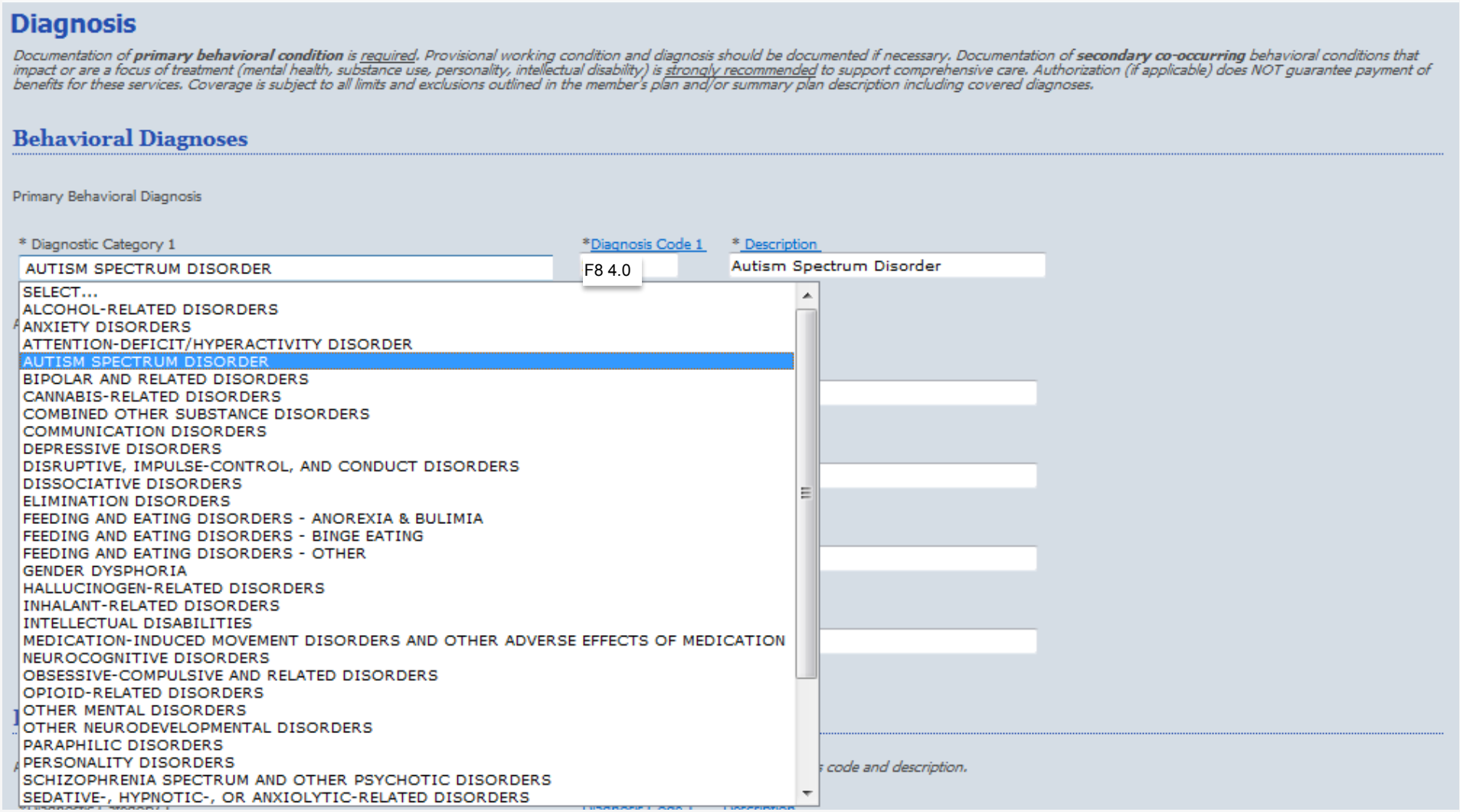
Provide details on clinical rationale for testing and for the number of hours required as well as which assessment tools are to be used

(0 of 2000)

Diagnosis

*Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurrin** impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) d payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.*

ABA Assessment
Behavioral Diagnosis



ABA Assessment
Behavioral Diagnosis

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Behavioral Diagnoses

Primary Behavioral Diagnosis

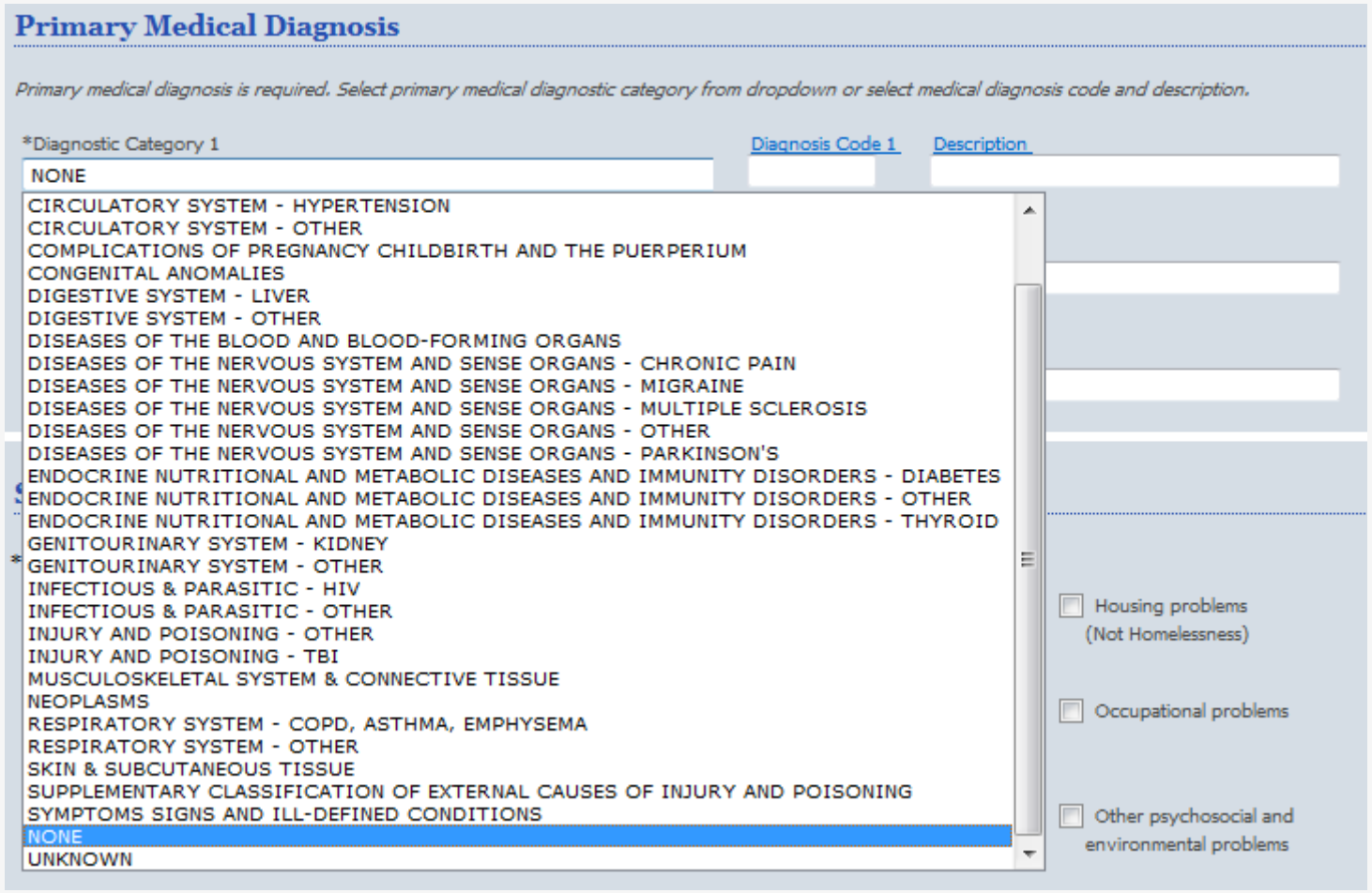
* Diagnostic Category 1	*Diagnosis Code 1	* Description
AUTISM SPECTRUM DISORDER	F84.0	Autism Spectrum Disorder

Additional Behavioral Diagnosis

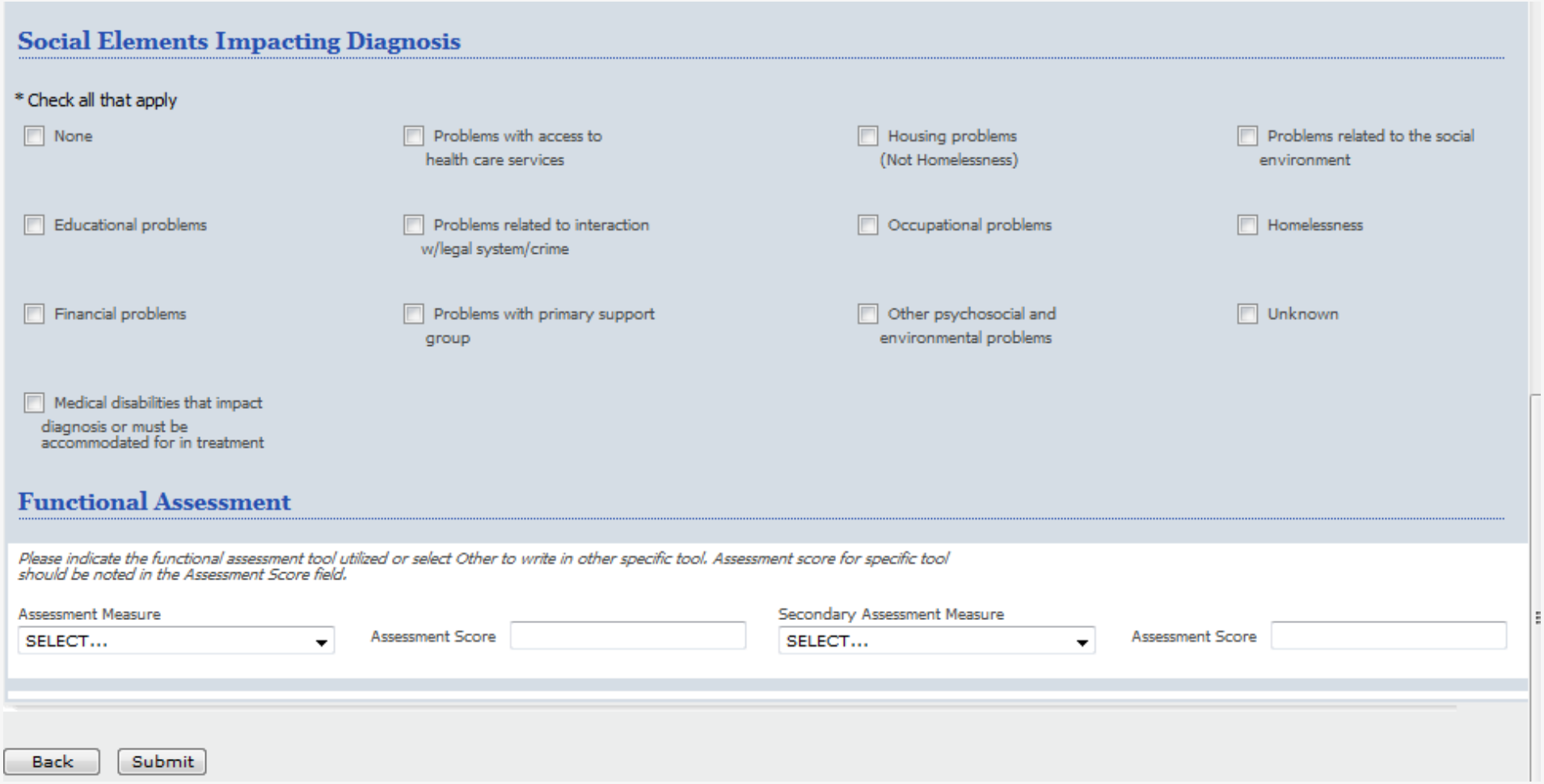
Diagnostic Category 2: SELECT...	Diagnosis Code 2	Description
Diagnostic Category 3: SELECT...	Diagnosis Code 3	Description
Diagnostic Category 4: SELECT...	Diagnosis Code 4	Description
Diagnostic Category 5: SELECT...	Diagnosis Code 5	Description

