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Behavioral Health (ABA) Treatment Overview, Authorization & Claims Training

July 2022

Agenda

- **ABA Provider Amendment Update**

  Dona, Provider Service Representative Lead

- **Review the Behavioral Health (ABA) Treatment Benefit & Referrals**

  Andy, Behavioral Health Care Manager

- **FBA & Progress Reports, & Authorizations**

  Martha, Behavioral Health Care Manager

- **Provider Responsibilities**

  Clara, Clinical Support Associate

- **Claims & Billing**

  Lucy, Claims Provider Data Configuration Analyst

- **Provider Reminders**

  Cathy, Provider Relations Manager

- **Q&A with CenCal Health**

ABA Provider Amendment Update

Contract Amendments

- All ABA providers have been sent their updated amendments reflecting changes effective **August 15th 2022**
  - Includes the new fee schedule with HCPCS codes and modifiers

Throughout this training, you'll receive information on how to implement these changes in your organization including:

- How to bill claims with HCPCS codes and modifiers
- How to submit authorizations with the recommended changes

- Review the Behavioral Health (ABA) Treatment Benefit & Referrals
- FBA & Progress Reports, & Authorizations
- Provider Responsibilities
- Claims & Billing
- Language Interpreter Services

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Andy
Behavioral Health Care Manager

Eligibility for BHT services

Reminder:

CenCal Health covered BHT services do not address behaviors affecting the member's functioning primarily in the academic setting

The Member must be:

- ✓ Under 21 years of age
- ✓ Medically stable
- ✓ Not in need of 24 hour medical/nursing monitoring provided in a hospital or ICF.
- ✓ ABA Treatment must be recommended by a physician, psychologist or surgeon on CenCal Health's ABA Referral form.
- ✓ The Member must be presenting with a pattern of developmentally inappropriate behaviors that is significantly affecting their ability to function across different systems
- ✓ The Member's behaviors are not a result of an untreated medical condition, sensory impairment or mental health disorder that can be treated with another modality.

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Medical Necessity Criteria

Services are Medically Necessary when:

1. Indicated
2. Appropriate
3. Efficacious-at the initiation of treatment
4. Efficient
5. Effective-at the continuation/renewal of treatment authorizations

CenCal Health's Clinical Guidelines indicate that services are medically necessary when:

- Member's behaviors are moderate to severe and across multiple domains and impair their functioning
- Member can participate safely in Outpatient care and are not a risk to self or others.

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Services Are Not Covered Under the following Conditions

- ✓ When there are no continued clinical benefit expected.
- ✓ When services occur for Respite
- ✓ When services occur in day care or in a non-conventional settings such as camps, resorts, or spas.
- ✓ When services for Custodial care such as
  - Service to maintain the client or anyone else's safety
- ✓ Treatment that is solely vocationally or recreationally based
- ✓ Services that are not supported by industry standards or national guidelines.

Updated ABA Referral Process

Eligible Recommending Providers include Physicians, Psychologists, Psychiatrists, or Surgeons will submit an ABA referral to the BH Department on the **ABA Referral Form**

- The Recommending Provider and Member will identify their ABA provider of choice
- The referral authorization is good for a 6-month period
- ABA providers can submit an ABA referral on behalf of a qualified provider.
  - Additional information may be needed from the recommending provider, our team will outreach recommending provider.
  - A denial will only be issued to member and recommending provider.

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Referral Form & Processing

CenCal Health will review and provide a status determination on all authorizations within 5 business days

- For treatment plans that do not include the minimum required information, the provider can request a delay.
  - A delay notification will be issued that allows up to 14, no more than 28 days for a decision to be made.
- This will provide additional time to submit the required information

Coming Soon! providers/behavioral-health-treatment-and-mental-health-services/behavioral-health-treatment-aba-provider-resources/

ABA Referral Form

This form is designed to meet the Department of Health Care Services (DHCS) requirement for a medical necessity recommendation for behavioral health treatment (BHT) or applied behavioral analysis (ABA) services. A physician or licensed psychologist should complete this form.

