

1) What insurance company(ies) are reflected in this response?

**Humana Health Plan, Inc. and Humana Insurance Company**

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.

**Humana will continue to use the following three codes for ABA Therapy:**

- **S5108 – Home visits in 15-minute increments**
- **H2019 – Office visits in 15-minute increments**
- **90889 – Report preparation in 15-minute increments**

**Our initial claims testing has indicated that we cannot be confident of claims accuracy when using code H2033. As a result, Humana has elected not to use it at this time.**

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; **Precertification required**
- b. Psychological care; **Precertification required**
- c. Habilitative or rehabilitative care, including applied behavior analysis therapy; **Precertification required**
- d. Therapeutic care; **Traditional OP therapy; Precertification required**
- e. Pharmacy care; **NA**

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; **866-376-2921**
- b. Psychological care; **866-376-2921**
- c. Habilitative or rehabilitative care, including applied behavior analysis therapy; **866-376-2921**
- d. Therapeutic care; **866-376-2921**
- e. Pharmacy care; **866-376-2921**
- 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 Humana members, please call 866-376-2921 and report applicable clinical information to a Clinical Advisor for certification of services.**

- 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.

**Humana/LifeSynch does not currently use such a form for behavioral health. However, OrthoNet, a contracted disease management vendor for Humana, does currently employ a form for collecting demographic information for the purposes of precertification of MOD A physical therapy, occupational therapy or speech therapies. This form would be completed by the provider needing to precertify these therapies for the treatment of autism. That form is included as page 3 of this document.**

- 7) How should a claim with multiple diagnoses (including autism) and services be coded to ensure payment under this mandate?

**The claim should be coded according to all normal coding/billing standards, indicating the autism diagnosis in the primary position and any subsequent diagnoses in the secondary, tertiary, etc positions.**

- 8) What are the company's credentialing requirements? Is the company waiving any credentialing requirements for Autism Service Providers or ABA providers?

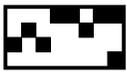
**Effective January 1, 2011, Humana/LifeSynch will recognize the BCBA as an allowed certification for participation in the behavioral health provider network. Providers with a BCBA certification must meet all other Humana/LifeSynch credentialing criteria to participate in the network. Providers with the BCABA credentials will not be allowed in the network and yet may be part of a contracted group, working under the supervision of a contracted provider in the group.**

- 9) Where can a provider go or call to get more information about contracting with the insurance company?

**A provider may call 800-890-8288 to get more information about contracting with Humana/LifeSynch.**

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

**LifeSynch is Humana's wholly-owned behavioral health management company.**



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# HUMANA Therapy Fax Request Form

PLEASE USE THIS FORM FOR ALL HUMANA MEMBERS

Fax Date: \_\_\_\_\_ # of Pages Faxed: \_\_\_\_\_ Please fax to OrthoNet at: (800) 863-4061

## THERAPY PROVIDER INFORMATION

Facility Name

[Grid for Facility Name]

Street Address

[Grid for Street Address]

City

[Grid for City]

State

[Grid for State]

Zip

[Grid for Zip]

Telephone Number

( [Grid] ) [Grid] - [Grid]

Fax Number

( [Grid] ) [Grid] - [Grid]

Provider Tax ID Number

[Grid for Provider Tax ID Number]

National Provider Identifier (NPI)

[Grid for National Provider Identifier (NPI)]

Facility Tax ID Number

Individual Tax ID Number

Facility NPI Number

Individual NPI Number

## PATIENT INFORMATION

First Name

[Grid for First Name]

Last Name

[Grid for Last Name]

Date of Birth

[Grid] / [Grid] / [Grid]

Month Day Year

HUMANA Member ID Number

[Grid for HUMANA Member ID Number]

## REQUEST INFORMATION

Request for:

Therapy Visits Pre-Certification

Other Procedure: \_\_\_\_\_

Is this request for post-operative therapy visits?

Yes  No

Service Type

Physical Therapy

Occupational Therapy

Speech Therapy

Initial Evaluation Date

[Grid] / [Grid] / [Grid]

Month Day Year

Requested

# of Visits

[Grid for Requested # of Visits]

Diagnosis (ICD-9 Format)

[Grid for ICD-9 Diagnosis]

## Instructions:

1. Use this form as a Fax Cover Sheet and send all supporting clinical data with this request.
2. Please ensure that this form is a DIRECT COPY from the MASTER.
3. Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle that represents the corresponding NUMBER entry where applicable.
4. For assistance in completing this form, please call OrthoNet Provider Services Toll Free at (800) 862-4006.



OrthoNet

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