

Provider Notice

To: PerformCare Capital Area Network Providers
From: Joe Buttacci, LPC CAADC, Director of Quality Improvement
Date: March 31, 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. If a provider would like to start billing prior to being fully licensed and enrolled, contact your AE for further direction.

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: Scott Suhring, CEO, CABHC

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)
Individual	Functional Family Therapy	H2019	HA	U1 - if > 120 days

Individual	Multisystemic therapy for juveniles, per 15 minutes	H2033		
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
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

Note: The rural modifier of **TN** maybe added for MT, MT-ABA, BC, BC-ABA, BHT and BHT-ABA