

Autism Spectrum Disorder Services Documentation Training Series: ABA Prior Authorization General Information

South Carolina Department of Health and Human Services
Division of Behavioral Health
2021

Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet the medical necessity criteria for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Autism Service Disorder (ASD) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering ASD.
 - While this presentation is designed to enhance understanding of the Medicaid Standards regarding the ASD Policy Manual, all aspects and policy are not covered in this presentation. Please review the ASD Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

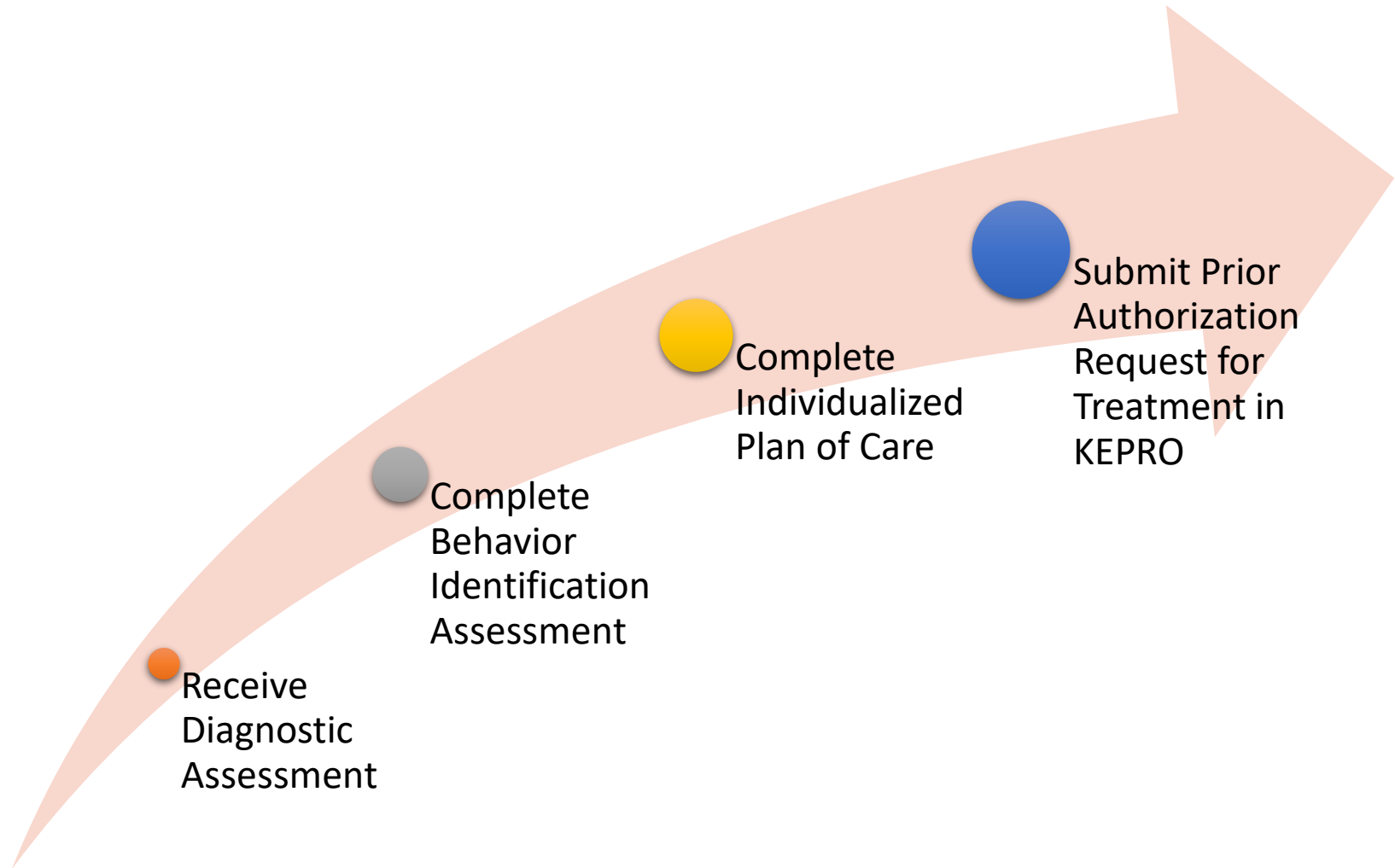
Documentation Training Series

- Comprehensive Psychological Assessment/Testing Report
- Behavior Identification Assessment
- Individualized Plan of Care
- Progress Summary
- Clinical Service Note
- ➔ • ABA Prior Authorization General Information

