Agenda

- Requesting authorization
- 2019 CPT® autism crosswalk
- Claim submission options
- Magellan provider website
Requesting authorization

Purpose: To authorize care based on a thorough assessment of the member’s unique needs, with services delivered at the least intensive, appropriate level of care.

• Requesting pre-authorization is the responsibility of the provider/program/facility.
• The request for the initial assessment and plan development (FBA) is required.
• To request continued services, you will submit via fax an updated, individualized treatment plan. Continuing services is authorized in 15-minute increments.
• Frequency of authorization reviews may depend on state requirements, clinical rationale of services being requested and member clinical need for ABA services.
• You can find the forms to submit the initial assessment and concurrent review on www.MagellanProvider.com.
  – Sign in to your account.
  – Click on News & Publications
  – Click on State, Plan & EAP Specific Information
  – Click on Autism.
Required components of the treatment plan

• The Behavior Plan section of the report should include:
  − At least two behaviors targeted for reduction (e.g. aggression, stereotype, SIB, elopement, property destruction, PICA, etc.)
  − Detailed definition, topography, and proposed function of each behavior
  − Interventions
  − Baseline data
  − Mastery criteria
  − Current frequency/graph of progress
  − Replacement behavior/skill acquisition goals
  − Caregiver training goals with progress information
  − Provide the following as relevant to treatment:
    background, current services, as well as treatment hour recommendation and duration.

• All treatment plans must adhere to BACB guidelines.
Magellan clinical policy resources—MNC

• Magellan’s medical necessity criteria are based on scientific evidence.

• Magellan clinical leaders review the criteria annually, taking into consideration:
  − Current scientific evidence
  − Provider feedback

• MNC are available at www.MagellanProvider.com under Providing Care/Clinical Guidelines.
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## Crosswalk of ABA codes

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>HCPC</th>
<th>T-Code</th>
<th>Category I</th>
<th>Category 1 Interval</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBA</td>
<td>H0031/H0032</td>
<td>0359T, 0360T+0361T</td>
<td>97151</td>
<td>15 minutes</td>
<td></td>
</tr>
<tr>
<td>FBA</td>
<td>NA</td>
<td>NA</td>
<td>97152</td>
<td>NA</td>
<td>Not a covered code</td>
</tr>
<tr>
<td>Direct</td>
<td>H2019</td>
<td>0364T+0365T</td>
<td>97153</td>
<td>15 minutes</td>
<td>Only available for technicians</td>
</tr>
<tr>
<td>Social Skills</td>
<td>H2014</td>
<td>0366T+0367T</td>
<td>97154</td>
<td>15 minutes</td>
<td>Two or more clients; technician only</td>
</tr>
<tr>
<td>Direct by QHP/Supervision</td>
<td>H0032/G9012</td>
<td>0368T+0369T</td>
<td>97155</td>
<td>15 minutes</td>
<td>We do accept overlap with technician; all services are direct.</td>
</tr>
<tr>
<td>Parent Training – 1:1</td>
<td>S5110</td>
<td>0370T</td>
<td>97156</td>
<td>15 minutes</td>
<td>Parent training with or without member present</td>
</tr>
<tr>
<td>Parent Training - Group</td>
<td>S5111</td>
<td>0371T</td>
<td>97157</td>
<td>15 minutes</td>
<td>Group parent training with or without member present</td>
</tr>
<tr>
<td>Social Skills</td>
<td>H2014</td>
<td>0372T</td>
<td>97158</td>
<td>15 minutes</td>
<td>Two or more clients; QHP only</td>
</tr>
<tr>
<td>Reassessment</td>
<td>H0032/G9012</td>
<td>0368T+0369T</td>
<td>90889</td>
<td>15 minutes</td>
<td>Reassessment/report writing hours; indirect Not available in all markets.</td>
</tr>
<tr>
<td>FA of severe behaviors</td>
<td>H2019</td>
<td>0362T+0363T</td>
<td>0362T</td>
<td>15 minutes</td>
<td>Severe behaviors, authorized as medically necessary. Not available in all markets.</td>
</tr>
<tr>
<td>Direct for severe behaviors</td>
<td>H2019</td>
<td>0362T+0363T</td>
<td>0373T</td>
<td>15 minutes</td>
<td>Two or more techs; QHP has to be onsite. Not available in all markets.</td>
</tr>
</tbody>
</table>
Notes on new Category I codes

• All supervision hours must be direct.
  – Certain plans allow for reassessment hours. Please check your fee schedule for more information.

• Qualified healthcare professional (QHP), aka BCBA, cannot bill for direct services.
  – All QHP hours must be billed using the 97155 code.

• Severe behaviors should still be billed under T-codes.
  – Requests for severe behaviors require prior approval and must have a QHP on site.