Primary Medical Diagnosis

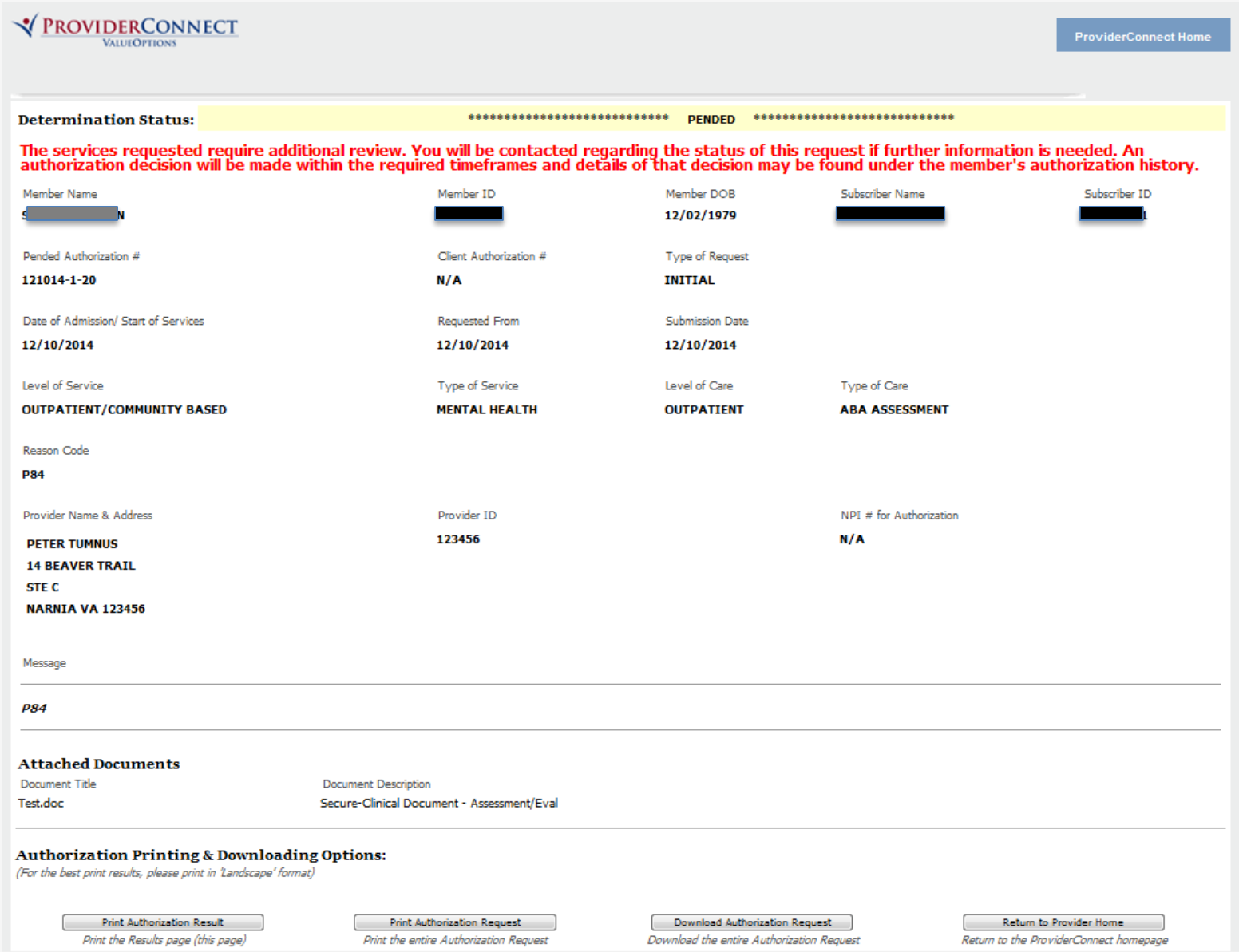
ABA Assessment
Medical Diagnosis



ABA Assessment
Social Elements Impacting Diagnosis



ABA Assessment Results



PROVIDERCONNECT
VALUEOPTIONS

ProviderConnect Home

Determination Status: ********** PENDED **********

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
S[redacted]N	[redacted]	12/02/1979	[redacted]	[redacted]

Pended Authorization #	Client Authorization #	Type of Request
121014-1-20	N/A	INITIAL

Date of Admission/ Start of Services	Requested From	Submission Date
12/10/2014	12/10/2014	12/10/2014

Level of Service	Type of Service	Level of Care	Type of Care
OUTPATIENT/COMMUNITY BASED	MENTAL HEALTH	OUTPATIENT	ABA ASSESSMENT

Reason Code
P84

Provider Name & Address	Provider ID	NPI # for Authorization
PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 123456	123456	N/A

Message

P84

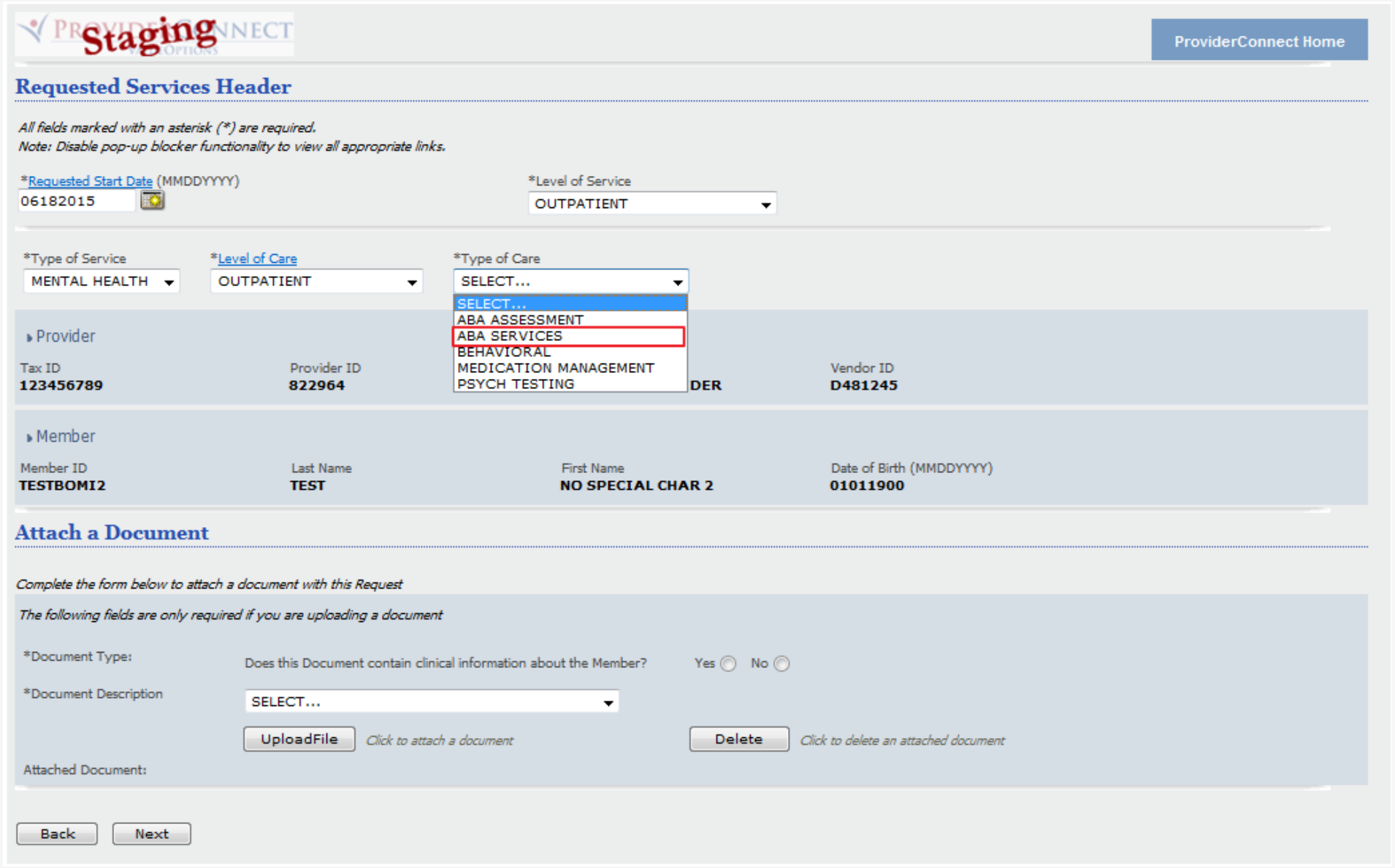
Attached Documents

Document Title	Document Description
Test.doc	Secure-Clinical Document - Assessment/Eval

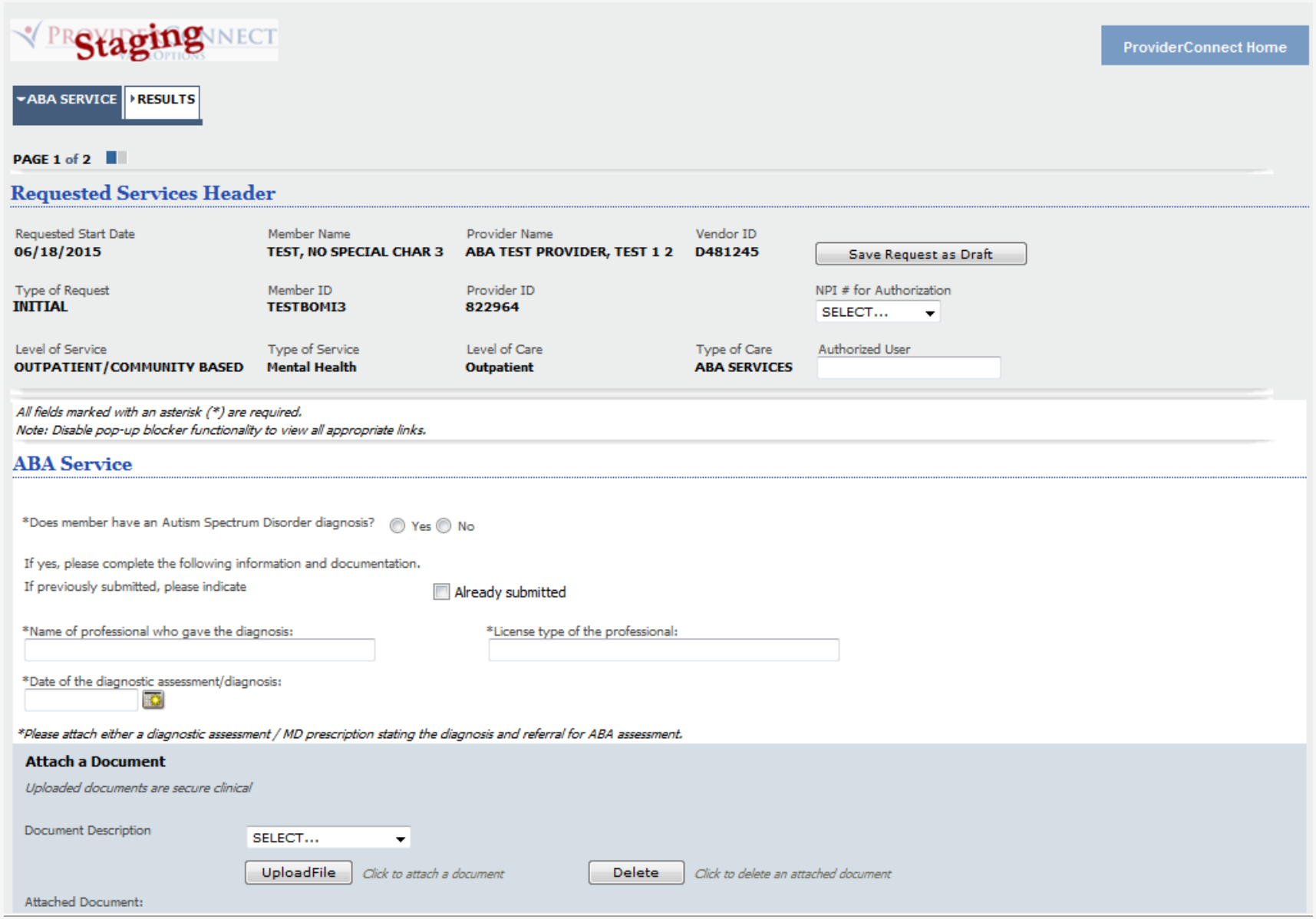
Authorization Printing & Downloading Options:
(For the best print results, please print in 'Landscape' format)

