

- 1) What insurance company(ies) are reflected in this response?
 - Cox Health Systems Insurance Company
 - Cox Health Systems HMO, Inc.

- 2) For Applied Behavior Analysis services/treatment, does the company have specific procedure codes that it would like to be used for billing purposes? Please indicate if any of these codes are limited in time and thus require units of treatment to be specified.

- Yes, we have specific procedure codes for billing purposes.

Autism codes	Description
H0031	mental health assessment by Non-physician
H0032	mental health service plan development by non-physician
H2012	Behavioral health day treatment, per hour
H2019	therapeutic behavioral services, per 15mins

- Services/Treatment for Applied Behavior Analysis is limited to \$40,000 annually however, units of treatment are unlimited.

- 3) Of the treatments identified in the law, will the company require precertifications or preauthorizations for any treatments or services (check all that apply):

- a. Psychiatric care;
 - Outpatient psychiatric care does not require preauthorization
 - Inpatient psychiatric care does require preauthorization
- b. Inpatient care:
 - Preauthorization is required
- c. Psychological care;
 - Outpatient, psychological care does not require preauthorization
 - Inpatient psychological care does require preauthorization
- d. Habilitative or rehabilitative care, including applied behavior analysis therapy;
 - Behavioral Analysis in the home does require preauthorization.
 - Behavioral Analysis in the office setting does not require preauthorization, however a treatment plan must be submitted.
- e. Therapeutic care;
 - Outpatient Speech Therapy does require preauthorization.
 - Outpatient Physical Therapy and Occupational Therapy does not require preauthorization
- f. Pharmacy care;
 - Abilify does require preauthorization
- g. Other – Specify:
 - Applied Behavior Analysis services must be performed by an in-network Board Certified Behavioral Analyst or an in-network Assistant Behavioral Analyst under the supervision of a Board Certified Behavioral Analyst.

- 4) What telephone numbers should providers use to contact the company for precertifications or preauthorizations, if required, for the following treatments or services (please complete for all that are applicable):

- a. Psychiatric care;
 - Fax request for preauthorization for inpatient services to (417) 269-2919 or (888) 200-5230
- b. Psychological care;
 - Fax request for inpatient services to (417) 269-2919 or (888) 200-5230

- c. Habilitative or rehabilitative care, including applied behavior analysis therapy;
 - Fax request for preauthorization for home Applied Behavior Analysis to (417) 269-2919 or (888) 200-5230
 - For general questions call Member/Provider Services at (800) 205-7665 or (417) 269-2900
 - d. Therapeutic care;
 - Outpatient Speech Therapy does require preauthorization, fax request to (417) 269-2919 or (888) 200-5230
 - e. Pharmacy care;
 - The Pharmacy Benefit Manager, CatalystRx, may be contacted by phone at (888) 341-8578
 - f. Other – Specify:
- 5) What should a provider do if the patient has already been diagnosed as being in the autism spectrum and is currently undergoing treatments that are now covered under this law?
- For Applied Behavioral Analysis, continue to treat the patient on an outpatient basis as the physician team leader prescribes and bill the health plan for services rendered
 - For inpatient or home behavioral analysis fax a request for preauthorization to (417) 269-2919
- 6) Does the company have a specific form that must be used or required elements that must be included when submitting a treatment plan? If so, please attach a sheet detailing such information or provide an internet address where such information can be located.
- There is no specific form when submitting a treatment plan, however the following information would be needed for review by Cox Health Systems Insurance Company or Cox Health Systems HMO, Inc.:
 - Applied Behavioral Analysis progress notes
 - Occupational Therapy notes to include all modalities performed along with progression towards goals (interactive metronome, integrated listening, etc)
 - Speech Therapy notes with documentation of modalities used and progression towards goals
 - Updated Multi disciplinary Autism Evaluation (one is done on “admission” to treatment)
 - Individual/family/group therapy notes
 - Documentation of family participation in treatment along with parental education records
 - Pertinent updated medical records as applicatory to Autism Spectrum Disorder
- 7) How should a claim with multiple diagnoses (including autism) and services be coded to ensure payment under this mandate?
- Normal coding standards would apply
- 8) What are the company’s credentialing requirements? Is the company waiving any credentialing requirements for Autism Service Providers or ABA providers?
- Cox Health Network is providing the credentialing services for Cox Health Systems Insurance Company and Cox Health Systems HMO, Inc.
 - Cox Health Systems Insurance Company and Cox Health Systems HMO, Inc. are not waiving credentialing requirements
- 9) Where can a provider go or call to get more information about contracting with the insurance company?
- CoxHealth Network (417) 269-6270

10) Is there any other information the company would like to share?

- Authorization is not a guarantee of payment and is subject to final verification of member eligibility and limited to the services specified above. Member is responsible for payment of services received while ineligible for coverage at the time the services were rendered. CHP reserves the right to deny or allow payment on any services based upon the contracted benefits of the member; to retract any authorization if any preauthorization information is misrepresented. Payments for services are subject to industry coding standards; Workers Compensation investigation and possible exclusion.