Please submit this completed form via secure link at https://gateway.cencalhealth.org/form/bh or by fax at (805) 681-3070.

ALL SECTIONS MUST BE COMPLETE FOR SUBMISSION AND TO BE ACCEPTED

MEMBER INFORMATION

Full Name:

D.O.B: Age: Phone Number:

Member ID: Preferred Language:

Diagnosis or Provisional Diagnosis:

EVALUATING PROVIDER INFORMATION **Only a Physician, Surgeon or Clinical Psychologist May Refer a Member for ABA*

Provider Name:

License Type: ○ Primary Care Physician ○ Psychiatrist ○ Psychologist ○ Other (M.D./D.O.)

Street Address:

City: State: Zip:

Office Phone Number: Office Fax Number:

Must Answer YES in order to proceed. If you've answered ***NO*** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

1) Is Member under 21 years of age? ○ YES ○ NO

2) Is Member medically stable? ○ YES ○ NO

Must Answer NO in order to proceed. If you've answered ***YES*** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

1) Are the current behaviors better attributed to an underlying medical issue or mental health issue such as diabetes-uncontrolled, TBI, ADHD, Trauma, Depression, Parent Child Conflict? ○ YES ○ NO

2) Does Member have a need for 24 hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities? ○ YES ○ NO

Is ABA treatment assessment recommended? ○ YES ○ NO

Has family/caregiver chosen a BHT/ABA Agency? ○ YES ○ NO

Provider Name: NPI:

If no, refer to BH Call Center at (877) 814-1861 or cencalhealth.org to identify a preferred provider before sending

Provider Signature: Date:

This recommendation is good for 6 months from the date of signature.

***Providers with questions**, contact the Behavioral Health Provider Line (805) 562-1600 • **Members with questions**, contact the Behavioral Health Call Center (877) 814-1861*

Referral Form & Processing (continued)

Upon approval of the referral, please reach out the member within 10 business days to offer an appointment.

- If you are unable to contact the member after 2 attempts, please contact the Referring Provider or PCP to inform them of the appointment attempt.
  - A member's PCP can be located within the Eligibility Screen of the Provider Portal
- If member requests to be re-directed to a different provider, please refer to Referring Provider or PCP to submit a new request for a new provider.
- If you are unable to provide care due to availability or member's schedule, please contact referring provider or PCP to inform them. Referring provider or PCP will submit new request with a new provider as necessary from our Provider Directory.

Initial Treatment Authorization Request for an FBA

Once a referral is received, the ABA provider is required to submit a Treatment Authorization Request (TAR) requesting **up to** 10 hours (Up to 40 Units of H0031) for an FBA.

- The authorization period is 60 days
- Approved TAR's are available for providers to print through the Provider Portal.
- Authorization extensions should be sent directly to BH department
  - Reference original authorization
  - Extensions will be for 60 additional days
- Requests for more than 10 hours will be reviewed for medical necessity and clinical appropriateness.
  - Please send clinical justification with authorization request

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- Review the Behavioral Health (ABA) Treatment Benefit & Referrals
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Martha
Behavioral Health Care Manager

FBA and Progress Report Requirements

Minimum Requirements of all FBA's (APL19-014)

Must include:

- A description of the Member's Information-reason for the referral, brief background of information, demographics, the living situation, health and medical information, school information, home information including current services and activities.
- A Clinical Interview
- A Standardized Assessment
- The assessment procedures and results
- The use of evidenced based BHT services that are described in procedures
- Indicate the Member's availability for BHT services. Please include a schedule of parent availability, the member's school schedule, and other activity schedule (if they have any)

FBA and Progress Report Requirements (continued)

- Clearly show **individualized**, **specific**, **measurable** goals and objectives with **DATES** of when goals are anticipated to be met.

