

Provider Bulletin #18-04
**The Philadelphia Department of Behavioral Health and Intellectual
disAbility Services (DBHIDS)**
Community Behavioral Health (CBH)

**Renaming of Level of Care (400-36) BSC Specialized to
(400-36) BSC-Functional Behavioral Analysis-Autism**

New Level of Care (400-37) BSC-Functional Behavioral Analysis

Changes to Level of Care (400-83) Lead Clinician

**Billing Requirement Update for (400-3) Behavior Specialist Master
Level, (400-95) BSC- Autism**

May 1, 2018 (Amended June 7, 2018)

Please note this Bulletin has been amended 6/07/2018 to reflect removal of proposed Level of Care 400-93- Lead Clinician- Autism and removal of proposed H0032/HO billing combination under level of care 400-83 Lead Clinician. This Bulletin has also been amended to update the billing and authorization instructions located in the section titled- Changes to Level of Care 400-83 Lead Clinician

To remain consistent with the Commonwealth of Pennsylvania Behavioral Health Services Reporting Classification Chart, the following billing updates are beginning **June 1, 2018**.

CPT codes will be made available prior to the June 1, 2018 implementation effective date.

Renaming Level of Care 400-36 BSC-Functional Behavioral Analysis-Autism

Effective June 1, 2018, Level of Care 400-36- BSC Specialized will be renamed 400-36 BSC-Functional Behavioral Analysis-Autism. Claims for service dates after June 1, 2018 will reject if the member does not have an autism spectrum disorder (ASD) diagnosis. Providers with current authorization numbers for Level of Care 400-36 for members without an ASD diagnosis will need to contact their assigned CBH Care Manager and request that services be reauthorized under the new Level of Care 400-37- Functional Behavioral Analysis. Failure to do so will result in rejection of billed claims.

Claims must be submitted with the CPT code combination of H0046 with an HO info modifier code.

New Level of Care 400-37 BSC-Functional Behavioral Analysis

Effective June 1, 2018, members receiving Functional Behavioral Analysis services must be authorized under Level of Care 400-37 BSC-Functional Behavioral Analysis, if the member does not have an ASD diagnosis. Providers currently contracted to provide 400-36 BSC-Functional Behavioral Analysis-Autism will be assigned this new Level of Care.

Claims are to be billed with CPT code H0032 and an HO info modifier code.

Changes to Level of Care 400-83 Lead Clinician

Effective June 1, 2018 Community Behavioral Health will no longer permit providers to bill for 400-83- Lead Clinician services with CPT Code H0032 with an HO Info Modifier Code.

Claims must be submitted with CPT code H2019 with a UB Price modifier code only

Billing Requirement Update for Level of Care 400-3 Behavior Specialist Master Level

CBH does not permit providers to bill for 400-3 Behavior Specialist Master Level services for members with an ASD diagnosis. If a member with ASD needs Behavior Specialist Master Level services, services should be authorized under Level of Care 400-95- BSC Autism. Effective June 1, 2018, CBH will start rejecting claims for Level of Care 400-3 if they are billed with one of the ICD-10 ASD diagnosis codes listed on the following page. Please contact your CBH Care Manager if the authorized Level of Care needs to be changed.

Claims must be submitted with the current CPT code combination of H0032 with an HO Info modifier code.

Billing Requirement Update for Level of Care 400-95- BSC-Autism

CBH does not permit providers to bill BSC-Autism services unless the member has an ASD diagnosis. If a member does not have ASD diagnosis but needs BSC services, services should be authorized under Level of Care 400-3- Behavior Specialist Master Level. Effective June 1, 2018, CBH will start rejecting claims for this Level of Care if they are NOT billed with one of the below ICD-10 ASD diagnosis codes. Please contact your CBH Care Manager if the authorized Level of Care needs to be changed.

Claims are to be billed with CPT code H0046 and an HO Info modifier code.

ICD-10-CM ASD Diagnosis Codes

Diagnosis Code	Diagnosis Label
F84.0	Childhood Autism
F84.1	Atypical Autism
F84.2	Rett Syndrome
F84.3	Other Childhood Disintegrative Disorder
F84.4	Overactive Disorder Associated with Mental Retardation and Stereotyped Movements
F84.5	Asperger's Syndrome
F84.8	Other Pervasive Developmental Disorders
F84.9	Pervasive Developmental Disorder, unspecified
F80.89	Other developmental disorders of speech and language
F80.82	Social Pragmatic Communication Disorder

Please contact your assigned CBH Clinical Care Manager for any authorization number Level of Care change requests.

Please contact your CBH Claims Analyst or Provider Representative with billing or contract related questions.