

Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers with a Psychiatric Specialty, Behavioral Treatment Providers, Case Management Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Nurse Practitioners, Occupational Therapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Psychologists, Qualified Treatment Trainees, Speech-Language Pathologists, Substance Abuse Counselors, HMOs and Other Managed Care Programs

Changes to Coverage Policy and Prior Authorization Requirements for Behavioral Treatment

This *ForwardHealth Update* announces changes to behavioral treatment prior authorization (PA) requirements and focused treatment coverage policy and also clarifies coverage policy effective for dates of service (DOS) on and after October 1, 2017.

Behavioral treatment policy from this *Update* will be added to the Online Handbook in early October. For current policy and billing information specific to behavioral treatment, providers should refer to the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/.

Overview

The behavioral treatment benefit covers services designed specifically for adaptive behavior assessment and treatment. Treatment may be authorized for members with autism or other diagnoses or conditions associated with deficient adaptive or maladaptive behaviors. Intensive, early intervention behavioral treatment is appropriate to close the developmental gap in young children. Lower-intensity treatment that focuses on specific behaviors or deficits is also available. The primary goal of behavioral treatment is to prepare members and their families for successful long-term participation in normative settings and activities at home, in school, and in the community.

Changes to PA Requirements

In an effort to simplify the PA process and expedite access to behavioral treatment services, ForwardHealth has revised some of its PA requirements for behavioral treatment by implementing the following changes.

PA Requirements for Members Under Age 6

In order to expedite early intervention for young children, ForwardHealth will allow simplified requirements for comprehensive behavioral treatment PA requests for members who have not yet reached 6 years of age, the age of mandatory school attendance. Providers are still expected to conduct a behavior identification assessment, which is reimbursable without PA, in order to identify target behaviors and develop an appropriate plan of care (POC) for the member. The updated PA requirements include:

- Initial and amendment PA requests must be submitted before the member's sixth birthday.
- ForwardHealth will authorize up to 30 hours per week through the member's third birthday and up to 40 hours per week thereafter.

- PA requests will be approved for no more than six months per authorization. The PA may be amended to add up to six additional months (12 months total).
- Approval criteria for initial PA requests will be modified for children under age 6. The following information will be required:
 - ü A Prior Authorization Request Form (PA/RF), F-11018 (05/13).
 - ü Diagnostic evaluation or the provider's attestation that the member has been diagnosed with an autism spectrum disorder by a qualified professional.
 - ü A POC consistent with current requirements that covers all DOS in the authorization period. The POC must include family/caregiver goals and behavior reduction goals, when needed.
 - ü Documentation of a medical evaluation within the past 12 months.
 - ü A Prescription consistent with current requirements that covers all DOS in the authorization period.
 - ü The provider's initial assessment of the member, which must be retained on file and consistent with current requirements.
 - ü Additional information, including the initial assessment, that will be requested only when required to establish the medical necessity of the PA request.
- Approval criteria for PA amendment requests and subsequent PA requests must include the following:
 - ü A Prior Authorization Amendment Request, F-11042 (07/12) or PA/RF.
 - ü A POC consistent with current requirements that covers all DOS in the authorization period. The POC must include family/caregiver goals and behavior reduction goals, when needed.
 - ü Documentation of a medical evaluation within the past 12 months. If the medical evaluation submitted with the previous PA request occurred within the past 12 months, an update is not required prior to submission. However, an updated evaluation must be maintained in the member's file.
 - ü An updated prescription consistent with current requirements that covers all DOS in the authorization period. If the prescription submitted with the previous PA request covers all dates in the

current PA request, an update is not required prior to submission. However, an updated prescription must be maintained in the member's file.

- ü A progress summary consistent with current requirements, required annually after 12 months of continuous behavioral treatment.
- ü Additional information that will be requested only when required to establish the medical necessity of the PA request.

For current PA approval criteria, refer to the Approval Criteria for Initial Prior Authorization Requests topic (topic #19038) and the Approval Criteria for Prior Authorization Amendment Requests topic (topic #19039) of the Approval Criteria chapter of the Prior Authorization section of the Behavioral Treatment Benefit service area of the Online Handbook.

Comprehensive behavioral treatment for members age 6 and older continues to be available per current policy.

If a member under age 6 is enrolled in school, ForwardHealth may require additional information about the member's schedule and coordination with school staff in order to establish the medical necessity of the requested service. Providers may elect to submit additional information with their initial PA submission.