- Short term goals with dates*must be clearly labeled **"Short Term Goals"**
- Intermediate goals with dates*must be clearly labeled **"Intermediate Goals"**
- Long term goals with dates*must be clearly labeled **"Long Term Goals"**

- Outcome measurement assessment criteria must be clearly stated to measure achievement of behavioral objectives (Should not be copied and pasted).

- Indicate the current level of baseline, the behavior that parent is expected to demonstrate including condition under which it must be demonstrated and the mastery criteria.
  - Include Date of introduction
  - Include estimated date of mastery
  - Indicate any revised or new goals
  - Include Specific plan for generalization
  - Include Progress

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FBA and Progress Report Requirements (continued)

The Provider must use evidence based BHT services according to National ABA Guidelines and Industry Standards

The Treatment Plan clearly identifies:

- The service type
- The number of hours to direct care services
- Observation
- Direction
- Parent/guardian training, support and participation to achieve goals and objectives (this should align for requests for units of S5111)
- Frequency at which the Member's progress is being measured and reported for ***each individual BHT service provider*** is responsible for delivering the services

FBA and Progress Report Requirements (continued)

- Clearly identify an individualized transition plan that is specific and measurable. (Do not copy and paste)
- Includes a crisis plan (Do not copy and paste)
- Care Coordination with schools to ensure services and goals are not duplicated.
- Care Coordination with other specialists (OT/ST/Therapy) to ensure services work together for member's care.
- Deliver services in a home or community-based setting.
  - Must include clinical justification for hours provided at day care or school.
  - Do not conduct services that are the responsibility of the school under an IEP
  - Must include the schools written approval
  - Must be in proportion to home and community hours

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FBA and Progress Report Requirements (continued)

Request for treatment hours must consider the following when requesting treatment hours:

- Members age
- Parent participation and availability
- School attendance requirements (for homeschooled children)and school schedule
- Other daily activities

Include an individualized exit and discharge plan (do not copy and paste).

- Please include specific criteria and anticipated date of discharge
- Date of discharge can be amended with each progress report

Parent Signature is Required

- Can be done electronically

BCBA Signature is Required

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Authorization Requests

Authorization Requests

Submit authorization requests at least One month prior and no less than 14 days to the expiration of authorization

- Updated templates will be available online

  [Behavioral Health Treatment ABA Provider Resources | CenCal Health Insurance Santa Barbara and San Luis Obispo Counties]

- Provider Portal>Authorization Module

  [Provider Only (Restricted) (cencalhealth.org)]

Provider Login

- Add/View Authorizations
- BH/MH Forms
- Procedures Requiring a TAR
- Training Tutorials
- UM Authorization Download Form

Create Authorization

Member Info

Member No.* | First Name* | Last Name* | DOB*

* Member ID and either DOB (8-digit MMDDYYYY format) or First/Last Name are required

Authorization Info — Entered Date:07/08/2022 5:30 PM — Entered By:

Auth Type* (50-1 Medical) | Start Date* | Exp Date* | Category* | Contact: Name* | Phone* | Email*

Elective Surgeries, DMEs, Orthotics, all CPT codes requiring medical necessity review

Remarks

Add Remarks:

Requesting Provider

Name - NPI* (Select Provider...)

Requesting Provider Info

Servicing Provider/Facility — Same as Requesting

Rendering Provider — Same as Servicing

Requested Services

Dx1* | Dx2 | Dx3 | Dx4 | Dx5 | Dx6

Line Items + Add

#	Date(s) of Service*		ProcCode*	Modifier(s)	Units	Qty*	Charge
1	to						
2	to						
3	to						
4	to						
5	to						
6	to						
7	to						
8	to						

Provider Tips:

Please upload your ABA templates, service logs (required) and all graphs. Templates are available here.
Please attach the required Recuperative Care Checklist. Click here for the form.
Please attach the required Medically Tailored Meal Checklist. Click here for the form.