Print Authorization Result	Print Authorization Request	Download Authorization Request	Return to Provider Home
Print the Results page (this page)	*Print the entire Authorization Request*	*Download the entire Authorization Request*	*Return to the ProviderConnect homepage*

ABA Services



ABA Services



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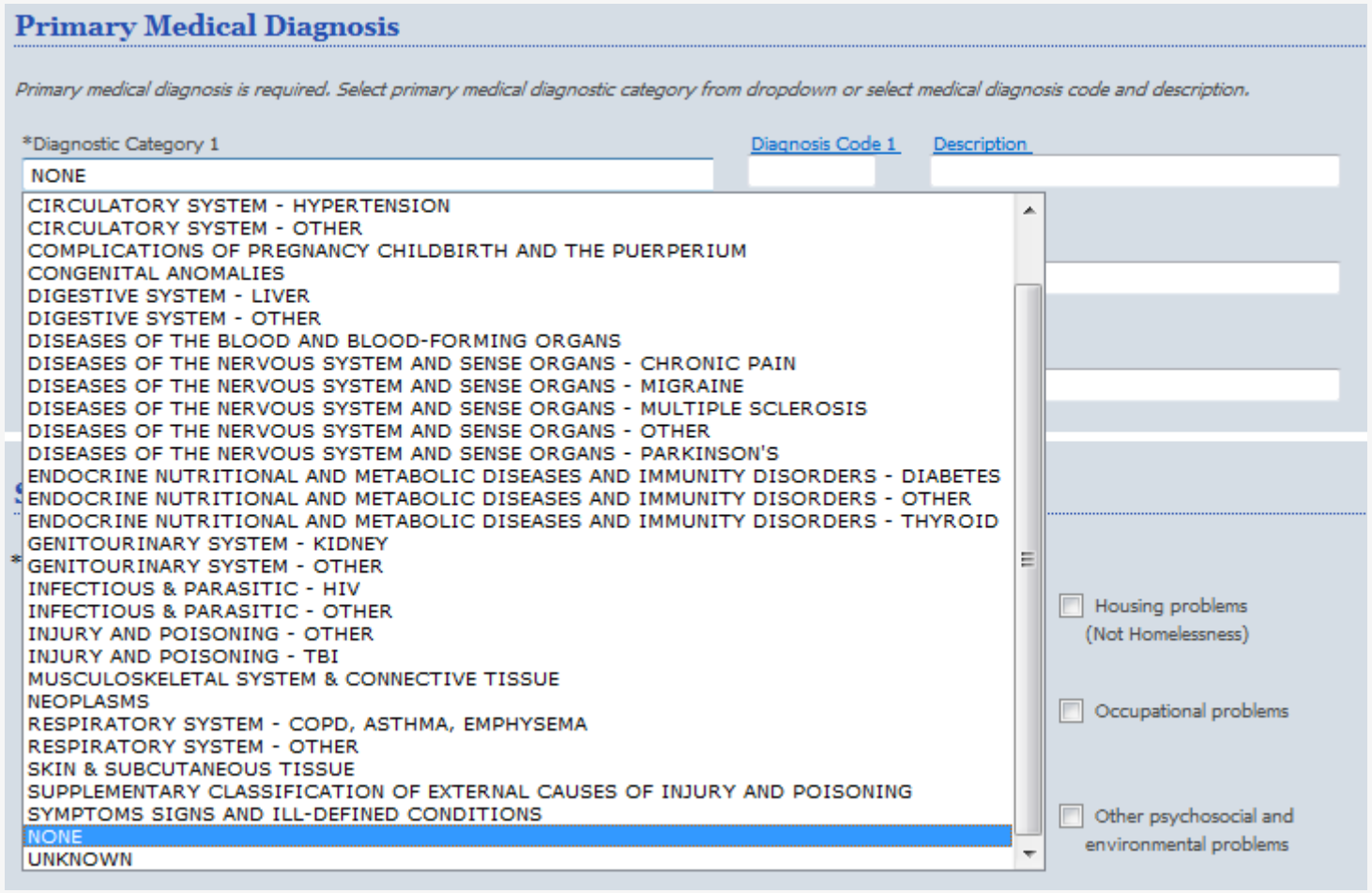
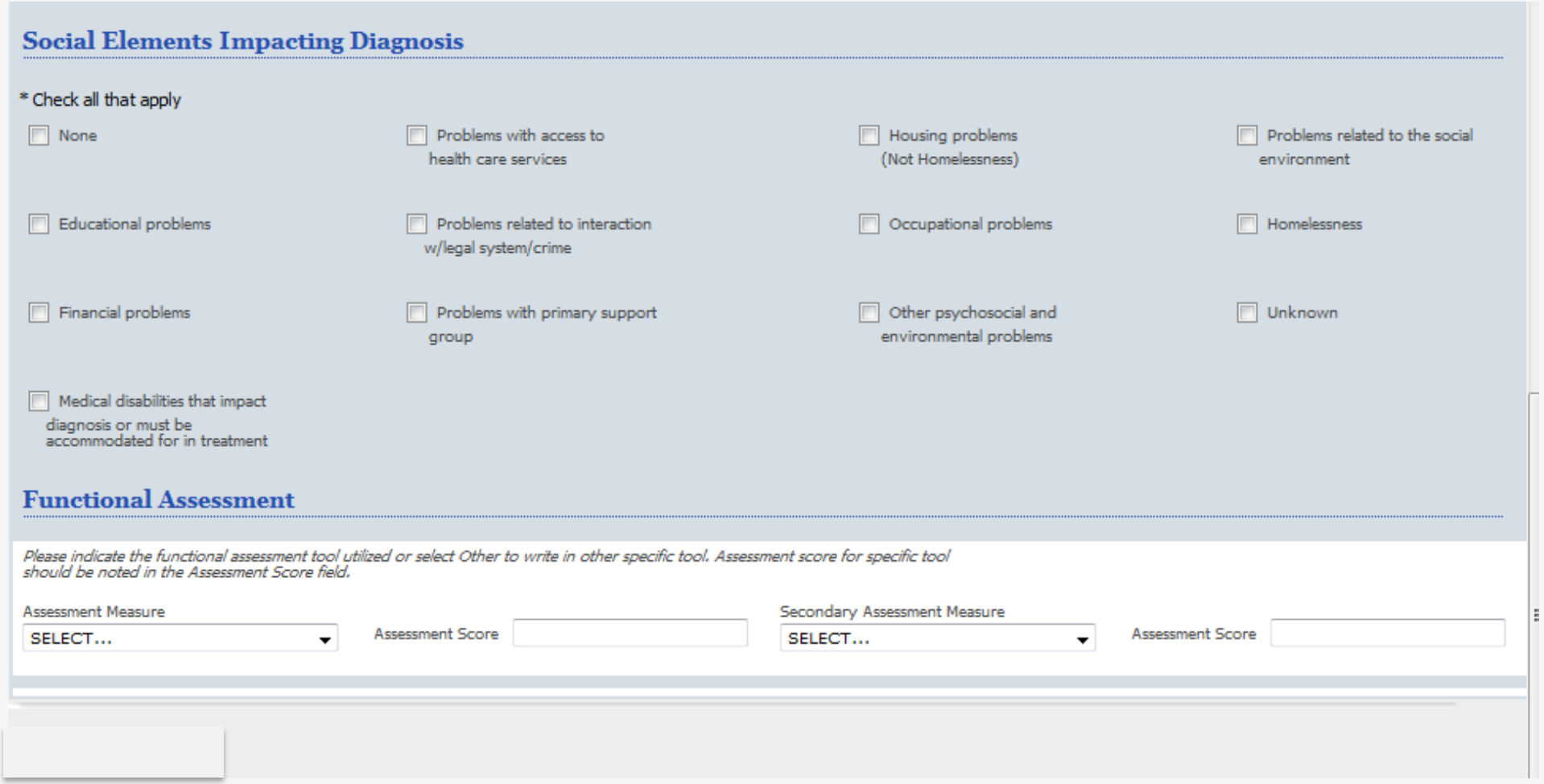
Diagnostic Category 3: SELECT...	Diagnosis Code 3	Description
Diagnostic Category 4: SELECT...	Diagnosis Code 4	Description
Diagnostic Category 5: SELECT...	Diagnosis Code 5	Description

Primary Medical Diagnosis

ABA Services
Medical Diagnosis



ABA Services
Social Elements Impacting Diagnosis



Social Elements Impacting Diagnosis

* Check all that apply

- [ ] None
- [ ] Problems with access to health care services
- [ ] Housing problems (Not Homelessness)
- [ ] Problems related to the social environment
- [ ] Educational problems
- [ ] Problems related to interaction w/legal system/crime
- [ ] Occupational problems
- [ ] Homelessness
- [ ] Financial problems
- [ ] Problems with primary support group
- [ ] Other psychosocial and environmental problems
- [ ] Unknown
- [ ] Medical disabilities that impact diagnosis or must be accommodated for in treatment

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

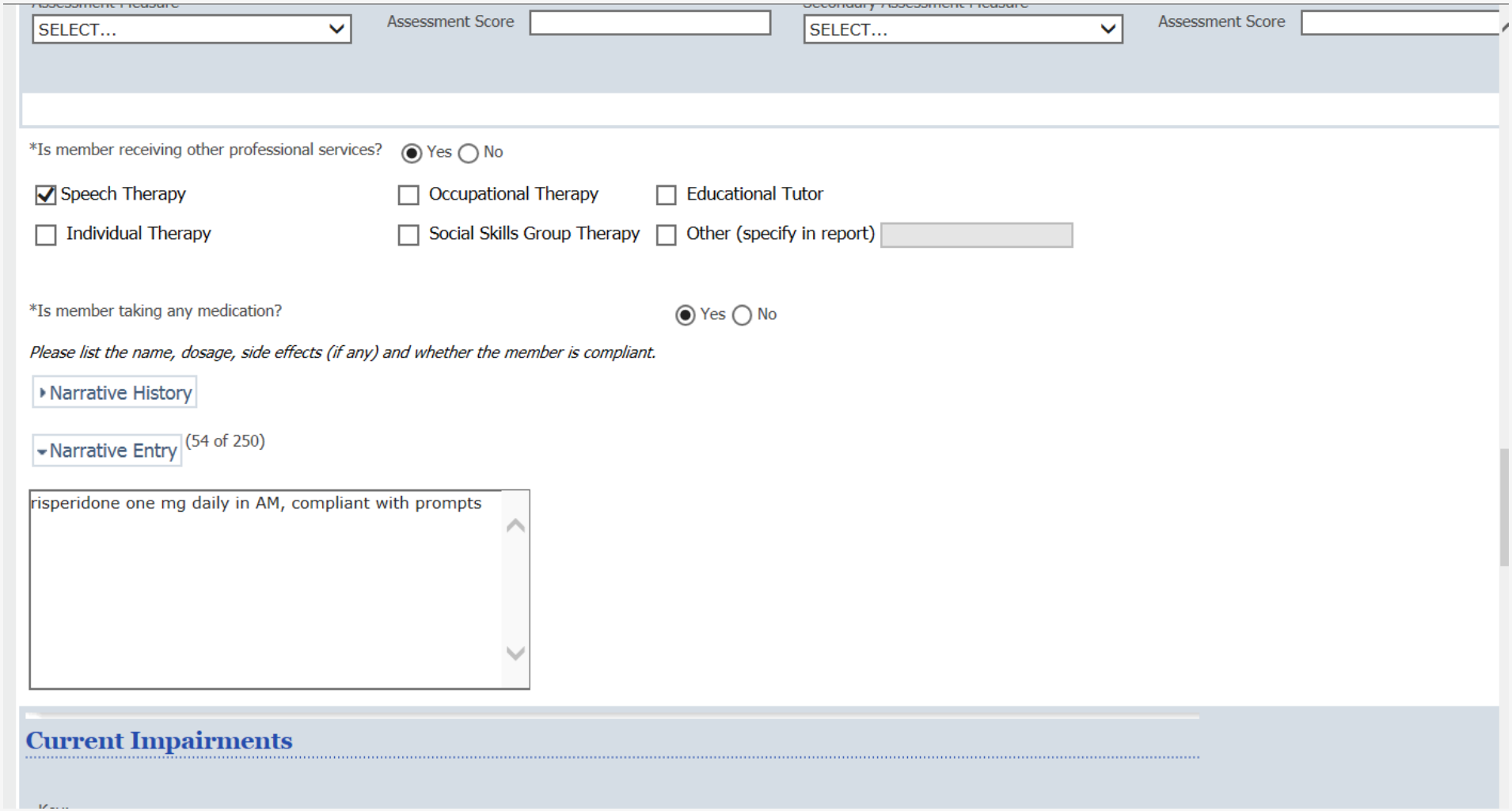
Assessment Measure: SELECT...