ForwardHealth's policy is based on the member's chronological age, not developmental age equivalent or school enrollment status. PA requests for behavioral treatment for all members age 6 and older must follow standard PA submission guidelines described in the Online Handbook.

45-Hour per Week Guideline Removed

ForwardHealth adjudicates PA requests based on individual needs and circumstances of members. ForwardHealth is removing policy language that implies a limit on combined hours of weekly treatment and school attendance. Treatment plans may still be reviewed for appropriateness of the member's full schedule of cognitive and social demands. For more information, providers can refer to the Comprehensive Behavioral Treatment topic (topic #18997) and Focused

Behavioral Treatment topic (topic #19017) of the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Behavioral Treatment Benefit service area of the Online Handbook.

Age-Normed Standardized Testing

Providers should continue to provide all standardized age-normed testing results, when available, according to current requirements. However, if cognitive test results are not available, ForwardHealth will adjudicate the PA request without the test results. ForwardHealth will require cognitive testing only when needed to establish medical necessity. For additional information, refer to the Approval Criteria for Initial Prior Authorization Requests topic (topic #19038).

Changes to Focused Behavioral Treatment Coverage Policy

Two Levels of Treatment

For members with ongoing behavioral needs for whom early intervention is no longer appropriate, ForwardHealth will cover focused behavioral treatment to address specific behaviors or skill deficits. The original ForwardHealth benefit was designed for focused treatment to meet the needs of individuals with significant behavioral concerns, comorbid conditions, or other complexities that require the skills of experienced clinicians. The current policy changes allow focused treatment to address skill building or management of low-level behaviors that can be safely and effectively addressed by technicians.

These two levels of focused behavioral treatment are distinguished for the purposes of PA and claims via modifiers. ForwardHealth recognizes modifier TF for all focused treatment claims. ForwardHealth recognizes the additional modifier 52 to signify the level of focused behavioral treatment that can be rendered by technicians. As such, providers are required to submit both modifier TF and 52 when submitting PA requests or claims for focused behavioral treatment when technicians are included on the treatment team. Providers should continue to use only modifier TF when submitting PA requests or claims for focused behavioral treatment when the treatment team includes only therapists or licensed supervisors. Refer to

Attachment 1 of this *Update* for the allowable procedure codes and modifiers.

All focused behavioral treatment will be reimbursed according to the maximum allowable fee schedule for the service rendered, rendering provider type and specialty, and indicated modifier(s). For additional information related to modifiers, refer to the Modifiers topic (topic #18957) of the Codes chapter of the Covered and Noncovered Services section of the Behavioral Treatment Benefit service area of the Online Handbook.

Providers of focused behavioral treatment must follow all published guidelines related to the focused treatment benefit. Focused treatment is appropriate for members who exceed the age at which early intensive behavioral treatment is considered effective. ForwardHealth covers symptoms or behaviors associated with a diagnosed condition that impairs or limits the member's functional community living but does not cover skill acquisition unrelated to functional community living.

As a reminder, focused behavioral treatment will typically not be authorized for more than 12 continuous months per episode of treatment for the goals specified in the member's POC. Refer to the Prior Authorization Requirements for Behavioral Treatment Services topic (topic #19059) of the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Behavioral Treatment Benefit service area of the Online Handbook for more information.

Requirements for Technicians Delivering Focused Behavioral Treatment

Behavioral treatment technicians may now deliver focused behavioral treatment under the following conditions:

- PA requests must be submitted by a behavioral treatment licensed supervisor.
- The licensed supervisor must attest that treatment technicians can safely and effectively implement the POC. ForwardHealth will review all information in the client's file to evaluate whether technicians are appropriate providers. Services will be authorized based on ForwardHealth's determination of the appropriate provider level.

- Behavioral treatment technicians must receive direct, face-to-face case supervision during delivery of direct treatment with the member present, from either a treatment therapist or licensed supervisor. ForwardHealth requires a minimum of one hour of direct case supervision per 10 hours of direct treatment provided by treatment technicians.
- The reimbursement rate for behavioral treatment technicians is the same for both focused and comprehensive behavioral treatment.

Enrollment for Technicians

Behavioral treatment technicians should continue to enroll under the behavioral treatment technician provider specialty. Only one enrollment per technician is required, even if the technician will render both comprehensive and focused behavioral treatment.