• QHP can be billed at the same time as direct services.

• Parent training can be billed at the same time as direct services.

• Modifiers still apply for all services.
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Claim submission options

Three electronic submission options...

#1 Claims Courier

Claims Courier (*Submit a Claim Online*) is a web-based data entry application for providers submitting professional claims on a claim-at-a-time basis

- Accessible after sign-in on Magellan’s provider website
- Claims Courier streamlines the claims process by eliminating the middleman
- Claims Courier provides information on accepted or rejected claims
- No charge to the provider
Claim submission options (continued)

#2 Direct Submit

Primarily for high-volume claim submitters, but there is no minimum number necessary for submission

- Magellan offers our providers the EDI Direct Submit testing application, which is an electronic claims tool available on an EDI-dedicated website at www.edi.MagellanProvider.com
- HIPAA-compliant 837 files can be sent directly to Magellan
- HIPAA-compliant 277 files can be sent directly to provider to review for accepted or rejected claims
- Direct Submit streamlines the process by eliminating the middleman
- No charge to the provider
Claim submission options (continued)

#3 Claims Clearinghouses

Act as a middleman between the provider and Magellan, and can transform non-HIPAA compliant format to compliant 837

Magellan accepts 837 transactions from the following clearinghouses:

- Payerpath
- Capario
- Availity
- Change Healthcare (formerly Emdeon Business Services)
- Trizetto Provider Solutions, LLC.
- RelayHealth
- Office Ally
- HealthEC (formerly IGI Health, LLC)

HIPAA-compliant 277 files enable providers to review for accepted or rejected claims

*Note that there may be charges from the clearinghouses.*
Electronic funds transfer (EFT)

It is mandatory that providers sign up for EFT for Magellan-paid claims

What are the benefits of EFT?
- Claims payments get to your bank account more quickly than the standard process of mailing and cashing or depositing a check
- No risk of lost or misplaced checks
- More time to devote to your practice

Explanation of Benefits (EOB) are available on www.MagellanProvider.com
- Sign into the secure network
- Click on Check Claims Status from the left-hand menu
- Click on the EOB Search on the top tab
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Magellan website features

- *Provider Focus* behavioral health newsletter
- Electronic claims submission information
- HIPAA billing code set guides
- Medical necessity criteria
- Clinical practice guidelines
- Clinical and administrative forms
- Cultural competency resources
- Demos of all our online tools/applications (go to *Education/Online Training*)

- Plus, visit the *Autism Resource Center* on our *member* website at [https://www.magellanassist.com/autismsa/index.aspx](https://www.magellanassist.com/autismsa/index.aspx)
Updating your practice data is critical to all transactions with Magellan.

**Practice data impacts:**
- Authorization notifications
- Recredentialing notifications
- Network/contractual-related communications
- Provider directories
- Claims payment

**Office managers/group administrators must be cautious**
when updating practitioner information, particularly when the provider maintains a solo practice and/or works for other group practices.
What you need to do – solo clinicians

Notify Magellan within 10 business days of any changes in your individual practice information including:

- General information
- Contact information
- Access / availability
  - Promptly notify us if you are unable to accept referrals for any reason including:
    - Illness
    - Practice not accepting new patients
    - Professional travel, sabbatical, vacation, leave of absence, etc.
- Specialties
- Service, mailing or financial address
What you need to do – group practices

Notify Magellan within 10 business days of any changes in your practice information including:

- General information
- Contact information
- Access / availability
  - Promptly notify us if you are unable to accept referrals for any reason including:
    - Illness
    - Practice not accepting new patients
    - Professional travel, sabbatical, vacation, leave of absence, etc.
- Specialties
- Service, mailing or financial address
- Practitioners departing the group practice
- New practitioners joining the group practice
What you need to do

- Magellan’s **mandatory** online Provider Data Change Form (PDCF) allows you to update your information in real time
  - Go to [www.MagellanProvider.com](http://www.MagellanProvider.com)
  - Sign in to your account
  - Click *Display/Edit Practice Information* from left-hand menu

- Training is available online under the *Education* heading on the provider website

- Magellan network staff members also are available to assist with provider training
Provider Data Change Form

Select from the options below to edit your practice information.

452145026 LINDEN, ADRIENNE (111111000)

You must click on each of the sections indicated with a 1 below, review your information (and update as needed), then click "I Attest".

I attest that I have reviewed the data contained in the following sections:

- General Information
- Access
- Specialties, Languages & Age Range
- Mailing Address & Professional Email Address
- Service Address, Hours & Medicaid ID Information

I Attest
Thank you

**Questions?**
Contact your area field network representative or email [MPComSupport@MagellanHealth.com](mailto:MPComSupport@MagellanHealth.com).

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