Assessment Score:

Secondary Assessment Measure: SELECT...

Assessment Score:

ABA Services



ABA Services
Current Impairments and Skill Impairments

*Is member receiving other professional services? Yes No

*Is member taking any medication? Yes No

Current Impairments

Key:

0 = None **1** = mild/mildly incapacitating **2** = moderate/moderately incapacitating **3** = severe or severely incapacitating **ANC** = assessment not completed

*Danger to Self
0 1 2 3 ANC

*Danger to others
0 1 2 3 ANC

*Mood Disturbance (Depression or Mania)
0 1 2 3 ANC

*Anxiety
0 1 2 3 ANC

*Psychosis/Hallucinations/Delusions
0 1 2 3 ANC

*Impulsive/Reckless/Aggressive Behavior
0 1 2 3 ANC

Current Skills Impairments

Key:

0 = Age appropriate **1** = 1 to 2 years below **2** = 3-4 years below **3** = 5 or more years below **ANC** = assessment not completed

*Cognitive/Pre-Academic Skills
0 1 2 3 ANC

*Reduction of Interfering Behaviors
0 1 2 3 ANC

*Social Skills
0 1 2 3 ANC

*Play and Leisure Skills
0 1 2 3 ANC

*Community Integration
0 1 2 3 ANC

*Language/Communication Skills
0 1 2 3 ANC

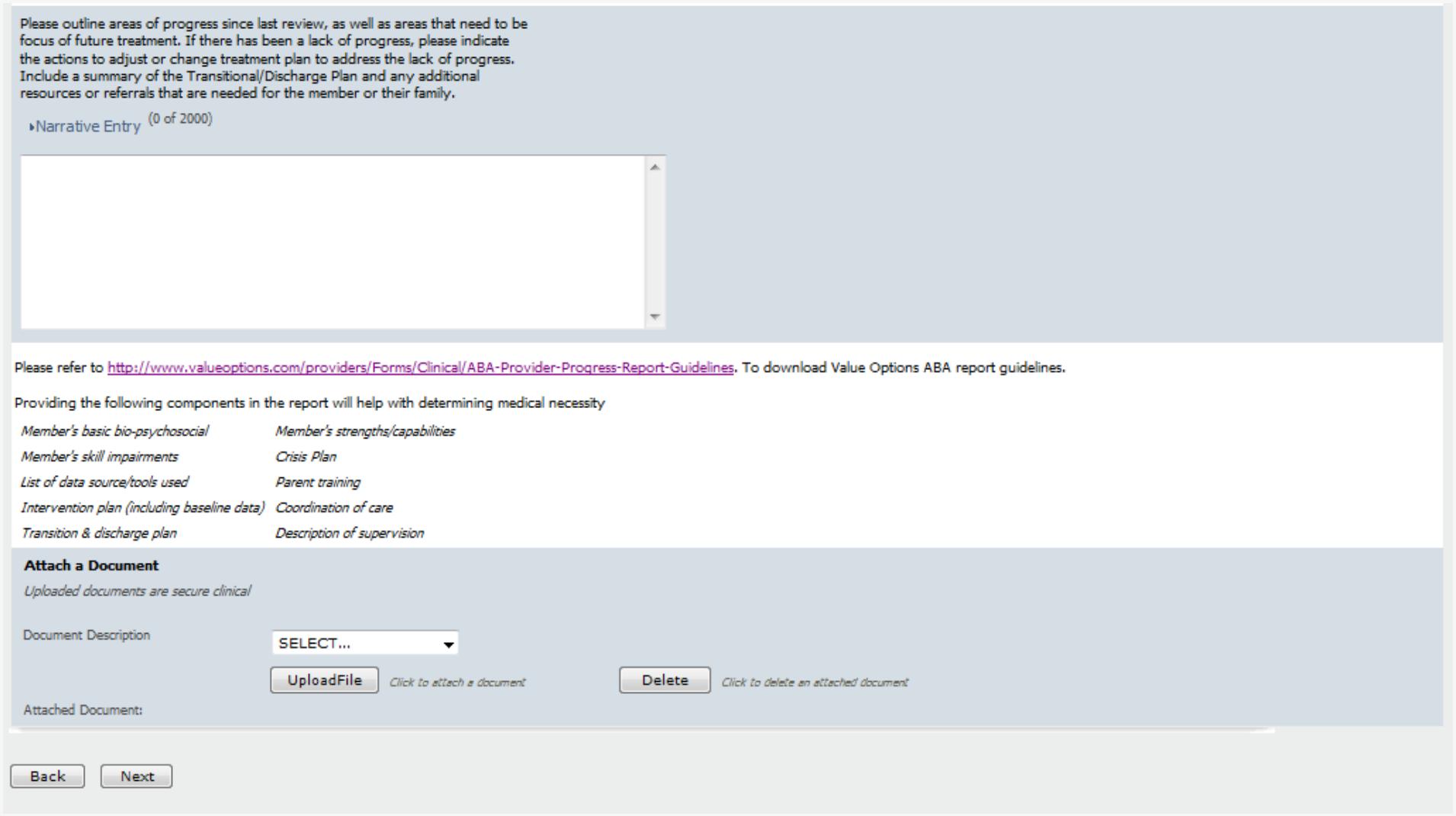
*Safety Skills
0 1 2 3 ANC

*Adaptive and Self-Help Skills
0 1 2 3 ANC

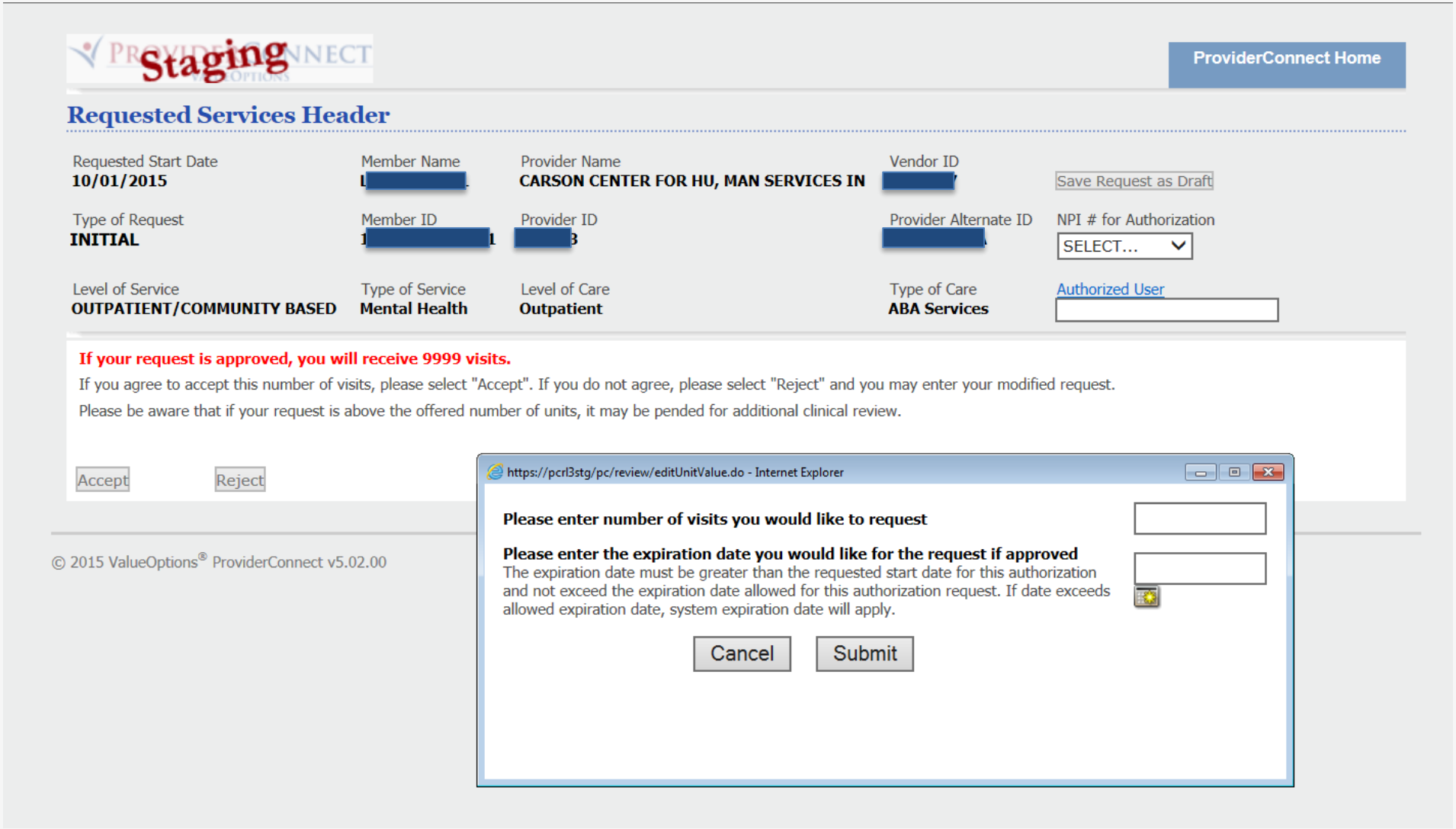
*Coping and tolerance Skills
0 1 2 3 ANC