Authorization Requests

Reminder:

Providers can upload these documents within the Provider Portal Authorization Request

Each authorization request must include:

- A UM Authorization form (if submitted by fax or secure link) with all HCPC codes listed
  - Please list on separate lines indirect and direct supervision units requested
- Service Logs
- An updated Treatment Plan or FBA
- One standardized assessment per review period to triangulate observations with formal data measures
- **You may use your own template if it meets the minimum requirements**
  - **Please submit for approval by 7/25/2022 to the Director of Behavioral Health at** sbowers@cencalhealth.org

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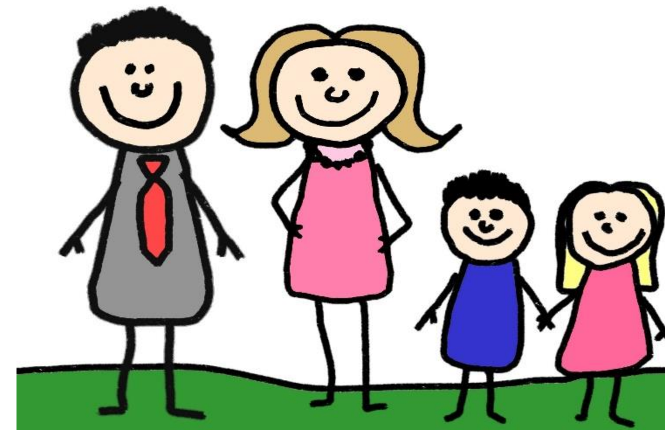
Clara
Clinical Support Associate

BHT Treatment Services

- BHT services must be delivered according to the approved treatment plan.

- Parent participation is **required** and part of CenCal Health's model of care for BHT services.
  - *Credible studies and industry standards support that parent participation is associated with improved outcomes.*



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Non-Covered Services

The following activities are considered non-covered services.

Examples include (but are not limited to):

- Training of staff (i.e. Staff Meetings, Team Meetings, IEP Meetings Transitioning Staff)
  - IEP Meetings to train school staff
- Preparation work prior to the provision of services
- Accompanying the client to appointments or activities (i.e. shopping, medical appointments)
  - Except when the identified client has demonstrated a pattern of significant behavioral difficulties during specific activities, in which case the clinician to actively provide treatment, not to just supervise, control, or contain the member/identified client.

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Non-Covered Services (continued)

- Transporting the member in lieu of parental transport.
  - If the member has demonstrated a pattern of significant behavioral difficulties during transport, in which case transport is still provided by the parent, and the clinician is present to actively provide treatment to the member/identified client during transport, not to just supervise, control, or contain the member/identified client.
- The provision of services that are part of an Individual Education Plan (IEP) and therefore should be provided by school personnel.
- Provider travel time.
- Transporting parents or other family members.
- Providing services in a camp, spa, resort setting, or non typical setting (i.e. restaurants, movie theaters, Starbucks, zoos, parks, ...etc)

BHT Treatment Services

- Center-based services may be provided, but some services must still be provided at home.
  - If all services are to be provided at the center due to extenuating circumstances, please provide justification for the request and include information on the participation of the parents during treatment services

- Services may not be provided at a day care unless clinically justified and with day care written permission.
  - This should be clearly indicated on the treatment plan.
  - This should be time limited, and goal focused.

BHT Treatment Services

Educational Settings:

- Goals and objective related to academic functioning or behaviors uniquely occurring just in school setting will not be covered

- FBA requests to assess behavior unique in the school setting will not be covered.
  - These requests should occur under HO032 for Treatment Plan updates.

- Provider must arrange with parent to provide a copy of latest IEP with TAR request.
  - Please include documentation that the school district has approved the services may take place on school grounds.

BHT Treatment Services (continued)

Educational Settings Continued:

- ABA providers must account for services being provided by Local Educational Agency.
    - Providers should also account for school attendance or services a Member **is eligible** (but not yet receiving) for through the Local Educational Agency when requesting for treatment hours.