Process for Existing PAs

Providers should continue to provide services and submit claims up to the authorized expiration date for PAs in effect prior to the effective date for this policy change, using the modifiers requested on the PA. If desired, providers may submit an amendment request to ForwardHealth to update their billing code modifiers. The modifiers submitted on claims must match the modifiers authorized on the PA for reimbursement.

Coverage Policy Clarifications

Members Receiving Treatment in School

If the member is participating in behavioral treatment while attending school, the POC must explain why it is medically necessary for a behavioral treatment provider to address skills typically supported by school staff. The POC must include a plan to reduce treatment in the school environment and replace with available school supports. Behavioral treatment is not intended to function as a long-term support or to supplant activities typically provided by educational staff.

Members Age 18 and Older

Members who are age 18 and older must have input on treatment goals if they are able to express personal needs and

priorities. If the member has formally delegated any medical decision-making to another entity, include documentation of that agreement and confirm that the decision-making entity is in agreement with the POC. If the member is able to make medical decisions independently, the member's signature on the treatment plan to confirm consent for treatment must be included.

Members with Significant, Ongoing Behavioral Needs

ForwardHealth presumes that an extended course of behavioral treatment typically establishes the member's expected rate of behavior change. The number of goals and requested hours on the PA request must be realistic, given the member's established rate of behavioral change and ForwardHealth's expectation of meaningful behavioral improvement within 12 months. Goals must be consistent with the member's demonstrated needs and priorities, functionally useful for the member, and aimed at skills identified in the provider's transition/discharge criteria. Caregiver goals should address management of the member's behavior and increase the member's independence with self-care skills. Providers are reminded that not all beneficial skills are considered medically necessary.

If an extended course of behavioral treatment has not effectively reduced the member's need for direct support and monitoring, ForwardHealth may regard this as failure to prove the medical value or usefulness of the service. ForwardHealth will only authorize services that meet the standard of medical necessity as defined under Wis. Admin. Code § DHS 101.03(96m).

Progress Summaries

To assess member response to treatment and rate of behavior change, providers must indicate the introductory date and mastery date, if applicable, for each goal in the progress summary. Baselines, mastery criteria, and progress measures should all be stated using the same metric (e.g., times per week, duration of episodes). For goals that required excessive teaching duration or trials, providers must indicate any barriers to acquisition. Refer to the Approval Criteria for Prior Authorization Amendment Requests topic (topic #19039) for more information.

Managed Care

The behavioral treatment benefit is administered fee-for-service for all Medicaid-enrolled members who demonstrate medical necessity for covered services. The behavioral treatment benefit is “carved out” of managed care organizations, which include BadgerCare Plus and Medicaid Supplemental Security Income (SSI) HMOs and special managed care plans. Special managed care plans include Children Come First, Wraparound Milwaukee, Care4Kids, Family Care, the Program of All Inclusive Care for the Elderly (PACE), and the Family Care Partnership Program.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 9/5/17 and information contained in this *Update* was incorporated into the Online Handbook on 10/5/17.

ATTACHMENT

Procedure Code Information for the Behavioral Treatment Benefit

The following table lists the procedure codes and modifiers that providers are required to use when submitting claims under the behavioral treatment benefit.

Procedure Code	Procedure Code Description	Required Modifier(s)	Renderer
0359T	Behavior identification assessment , by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/ caregiver(s), and preparation of report.	TG (comprehensive) or TF (focused)	Licensed supervisor
0360T	Observational behavioral follow-up assessment , includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient	TG or TF	Licensed supervisor or treatment therapist
0361T	Observational behavioral follow-up assessment , includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	TG or TF	Licensed supervisor or treatment therapist
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	TG, TF, or TF-52	Any level of behavioral treatment provider for comprehensive and focused*
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	TG, TF, or TF-52	Any level of behavioral treatment provider for comprehensive and focused*

Procedure Code	Procedure Code Description	Required Modifier(s)	Renderer
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	TG or TF	Licensed supervisor or treatment therapist
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	TG or TF	Licensed supervisor or treatment therapist
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) [Family Treatment Guidance]	TG or TF	Licensed supervisor
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) [Team Meeting]	TG-AM or TF-AM (Physician, team member service)	Licensed supervisor or treatment therapist

* Modifier TF-52 must be appended to prior authorization requests and claims when the services provided meet the level of focused treatment that can be rendered by technicians.