*Other (specify in report)
0 1 2 3 ANC

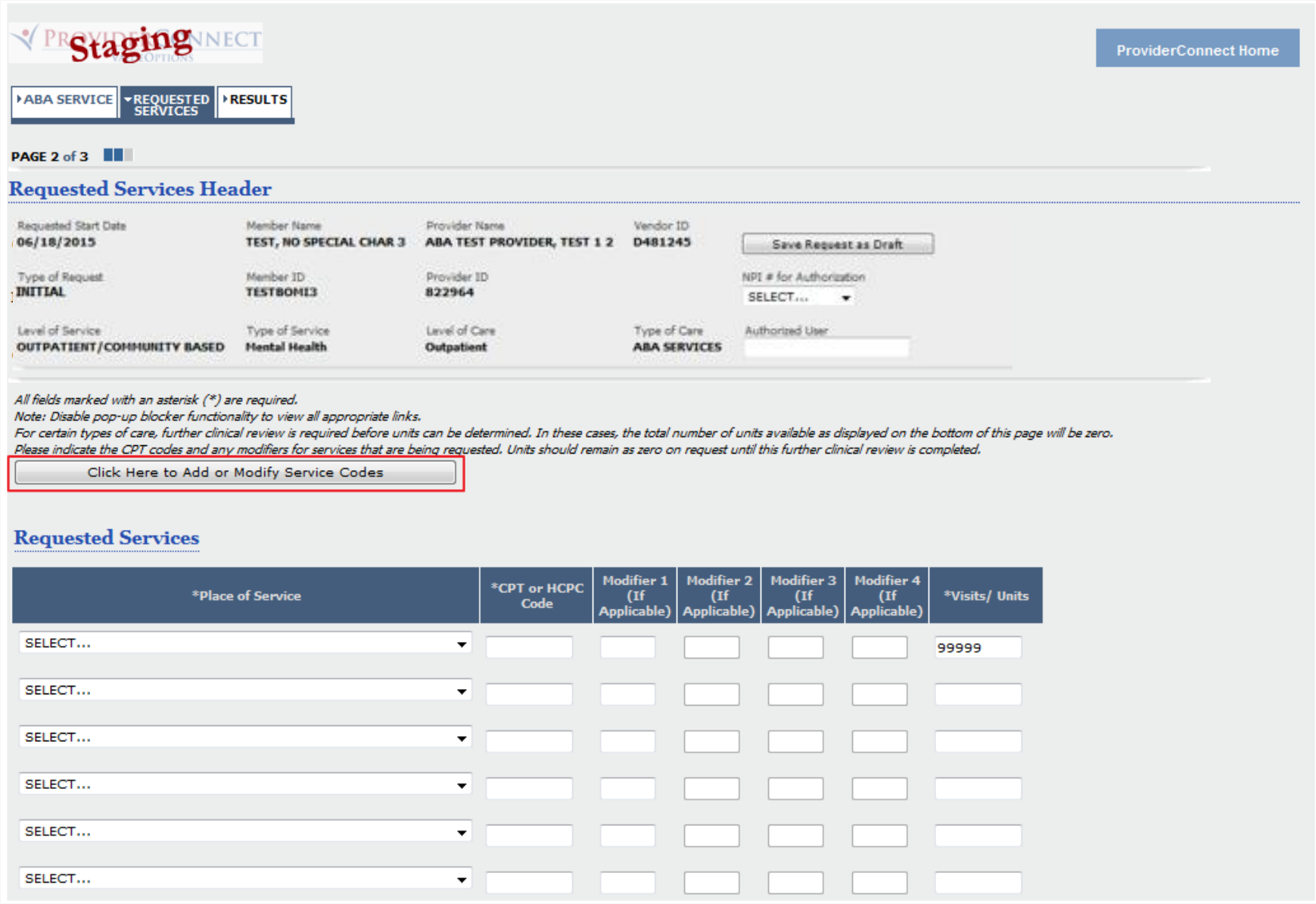
ABA Services
Progress



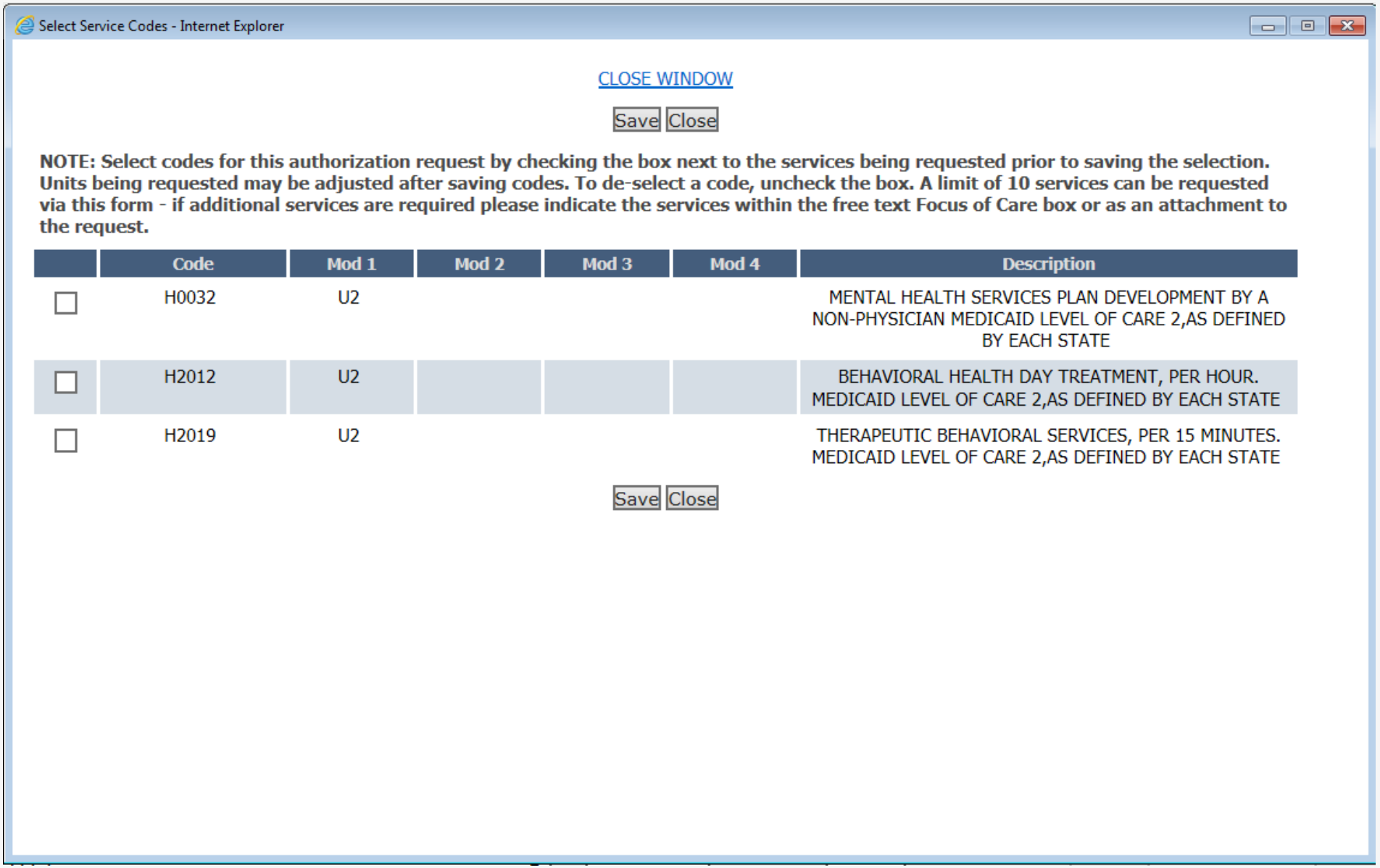
ABA Services



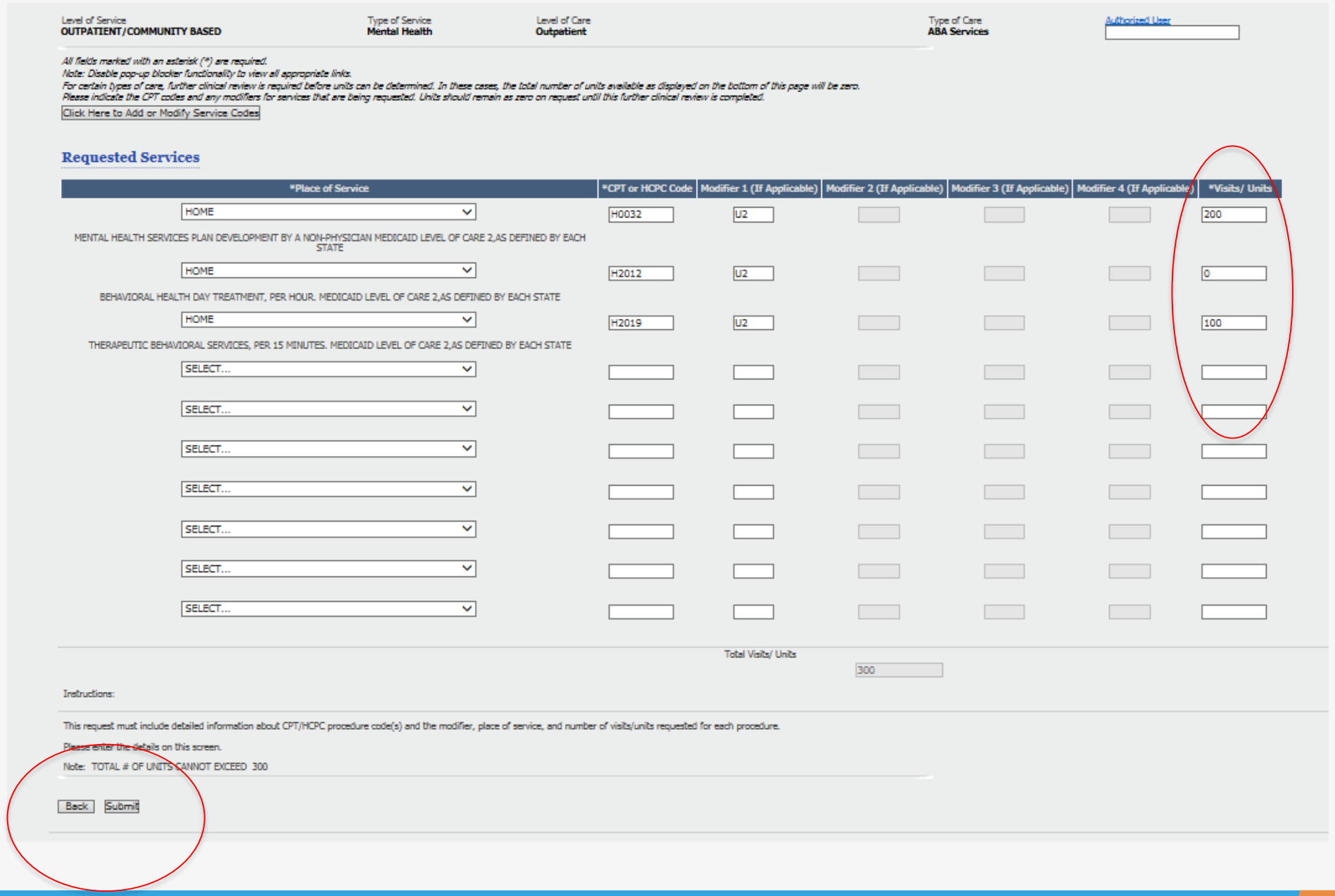
ABA Services
Requested Services



ABA Services



ABA Services



Level of Service
OUTPATIENT/COMMUNITY BASED

Type of Service
Mental Health

Level of Care
Outpatient

Type of Care
ABA Services

Authorized User

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.
For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero.
Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.

Click Here to Add or Modify Service Codes

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
HOME	H0032	U2				200
MENTAL HEALTH SERVICES PLAN DEVELOPMENT BY A NON-PHYSICIAN MEDICAID LEVEL OF CARE 2,AS DEFINED BY EACH STATE						
HOME	H2012	U2				0
BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR. MEDICAID LEVEL OF CARE 2,AS DEFINED BY EACH STATE						
HOME	H2019	U2				100
THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES. MEDICAID LEVEL OF CARE 2,AS DEFINED BY EACH STATE						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						

Total Visits/ Units: 300

Instructions:

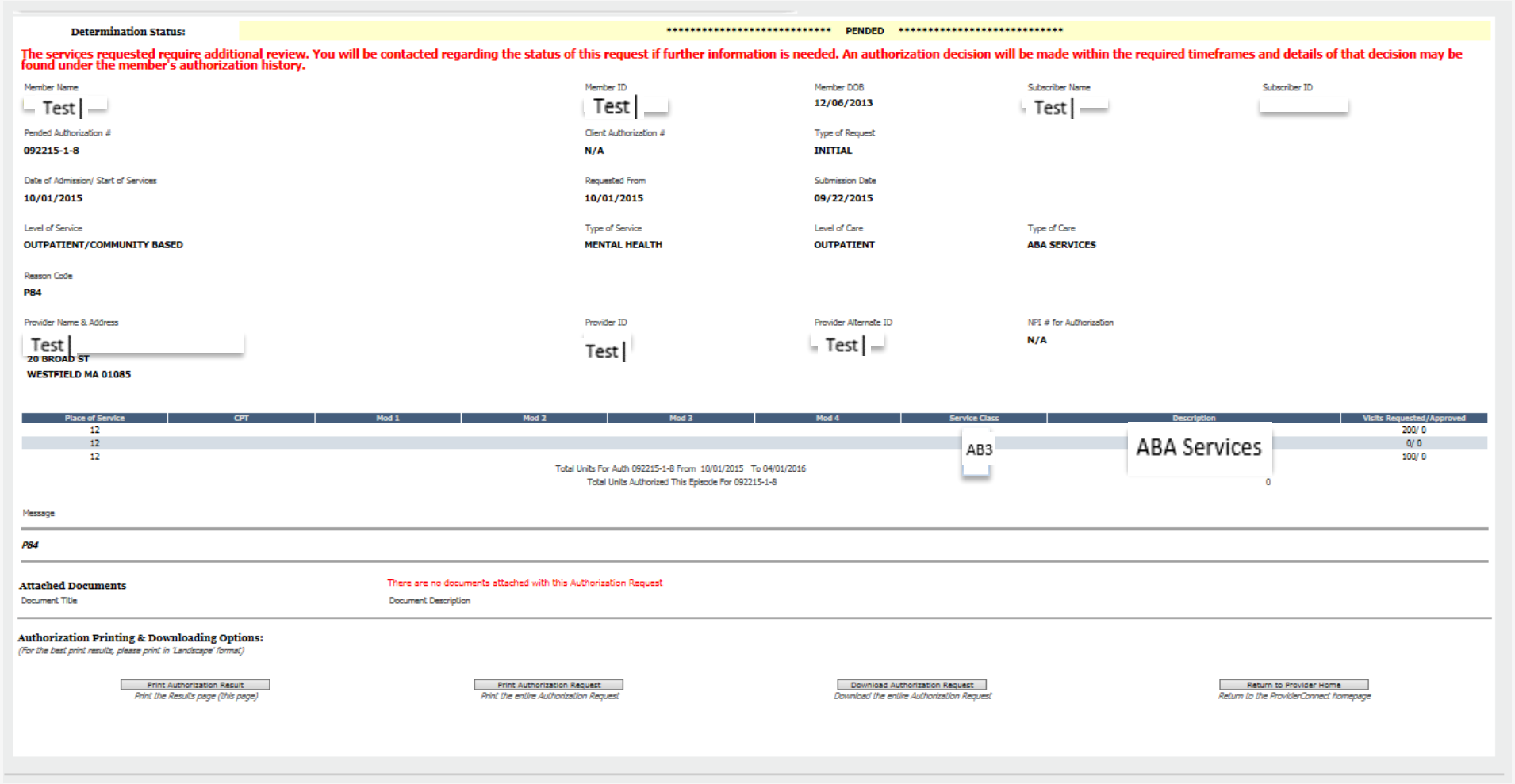
This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of service, and number of visits/units requested for each procedure.