- When school is not in session, CenCal may approve service hours that were being provided by LEA.
    - Please submit an IEP showing hours that member was receiving and documentation that Member is not receiving services.

Coordination with other providers

CenCal providers are responsible to obtain a Release of Information from the Member's PCP and other providers involved with the Member's Care.

- Contact the Member's pediatrician if Member may benefit from other therapies such as Occupational Therapy, Speech Therapy, or other specialties.
- Work closely with all other providers such as the Regional Center and the Local Educational Agency.
- Contact CenCal Health's Behavioral Health Department to consult on complex cases or barriers to service delivery (i.e. homelessness, unsafe home-environment, lack of staff, etc.)

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Direct Supervision

- Direct supervision can be requested at the **rate of 2 hours** for **every 10 hours of direct 1:1 treatment**.
- H0032 can be used for a variety of supervision activities such as (not limited to):
  - Assessment Updates
  - Developing treatment goals
- H0031 are allowed at the initiation of services by new provider.
  - *If a Member's treatment is disrupted for 4 or more months, another FBA will be authorized.*

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Indirect Supervision

- Providers can request **up to** 10 hours of indirect supervision an authorization
  - Requested by BCBA or a mid-level under the supervision of the BCBA.
  - Requests should be proportional to weekly treatment hours and goals.
  - Request on a separate line code from direct supervision.
- Indirect Supervision Activities
  - In-office functional analysis and skills assessment
  - In-office development of goals/objectives and behavioral intervention plans/reports
  - In-office direct staff summary notes
  - In office clinical meetings with both paraprofessionals and parents present

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HCPCS Code Reminders

Providers **no** longer need to indicate modifiers on authorization requests. Please continue to submit modifiers on all claims

- S5111
  - Requested by session and not hourly
  - Service limit is 2 a day
  - Requests should be aligned with goals
    - Please indicate how parent training will be utilized to meet goals in treatment plans
- H2019
  - Clinical Care Guidelines state that most pediatric members will benefit up to 25 hours a week of ABA
    - Requests of more than 25 hours, requires clinical justification of enhanced ABA care.

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Reminders

- Goals should be objective and developmentally appropriate
  - Do not include academic/educational goals
- Service logs are **required** with every submission
- Progress Reports must include a transition plan for Members aging out of the benefit
  - We have included a new section in the CenCal templates that needs to be filled out
- Submit denial letters for Members who have Other Healthcare Coverage with every submission
  - Denial letters are good for one year from the date of the letter
  - To obtain a denial letter, please submit an authorization request to the primary insurance

Graduation and Fading of Services

- BHT services must be faded gradually and systematically over time
- BHT providers will complete a transition plan as part of FBA/Progress Report and submit to the CenCal Behavioral Health Department.
  - Please coordinate care with TCRC Case Workers
  - Please develop a transition plan with Member's family.
- Members who turn 20 while receiving BHT services, must commence fading of services in order to graduate **prior** to their 21st birthday.

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No-Shows, Cancellations & Other Issues

Please contact the Behavioral Health Call Center to request Behavioral Health Navigator assistance.

Behavioral Health Navigators support Providers & Members by:

- Providing Member Education to support a positive provider and member relationship.
- Identify barriers to engaging in care and support member to problem solve
- Support health literacy
- Assist with transportation and other community resources

Requests for 2:1 Staffing

Requests for two or more staffing may be covered when one or more non-redirectable destructive behaviors that pose significant risk of harm to the individual or others are present and an appropriate intervention has been chosen and planned.

The request must include the following:

1. Description of the behaviors that pose a significant risk of harm to the Member or others

2. Description of how the plan is to expose the Member to social or environmental stimuli associated with the destructive behavioral and

3. Description of how the assessment will be conducted in a setting conducive to the safety of the Member and other individuals who may be present and

4. The total hours requested should be in proportion to the treatment goals and overall hours requested per week.

Contact Us - Behavioral Health Dept.

