

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com/KS>.

## Coverage of autism services

**Summary of change:** Effective with dates of service on and after January 1, 2017, and in accordance with Kansas Department of Health and Environment (KDHE) policy, three services that were previously covered only under the Autism waiver will additionally be covered under the general benefit package for KanCare. These services are Consultative Clinical and Therapeutic Services (CCTS), Intensive Individual Supports (IIS), and Interpersonal Communication Therapy (ICT).

### What is the impact of this change?

Under the Autism Waiver, these services were billed using codes H2015, H2019 and G0153. **These codes are no longer covered.** The following codes have replaced the prior codes and are to be used for all eligible members ages 0 through 20, regardless of waiver eligibility, who meet medical necessity criteria. Prior authorization is required.

### CCTS

Previous code (no longer to be used): H2015

New codes:                   0368T (adaptive behavior treatment for the first 30 minutes)  
                                      0369T (for each additional 30 minutes)  
                                      0370T (family adaptive behavior treatment)

### IIS

Previous code (no longer to be used): H2019

New codes:                   0364T (adaptive behavior treatment by protocol for first 30 minutes)  
                                      0365T (for each additional 30 minutes)

### ICT (previous code G0153)

This service will be covered under the appropriate speech therapy codes if determined to be medically necessary per previous developmental therapy services update:

[https://providers.amerigroup.com/Public%20Documents/KSKS\\_CAID\\_DevelopmentalTherapySvc.pdf](https://providers.amerigroup.com/Public%20Documents/KSKS_CAID_DevelopmentalTherapySvc.pdf).

Prior authorization is required.

### Billing requirements

Providers should include the initial 30-minute code plus any subsequent 30-minute codes rendered on the same day on the same claim. If subsequent codes are submitted separately, the claim will be denied.

### Coverage is as follows

Coverage of these state plan services requires that a recommendation be made by a physician or other licensed practitioner and is subject to a prior authorization process.

For CCTS, 50 hours of service may be covered annually with additional hours considered if medical necessity criteria are met. This code is subject to the KDHE Budget Shortfall Reduction, and the payment will be reduced by 4 percent. Please do not reduce your billed charge by 4 percent.

For IIS, up to 25 hours per week may be authorized with a demonstration that medical necessity criteria are met and the services are recommended by a board-certified behavior analyst (BCBA). This code is subject to the KDHE Budget Shortfall Reduction, and the payment will be reduced by 4 percent. Please do not reduce your billed charge by 4 percent.

### **Provider requirements**

The CCTS provider will be either 1) BCBA-licensed through the Kansas Behavioral Sciences Regulatory Board or 2) an individual with a Master's degree, preferably in Human Services or Education, with 2,000 hours of supervised experience working with a child with an Autism Spectrum Disorder (ASD) and proof of having completed the state-approved training curriculum. Additionally, the individual must have a clean background as evidenced through background checks of records maintained by the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Nurse Aid Registry (NAR) and motor vehicle screen.

The IIS worker will be at least 18 years of age with the following: a high school diploma or equivalent, documentation of 1,000 hours of experience working with a child with an ASD, and proof of having completed the state-approved training curriculum. This provider will work under the direction of the BCBA or other qualified CCTS practitioner. The IIS worker will adhere to all state-approved standards, training and ongoing requirements. Additionally, the individual must have a clean background as evidenced through background checks of records maintained by the KBI, APS, CPS, NAR and motor vehicle screen.

Providers who are already enrolled with the Kansas Medical Assistance Program and credentialed by Amerigroup Kansas, Inc. to provide Autism waiver services are able to bill for these new codes. Providers who are not credentialed by Amerigroup to provide Autism services should contact their Amerigroup representative to discuss becoming credentialed (if not already credentialed for other services) or to discuss amending the current contract to add the new services.

**All services will require prior authorization.** To request prior authorization for 0368T, 0369T, 0370T, 0364T and 0365T, complete the *Autism Services Request* form available at [https://providers.amerigroup.com/ProviderDocuments/KSKS\\_CAID\\_AutismDisorderRqstForm.pdf](https://providers.amerigroup.com/ProviderDocuments/KSKS_CAID_AutismDisorderRqstForm.pdf).

To request prior authorization for speech therapy codes, complete the *Precertification Request* form available at [https://providers.amerigroup.com/ProviderDocuments/KSKS\\_PrecertRequest.pdf](https://providers.amerigroup.com/ProviderDocuments/KSKS_PrecertRequest.pdf).

### **What if I need assistance?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.