Please enter the details on this screen.

Note: TOTAL # OF UNITS CANNOT EXCEED 300

Back Submit

ABA Services Results



Determination Status: ********** PENDED **********

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
Test	Test	12/06/2013	Test	

Pended Authorization #	Client Authorization #	Type of Request
092215-1-8	N/A	INITIAL

Date of Admission/ Start of Services	Requested From	Submission Date
10/01/2015	10/01/2015	09/22/2015

Level of Service	Type of Service	Level of Care	Type of Care
OUTPATIENT/COMMUNITY BASED	MENTAL HEALTH	OUTPATIENT	ABA SERVICES

Reason Code: PB4

Provider Name & Address	Provider ID	Provider Alternate ID	NPI # for Authorization
Test 20 BROAD ST WESTFIELD MA 01085	Test	Test	N/A

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Visits Requested/Approved
12						AB3	ABA Services	200/ 0
12								0/ 0
12								100/ 0

Total Units For Auth 092215-1-8 From 10/01/2015 To 04/01/2016

Total Units Authorized This Episode For 092215-1-8 0

Message

PB4

Attached Documents

There are no documents attached with this Authorization Request

Document Title | Document Description

Authorization Printing & Downloading Options:

(For the best print results, please print in 'Landscape' format)

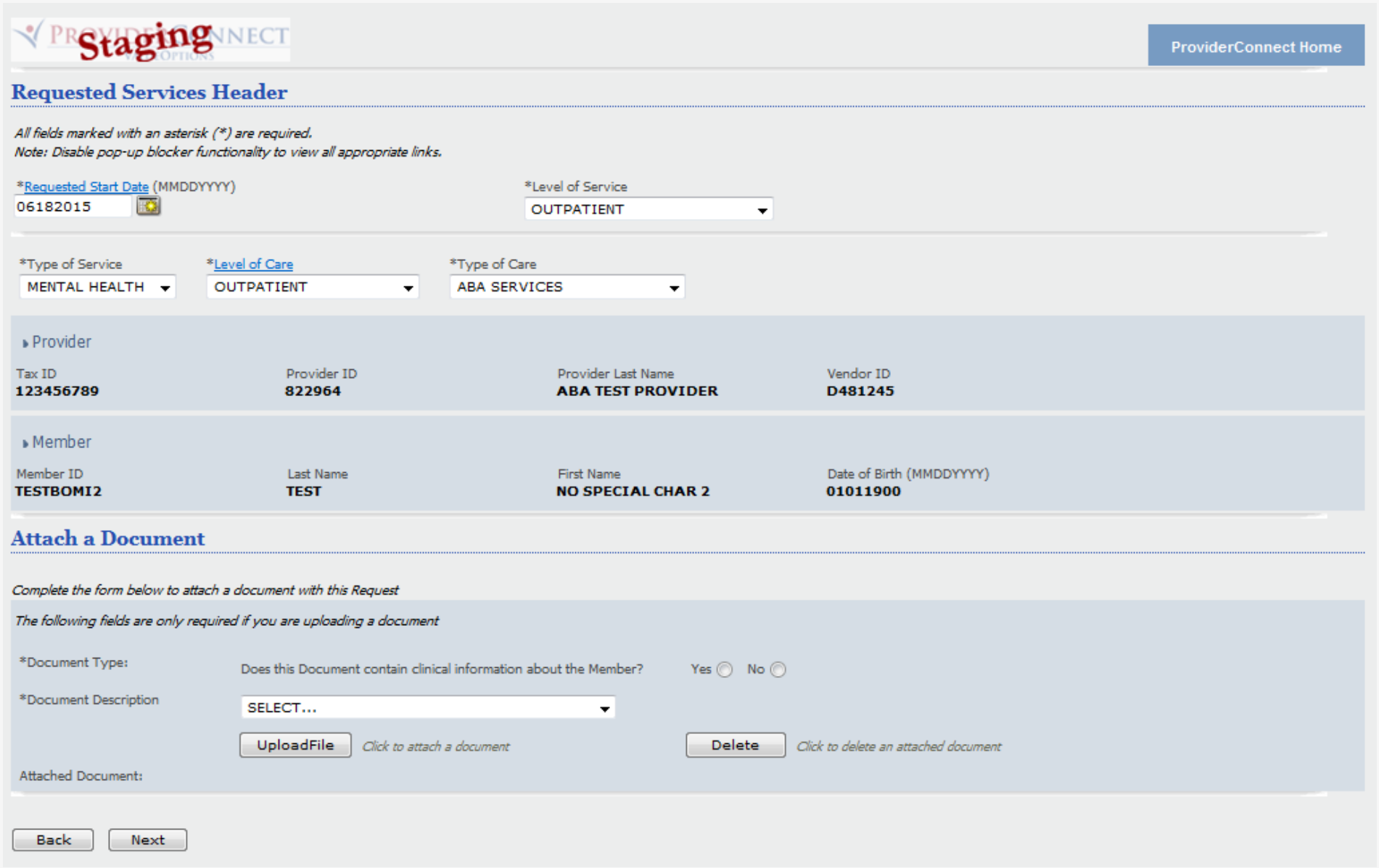
Print Authorization Result — *Print the Results page (this page)*

Print Authorization Request — *Print the entire Authorization Request*

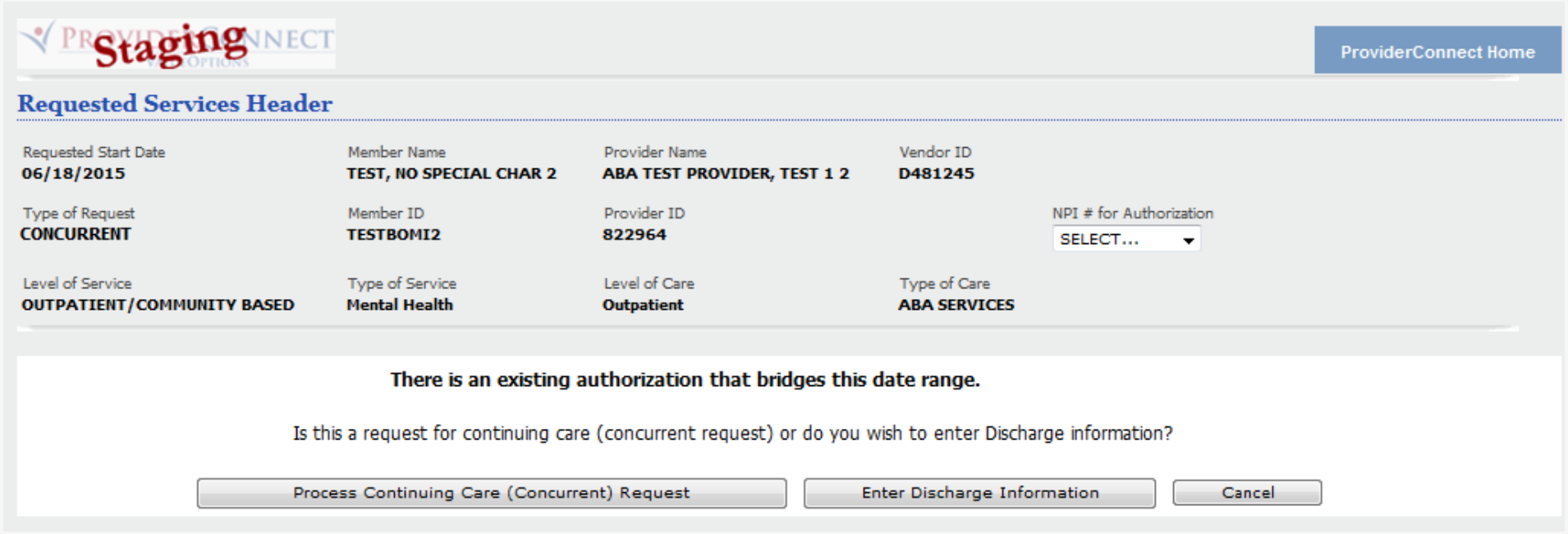
Download Authorization Request — *Download the entire Authorization Request*

Return to Provider Home — *Return to the ProviderConnect homepage*

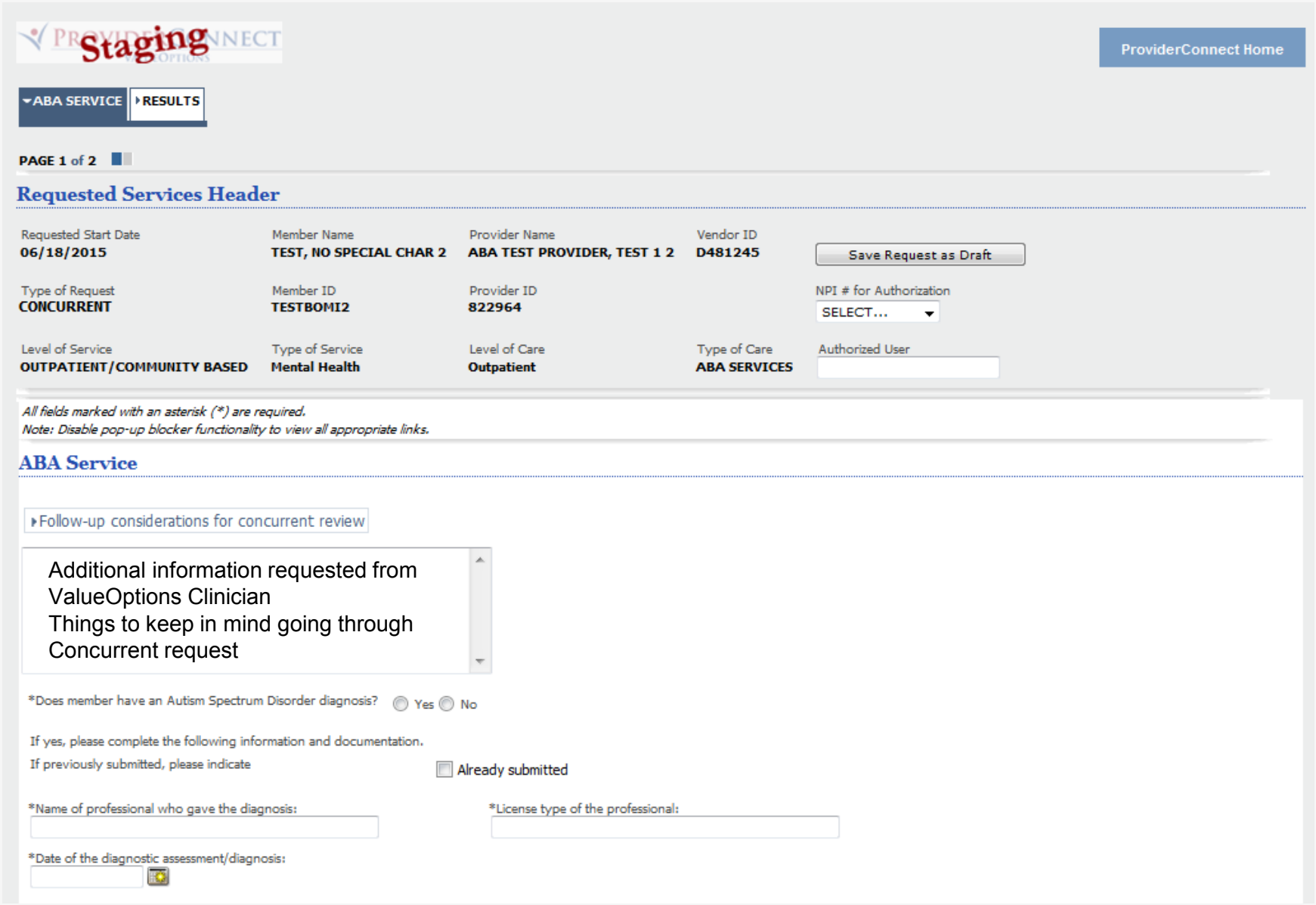
Concurrent Request



Concurrent Request

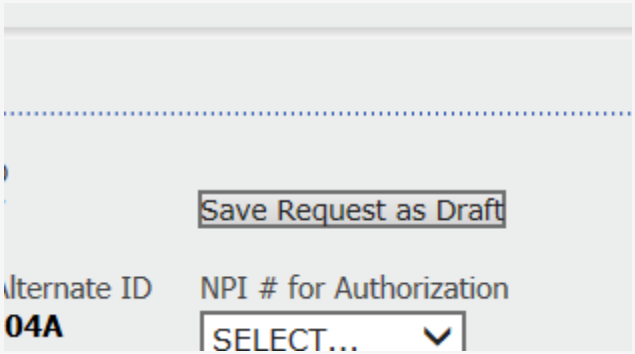


Concurrent Request



PC TIP

When filling out any of the authorization request forms, there is an option to save the request as a draft, so you can complete it later. Use the *Save Request as Draft* button located in the upper right corner of each screen.



