9/28/2016

Re: DWMHA Autism Spectrum Disorder Benefit Coding Transition Plan 10/1/16

Dear Managers of Comprehensive Provider Networks (MCPNs), Clinically Responsible Service Providers (CRSP/IPOS Case Holders), and Applied Behavior Analysis Direct Contracted Service Providers:

As you have heard, the Medicaid Autism Benefit will be transitioning to use the new HCPCS/Billing Codes starting October 1, 2016. You may have some questions related to your responsibilities for this transition and serving families who are requesting or receiving Autism Spectrum Disorder Benefit (ABA Benefit) Services. This packet is aimed to assist in answering your questions and provide you with support, guidelines and information on the ABA Benefit coding transition, so that you can provide and coordinate the highest quality of uninterrupted care to the families during this transition. The following are specific tasks that must be completed by the identified entity type:

1. MCPNs & Clinically Responsible Service Providers (IPOS Case Holder):
   a. Please ensure all CRSP/IPOS Case Holders are educated on the new codes.
   b. MCPN & Provider IT Systems must be updated for 10/1/16 roll-out
   c. **IPOS Language and 75%/125% Utilization Performance Metric**: The combined total of hours of 0364T/0365T + 0366T/0367T + 0373T/0374T = The total hours of ABA Direct Services.
   d. **Individualized Plan of Service (IPOS) Updates**:
      i. IPOS must be updated with new code during the required Quarterly IPOS Service Review completed between 10/1/16 – 12/31/16
      ii. Any IPOS or service reviews complete after 10/1/16 that include the old codes will not be accepted and will not allow providers to be authorized for services.
      iii. All IPOS must be updated with the new codes and units by 1/1/17
   e. **Consumer Budgets**:
      i. If you agency completes consumer budgets, the new codes and fee schedule should be used starting 10/1/16

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2. ASD Benefit ABA Providers:

a. ASD Benefit IT Systems must be updated for 10/1/16 Roll-Out.

b. IPOS & ABA Assessment Language, 75%/125% Performance Metric, Focused/Comprehensive Level of Care, and WSA ABA Hours Determination:

   The combined total of hours of $0364T/0365T + 0366T/0367T + 0373T/0374T = the total hours of ABA Direct Services.

c. ABA Assessment Updates:

   i. ABA Assessments/Plans (ABLLS/VBMAPP/AFLS) completed after 10/1/16 must indicate the new codes and units in the service request area.

   ii. Any Assessment Plans completed after 10/1/16 that include the old codes will not allow for authorization for services and for the IPOS Case Holders to identify service requests.

   iii. All ABA Assessment/Plans must be updated by 3/30/2017

d. Authorization Requests & MH-WIN Authorization Conversion:

   i. Please Do NOT submit authorization requests in MH-WIN after 4pm on 9/27/16. ASD Benefit Providers MUST utilize the attached back-up process for authorization submissions between 9/26/16 through 9/30/16. This will allow time to clear the queue for the authorization conversions.

   ii. All authorizations will be auto terminated on 9/30 and will require resubmission after 10/1.

   iii. DWMHA will begin meeting with Provider’s individually to provide technical assistance and consultation on proper code conversions during the week of 10/3/2016. Providers will then be required to submit new authorizations requests using the new codes.

   iv. **Code Bundles:** Please see the attached Fee Schedule. Codes that have ‘add-on’ codes are bundled with the last digit as an ‘x’. Service authorizations for these should be submitted as the generic service code with the ‘x’ in it for all units of that specific service.

   v. All authorization requests submitted for services delivered before 10/1/16 – USE OLD CODES

   vi. All authorization requests submitted by contracted providers after 10/1/16 for services to be delivered 10/1/6 and on – USE NEW CODES

   vii. U5 and Level of Care (TF/TG) modifiers must be included in service authorization requests

   viii. If you have any question regarding authorizations, please contact PIHPauthorizations@dwmha.com

e. Claim Submission:

   i. **Code Bundles:** Please see the attached Fee Schedule. Services are authorized as generic service codes with the ‘x’. Service claims must be submitted with the appropriate exact specified code.

   ii. Claims must include appropriate staffing modifiers.
iii. All Services provided through 9/30/16 – USE OLD CODES
iv. All services provided starting 10/1/16 – USE NEW CODES
v. Staffing modifiers and telepractice modifiers must be added at the time of claim submission.
vi. If you have any question regarding authorizations, please contact PIHPclaims@dwmha.com

Thank you for your hard work, dedication, and the difference that you make in the lives of the families that you serve. If you have any questions or need further assistance, please do not hesitate to contact me.

Sincerely,

Nicole Dwyer

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Attachments:
4. The MDHHS will update the PIHP/CMHSP Encounter Reporting Costing Per Code and Code Chart & the PIHP/CMHSP Provider Qualification Chart for 10/1/16 and it will be available at: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html