Behavioral Heath Care Coordination Center
Member line 1-877-814-1861

Behavioral Heath Care Coordination
Provider Line (805) 562-1699

BH Department Fax Line (805) 682-5117

BH Secure Link
https://gateway.cencalhealth.org/form/bh

CenCal Health Pediatric Case Management (805) 562-1082

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Citations

BACB Guidelines, "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder":

- https://asbg.org/wp-content/uploads/2014/01/ABA_Guidelines_for_ASD.pdf

Lucy

Claims Provider Data Configuration Analyst

- Billing Codes
- Modifiers
- Claims Timelines
- Claims Corrections
- Common Denials
- Provider Portal Denial Overview

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Billing Codes

1. **Effective for Dates of Service on or after 08/15/2022 HCPCS Codes H0031 and H0032 have been changed to 15-minute incremental billing.**

   For Example: quantity of 1 = 15 minutes, quantity of 2 units = 30 minutes, quantity 3 units = 45 minutes etc.

2. **For Dates of Service prior to 08/15/2021 please continue to bill H0031 and H0032 per hour session.**

3. **Continue use of HCPCS codes as they currently are:**

   - H2014-15 minutes
   - H2019-15 minutes
   - S5111-per session
   - T1014 - 1 minute

Modifiers

Modifiers should be used as stated in your Contract Amendment:

- HO for QASP Professional/BCaBA
- HM for QASP Paraprofessional/RBT

Billing Tips:

- When billing services for BCBA (QASP, QAS Provider, QAS Level 3) a modifier is **not** required
- When billing services for ABCBA/BCaBA (QASPRO, QAS Professional, QAS Level 2) use modifier HO
- When billing services for RBT (QASPARA, QAS Paraprofessional, QAS Level 1) use modifier HM

Claim Timelines

Original (or initial) claim must be received by CenCal Health within six months following the month in which services were rendered or the following payment reductions may apply:

- Claims received during the 7th,8th or 9th month after the month of service will have final payment reduced by 25%
- Claims received during the 10th,11th or 12th month of service will have final payment reduced by 50%
- Claims received after the 12th month following the month of service will be denied

There are exceptions to these billing limits. These can be found in the State of California's Medi-Cal Manual CMS-1500 Submission and Timeliness Instructions (cms sub)

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Claims Follow Up and Corrections

Please submit corrections to previously billed claims by submitting the corrected claim electronically or by making the correction on our website (if the claim has not appeared on an EOP.)

CenCal Health offers (3) three easy and convenient ways to bill:

1. CenCal Health Provider Portal
2. Electronic
3. Paper Claims

   CenCal Health
   PO Box 948
   Goleta, CA 93116-0948

Common Denials

3R (Denial Description - MISSING EXPLANATION OF BENEFIT (EOB) AND/OR REASON FOR NON-PAYMENT FROM OTHER HEALTH CARRIER)

KH (Denial Description - ACCESS OHC DATA THRU AEVS AT (800)427-1295 OR AT https://www.medical.ca.gov/Eligibility/Login.asp)

BILLING TIP: These denials happen when the member has Primary Insurance. If you receive a denial letter from Primary Insurance that states ABA services are not covered, please include these remarks on the claim (via portal or electronically) and send a copy of the denial letter for our records.

Common Denials

93 (Denial Description - SERVICES PROCESSED ON ANOTHER CLAIM)

BILLING TIP: This denial happens when the claim has been previously submitted for the same member, same date of service. If the member has been seen multiple times on the same day, please add remarks on your claim with the different appointment times. If this information is not provided claims will remain denied

9R (Denial Description -SUPERVISING PHYSICIANS NPI IS REQUIRED):

BILLING TIP: This denial happens when you submitted a rendering provider on the claim that is non payable. You should submit your claim using the supervising provider and In remarks add the first and last name, the title of the person that is rendering the services.