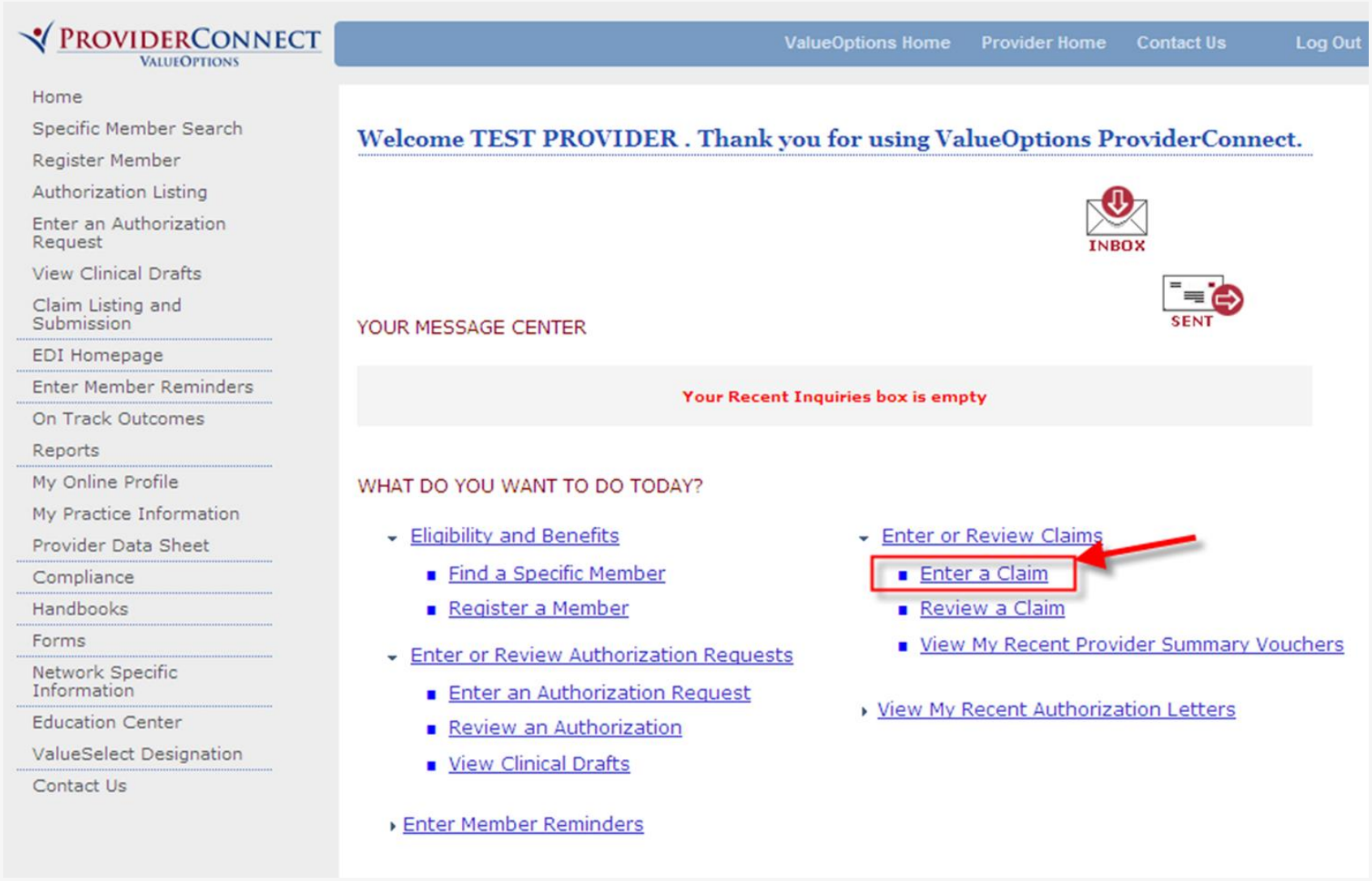
Keep in mind, the saved draft has not been submitted to MBHP.

You must remember to go back to it, complete the form, and submit it.

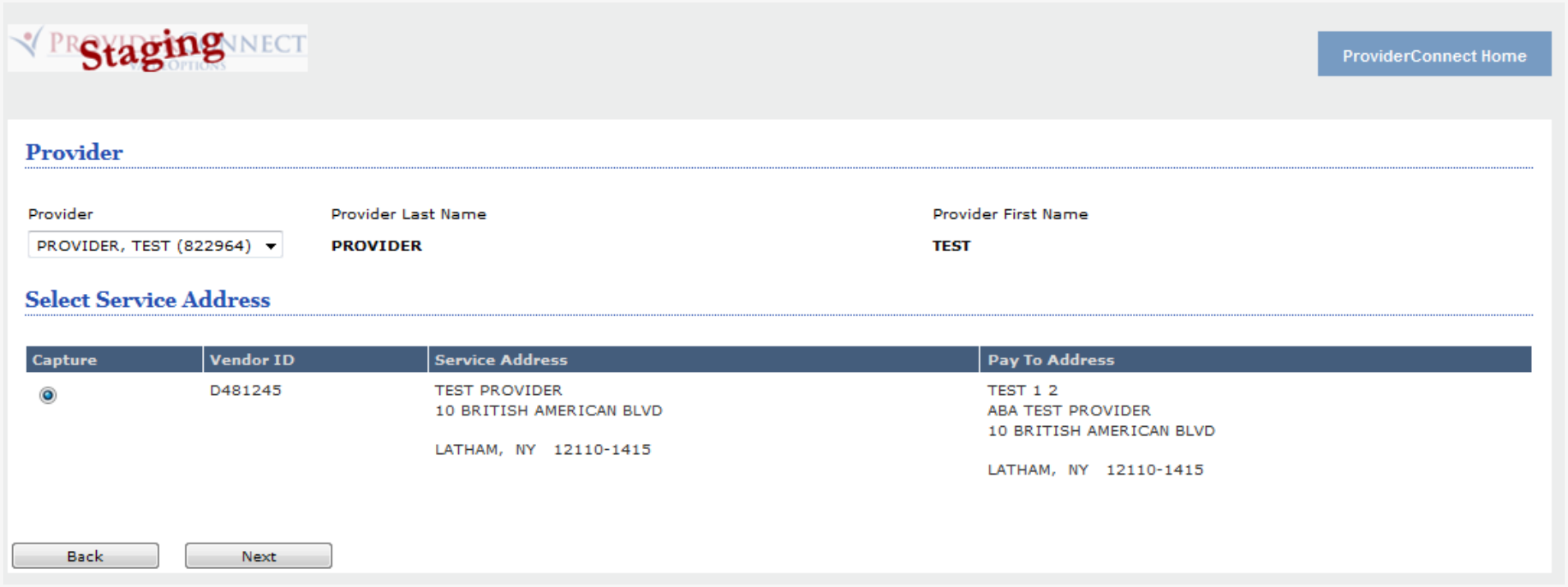
Direct Claim Submission

- Provides ability to enter a claim directly into ProviderConnect portal without using special software
- Expedites processing of the claim and payment
- Available for professional services only, not higher levels of care
- Recommended for providers submitting a lower volume of outpatient claims