Objectives

1. Review the most frequently asked questions regarding ABA prior authorization requests
2. Provide helpful resources
3. Provider contact information for additional questions

Steps to Start Services



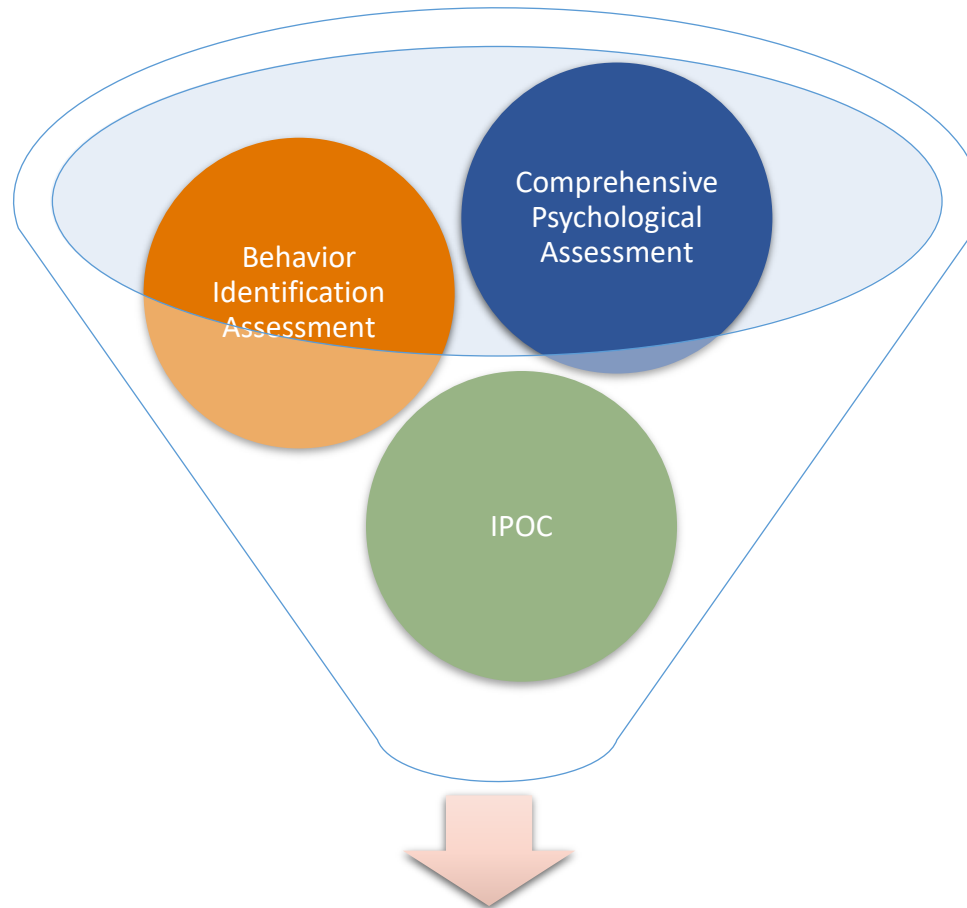
Prior Authorizations

- **Assessment (97151) does not require prior authorization**
- Authorization periods: up to 180 days.
- Requests are processed within 5 business days.
- ASD team utilizes gate keeper services with KEPRO.
- Types of authorizations:
 - Initial
 - Continuation
 - Annual
- Requirements are distinct and unique.
- Requirements are not optional.

