

Provider Notice

To: PerformCare Franklin/Fulton Network Providers
From: Joe Buttacci, LPC CAADC, Director of Quality Improvement
Date: March 27, 2020
Subject: IBHS 20 101 IBHS Notice

IBHS services are effective beginning January 17, 2020; as long as the provider has a valid IBHS license and IBHS Medicaid Enrolment. Provider need to notify their Account Executive when they receive these two items. This will assure that PerformCare's system is set up appropriately and timely.

For a full listing of the services, please refer to the attached list. Once rates are established for these services a notice will be sent with codes and rates.

All existing authorizations will continue to be billed under the current authorization and provider until they expire. Any re-authorization or new member request will be under the new IBHS enrollment and will be authorized to the new provider ID.

We appreciate your support and continued commitment to providing services as part of the PerformCare network. Please feel free to call Provider Relations at 1-888-700-7370 with any questions regarding this notice.

Attachment

cc: Missy Reisinger, TMCA

| IBHS Description | Service Description | Procedure Codes | Mod1 | Informational Modifiers |
|---------------------------|--|------------------------|-------------|---|
| Eval | Best Practice Evaluation | 90791 | EP | |
| Applied Behavior Analysis | Behavior Consultation Assessment - ABA | 97151 | | |
| Applied Behavior Analysis | Behavior Analytic Assessment - ABA | 97151 | U7 | |
| Applied Behavior Analysis | Behavior Health Technician Treatment - ABA | 97153 | | |
| Applied Behavior Analysis | Assistant Behavior Consultation Treatment - ABA | 97153 | U8 | |
| Applied Behavior Analysis | Behavior Consultation Treatment - ABA | 97155 | | |
| Applied Behavior Analysis | Behavior Analytic Treatment - ABA | 97155 | U7 | |
| Applied Behavior Analysis | Behavior Consultation Family Treatment - ABA | 97156 | | |
| Applied Behavior Analysis | Behavior Analytic Family Treatment - ABA | 97156 | U7 | |
| Individual | Behavior Consultation Service | H0032 | | U9 - provided by Licensed Practitioner |
| Individual | Behavioral Health Technician Service | H2021 | EP | |
| Individual | Behavioral Health Technician Assessment & Assistance Supervision | H2014 | | |
| Individual | Mobile Therapy | H2019 | | U9 - provided by Licensed Practitioner U1 - if part of Flexible Outpatient (MT) |
| Group | Summer Therapeutic Activities Program | H2021 | HQ | no modifier - 13 to 20 group members U5 - 9 to 12 group members U6 - 4 to 8 group members |

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|------------|---|-------|----|---|
| Group | Summer Therapeutic Activities Program - ABA | 97158 | | no modifier - 7 to 12 group members U5 - 4 to 6 group members U6 - up to 3 group members |
| Group | After School Program | H2015 | | no modifier - 13 to 20 group members U5 - 9 to 12 group members U6 - 4 to 8 group members |
| Group | Intensive Day Treatment | H0046 | SC | no modifier - 13 to 20 group members U5 - 9 to 12 group members U6 - 4 to 8 group members |
| Individual | Specialized In Home Treatment Program | H0004 | U7 | U9 - provided by Licensed Practitioner |

Note: Any of these services may have a **U4** modifier added to denote interpreter service