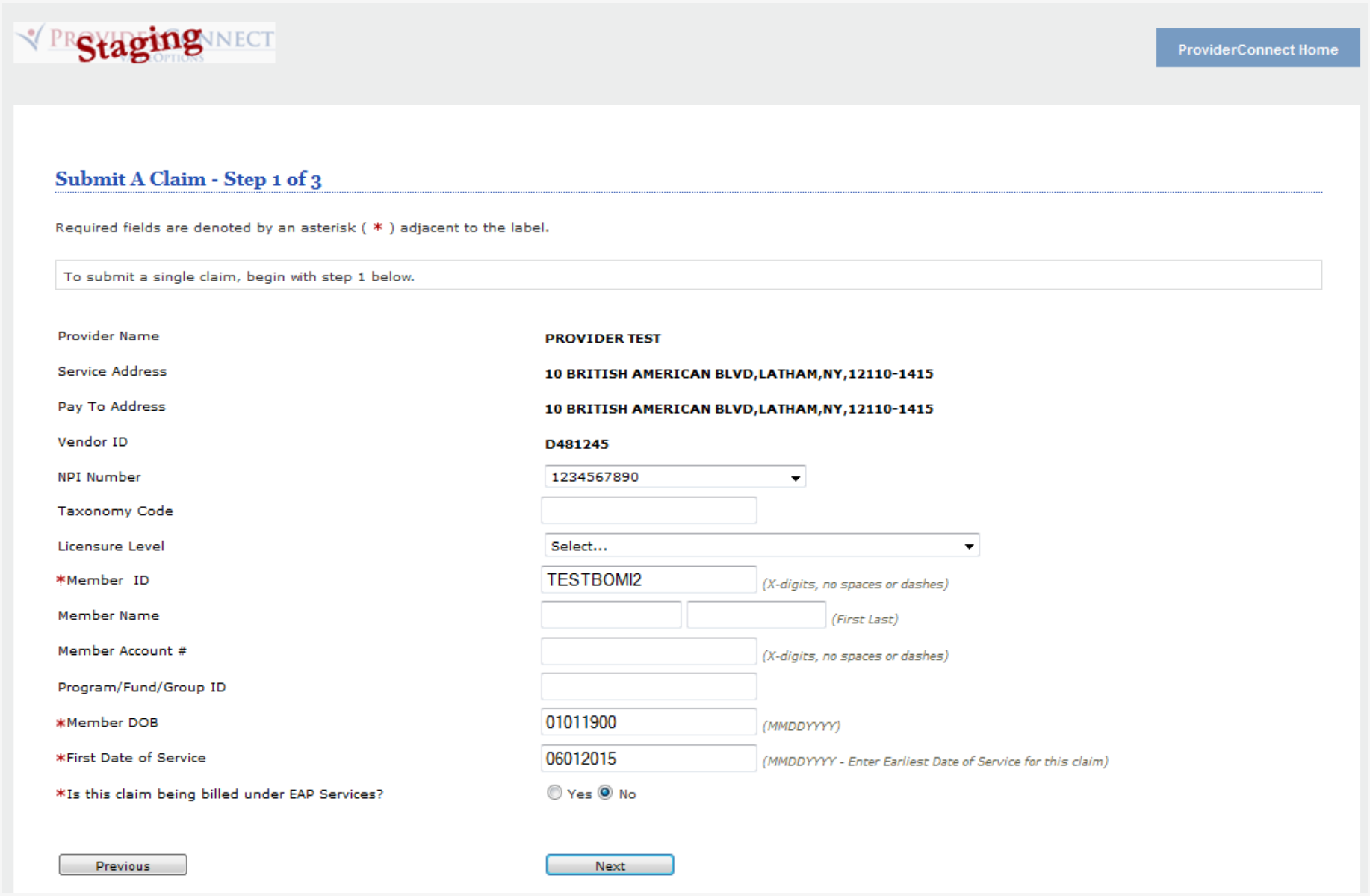
Direct Claim Submission



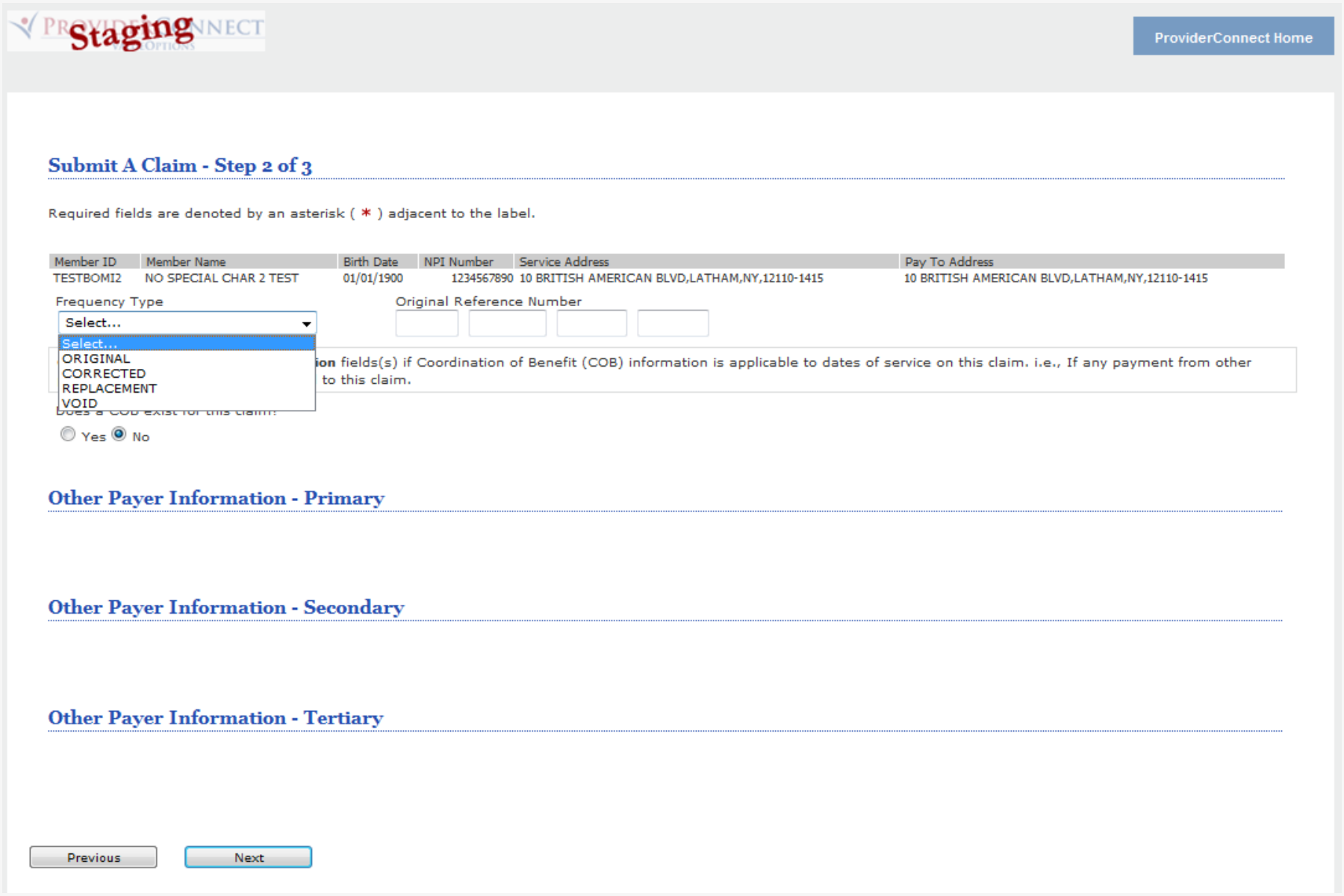
Direct Claim Submission



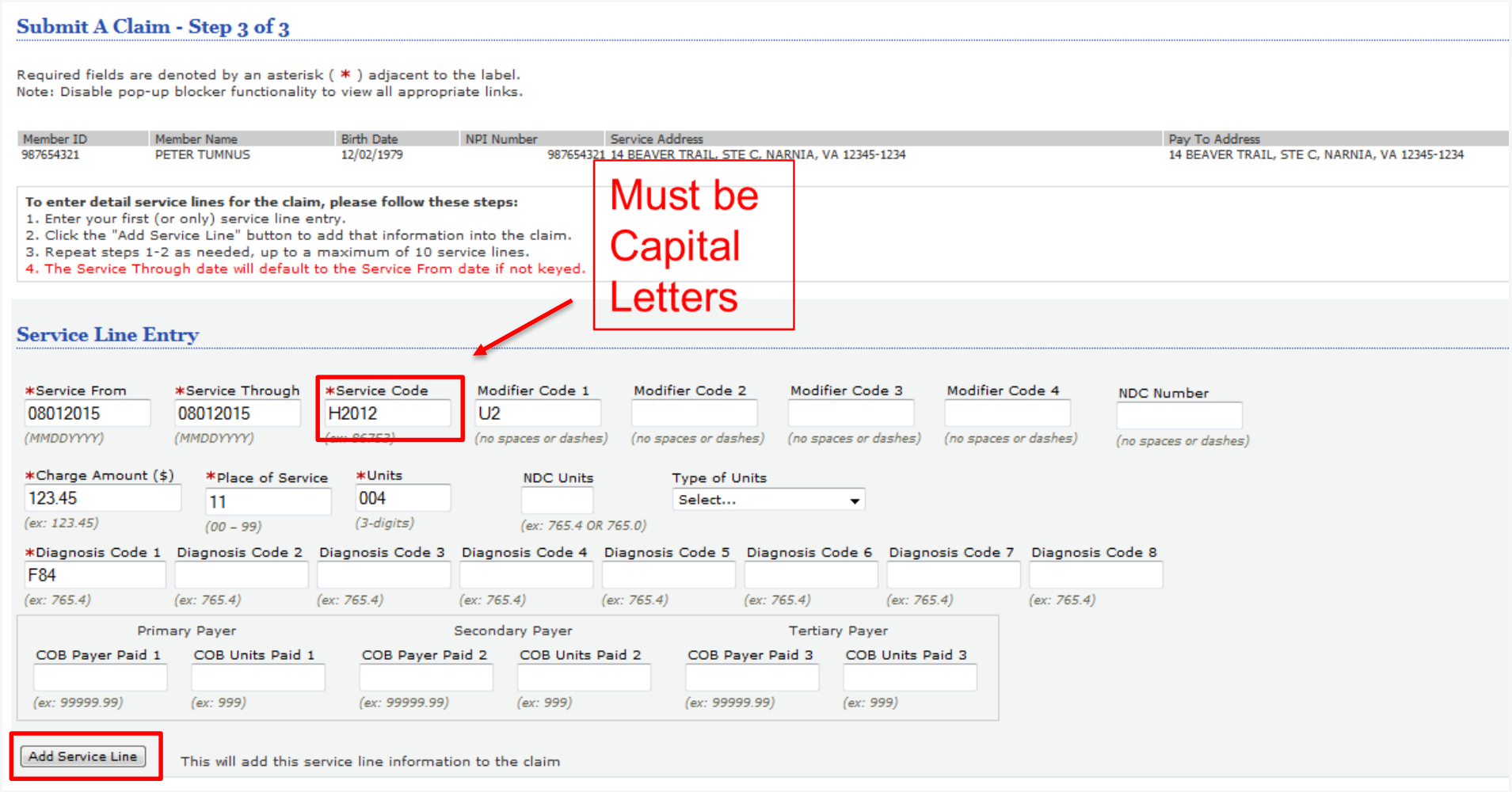
Direct Claim Submission



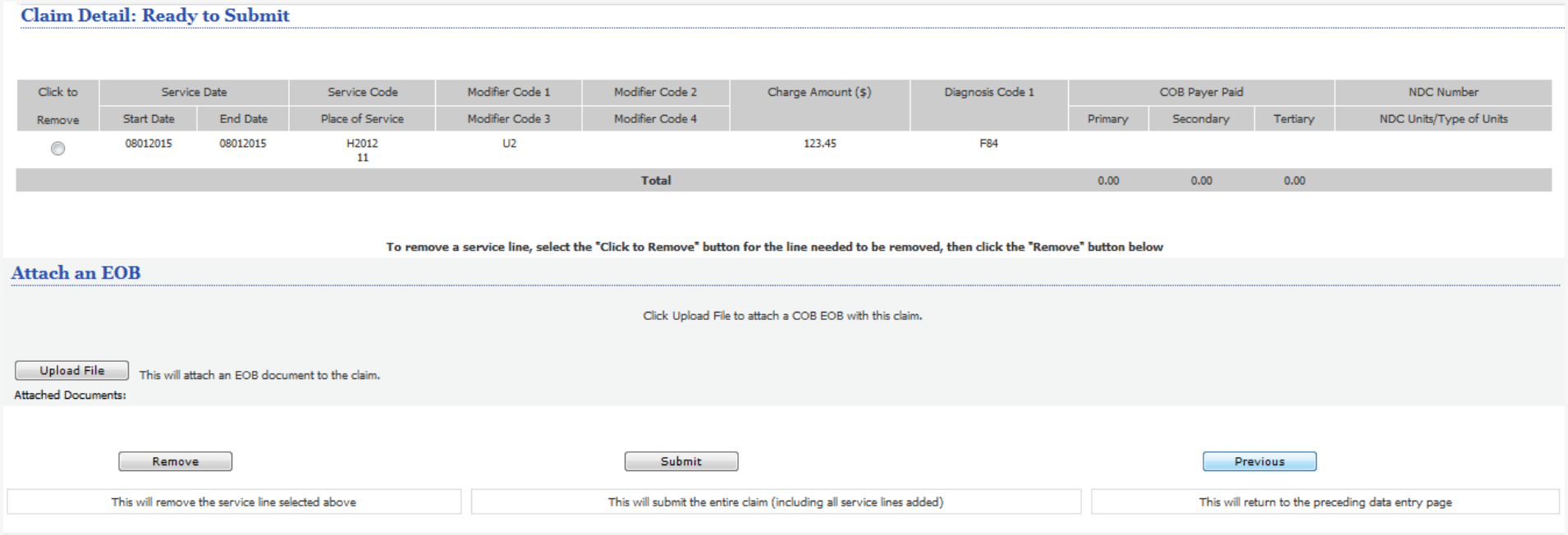
Direct Claim Submission



Direct Claim Submission



Direct Claim Submission



Claim Detail: Ready to Submit

Click to Remove	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount ($)	Diagnosis Code 1	COB Payer Paid			NDC Number
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	NDC Units/Type of Units
○	08012015	08012015	H2012 11	U2		123.45	F84				
					Total			0.00	0.00	0.00	

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

Attach an EOB

Click Upload File to attach a COB EOB with this claim.

Upload File This will attach an EOB document to the claim.

Attached Documents:

Remove — This will remove the service line selected above

Submit — This will submit the entire claim (including all service lines added)

Previous — This will return to the preceding data entry page

Summary Page

Submit A Claim

Submission Results : ********** CLAIM ENTERED **********

Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID	**PROVIDER-822964**
Vendor ID	**D481245**
Patient ID	**TESTBOMI2**
Patient Name	**TEST, NO SPECIAL CHAR 2**
Program/Fund/Group ID	
Patient Date of Birth	**01/01/1900**
NPI Number	**1234567890**
Taxonomy Code	
Licensure Level	
Claim #	123101-00004-00004

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount ($)	Diagnosis Code 1	COB Payer Paid			N
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	NDC U
1	08012015	08012015	H2012 11			95.00	F84	0.00	0.00	0.00	
							Total	0	0	0	

Attached EOBs :

Document1Title.doc

Enter New Claim

Contact Information

ValueOptions EDI Helpdesk
(ProviderConnect Technical Questions)

Monday through Friday, 8:00 a.m. - 6:00 p.m. ET

Phone: (888) 247-9311

Email: e-supportservices@valueoptions.com

MBHP

1-800-495-0086

Questions?