Common Denials

9E (Denial Description -RENDERING PROVIDER # IS MISSING OR INVALID - CONTACT PROVIDER SERVICES)

94 (Denial Description - RENDERING NUMBER INVALID, CONTACT PROVIDER SERVICES DEPARTMENT 1-800-421-2560 EXT 1676)

BILLING TIP: This denial happens when the rendering provider is not in our system and/or associated to the Group. Please ensure that you are communicating with your Provider Representative if you have added new rendering providers to your roster.

How to identify Denials in the Portal

1. **EOB Status:** Use the 'Provider Review Req' drop down to identify claims with denied line items and that hasn't been finalized on an explanation of payment (EOP)
2. **Filter Icon:** Click the search icon to filter your dashboard which will provide you with a list of those claims that can be edited
3. **CCN:** Click the blue claim CCN# to go into the individual claim for editing

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How to identify denials and make corrections

1. **Line Items:** Identity denial (DN) line item and Reason Code and make the appropriate corrections

2. **Reserved For Local Use Remarks**: Enter additional remarks as required (reference Common Denial **slides)**

3. **Upload Attachments**

4. **Save updates** made to the claim

Back to List

Health Insurance Claim Form - Professional

Member / Patient Information

Member No.* Member Name* DOB* Gender Relationship MRN/Account N

Self

Coverage Info (Most Recent)

CCN: 20220 Status: Processing

Billing Provider NPI* Taxonomy

Referring Provider NPI Name Service Facility NPI Name

Claim Information

ClaimType* Auth No. SOC Chrg Amt Anesthesia Start/Stop Time Delay Reason Patient No.

Physician A189 0 98.00 /

Reserved For Local Use-Remarks

Diagnosis Codes:*

A F840 Autistic disorder

Line Items + Add COB/OHC

#	Service Date(s)*			POS*	Emg	Proc*	Modifiers 1	2	3	4	Diag Ptr*	Charge*	Units*	Fam Pln EPSDT	Auth No.	Rend NPI	Taxonomy
	NDC/UPN	Code	Quantity	UofM			PaidAmount	CapAmount	Status	Reason Codes							
1	6/24/2022	to	6/24/2022	11		H0032					A	98.00	1			1235609173	
			0				0.00	0.00	DN	9R-SUPERVISING PHYSICIANS NPI							
2		to										0.00					
							0.00	0.00									

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Provider Reminders

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Provider Reminders

CenCal Health ensures interpreting services to all eligible members.

Language Access Program Services:

- **Telephonic and Video Interpreter Services** for spoken language are available on a 24 hour basis for medical encounters in over 200+ languages through Certified Language International

- **"Face to Face" Interpreter Services** are available for American Sign Language and/or deaf/hearing impaired members, Mixteco, and Spanish (limited to defined criteria).
    - Monday-Friday 24/7 with advance notice. Please call CenCal Health's Member Services at 1-877-814-1861 to schedule face-to-face services or to inform them of the rescheduled appointment or cancellation.

To learn more about this resource and access to these services, please go to cencalhealth.org/providers/cultural-linguistic-resources

Provider Reminders

Contract Amendments

- All ABA providers have been sent their updated amendments reflecting changes effective **August 15th 2022.**

Authorizations

- **Beginning August 15th**, CenCal Health will be adjusting current authorizations to reflect HCPCS Codes H0031 and H0032 1 unit as 15 minutes. Any future authorizations should be requested as 15 minute units.
- Modifiers should be included on claims, but will not be required on authorizations. Beginning August 15th, providers will not have to request edits to their hours to account for changes in staff providing services.

Contact CenCal Health

Provider Services Representatives
Contracting/Onboarding

psrgroup@cencalhealth.org
(805) 562-1676
provideronboarding@cencalhealth.org

Provider Portal
Access/Issues/Education

webmaster@cencalhealth.org
www.cencalhealth.org/providers/provider-portal/

Claims & Billing
Claims Support & Claims Training

(805) 562-1083 or (800) 421-2560 ext. 1083
cencalclaims@cencalhealth.og
www.cencalhealth.org/providers/claims/

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