ASD Questionnaire

- When submitting a case in KEPRO, the system requires the completion of the ASD questionnaire.
- It is important for providers to complete the ASD questionnaire accurately.
- The answers to the questionnaire are used by clinical reviewers to determine the type of prior authorization request submitted (i.e., initial, continuation or annual).

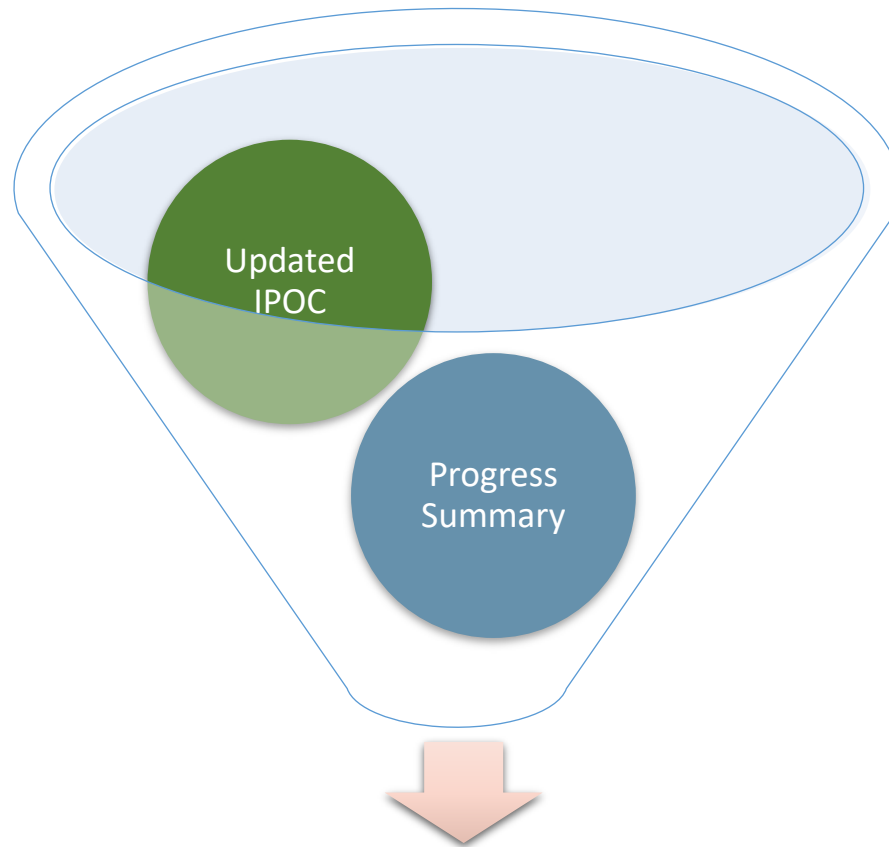
Initial Authorization



Submit in KEPRO

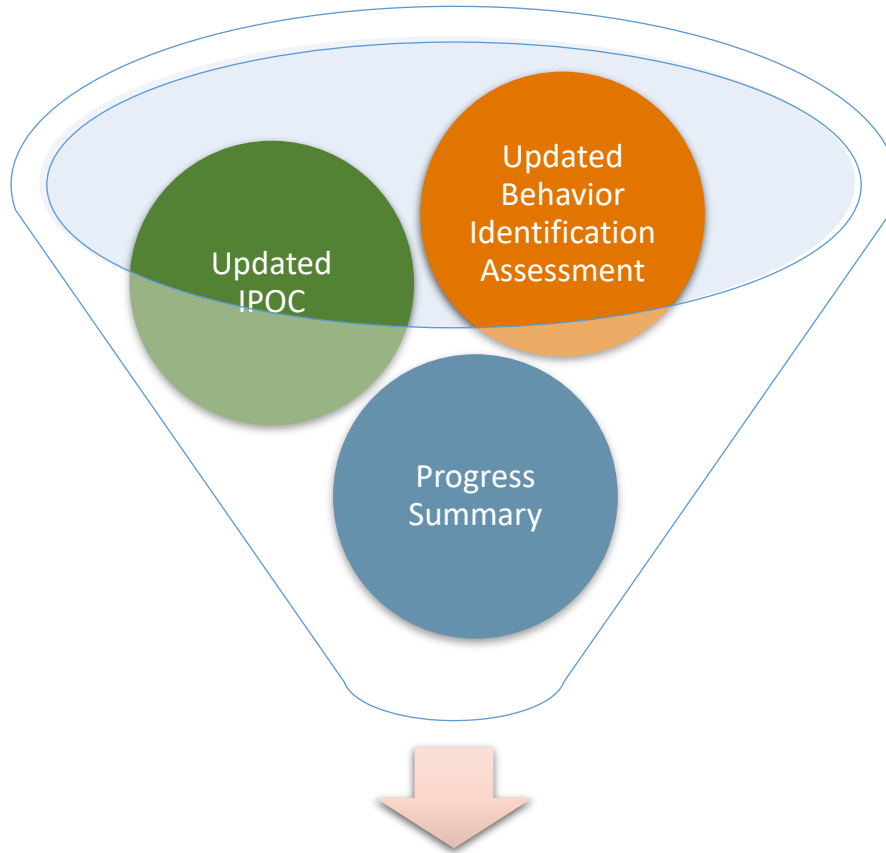


Continuation Authorization



Submit in KEPRO

Annual Authorization



Submit in KEPRO

Document Types in KEPRO

To aid in reviews, please select the following document type when attaching documents to requests in KEPRO:

Required Documentation	KEPRO Document Type
Comprehensive Psychological Assessment/Testing Report	Comprehensive Testing Report
Behavior Identification Assessment	Behavioral Assessment
Individualized Plan of Care	Individualized Plan of Care
Progress Summary	Progress Summary

Timeline Example

Initial Authorization Request:
January - June

- Comprehensive Psychological Assessment/Testing Report
- Behavior Identification Assessment
- IPOC

Continuation of Treatment Request:
July – December
(submitted in KEPRO in June)

- Updated IPOC
- Progress Summary

Annual Treatment Request:
January – June
(submitted in KEPRO in December)

- New Behavior Identification Assessment
- Updated IPOC
- Progress Summary

Continuation of Treatment Request:
July – December
(submitted in KEPRO in June)

- Updated IPOC
- Progress Summary

Approval

- Cases that are submitted with all the required documentation will result in an approval.
- Approvals are effective for the start date chosen by the provider.
- The provider will receive a fax, email or letter with the authorization information.

Suspension

- If a provider submits information and a component is missing, it will be suspended back to the provider for 30 days.
- The provider will receive a fax, email or letter with exactly what is missing.
- The provider must include the information and submit the document on the current authorization (do not create a new request/case) and it will be reviewed.
- If a provider does not submit the requested information within 30 days, the request will be denied.

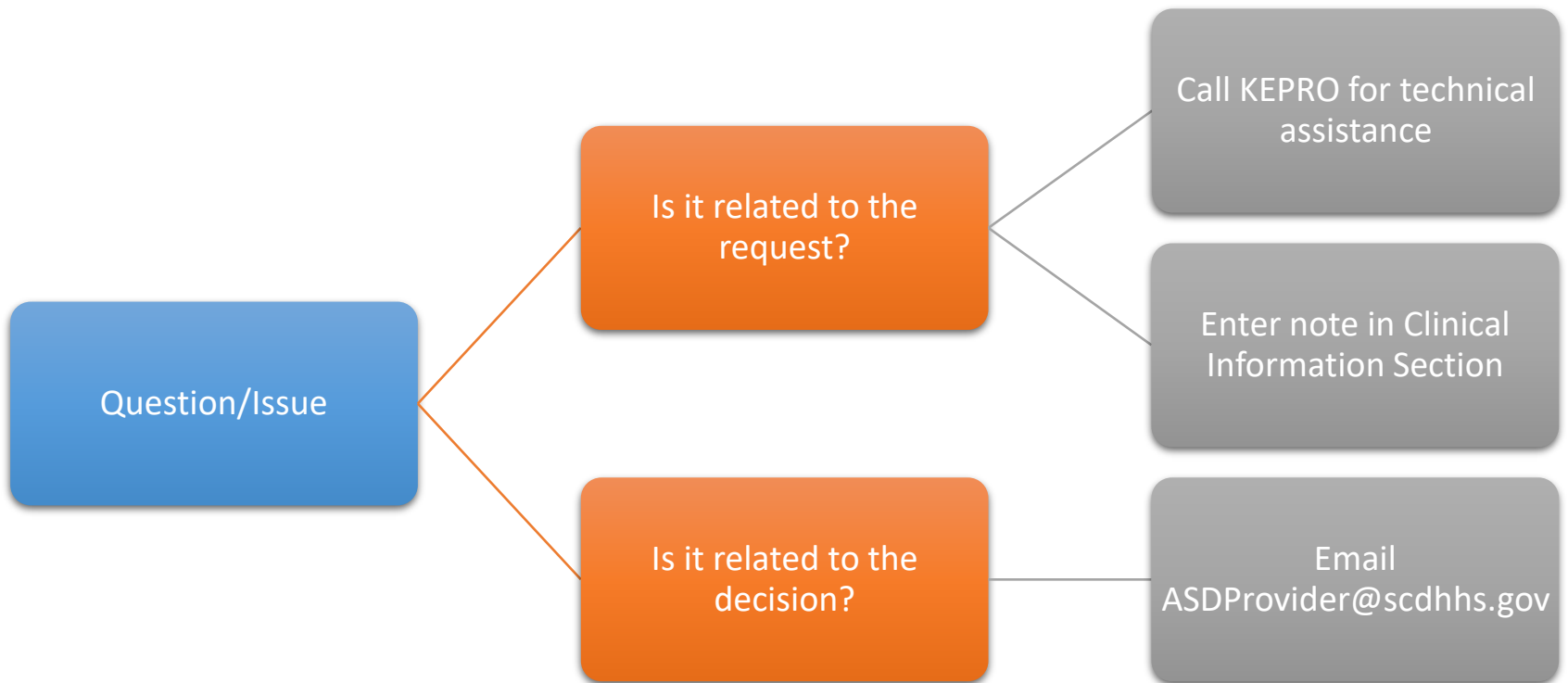
Void

- Provider may void a case if it was submitted in error.
- Please keep in mind, once a case is voided it cannot be reversed.

Denial

- When a case is denied the provider will receive a fax, email or letter with exactly what is missing.
- A denied case has a 60-day reconsideration period.
- During this period, a provider should upload the requested information to the current request (do not submit a new request/case).
- Two types of denials
 - Medical Necessity
 - Administrative

Who do I Contact?



Helpful Links

- ASD State Plan Website
 - <https://msp.scdhhs.gov/autism/>
- ASD Manual
 - <https://scdhhs.gov/provider-type/autism-spectrum-disorder-asd-services-manual-070119-edition-posted-070119>
- Autism Spectrum Disorder (ASD) Fee Schedule
 - <https://scdhhs.gov/resource/fee-schedules>

Helpful Links

- Provider Enrollment
 - <https://scdhhs.gov/provider>
- KEPRO
 - <https://scdhhs.kepro.com/>
- Medicaid Provider Education
 - <https://medicaidelearning.remote-learner.net/>
 - Medicaid Basics
 - Webtool
 - Claims Adjustments
 - TPL

Contact Information

- Parents, Caregivers, Early Interventionists, Case Managers and Intake Workers:
 - Autism@scdhhs.gov
- ASD Providers:
 - ASDProvider@scdhhs.gov
- KEPRO:
 - (855)-326-5219
- Provider Service Center:
 - (888)-289-0709 (Phone)
 - (803)-870-9022 (Fax)

