How to submit a Modification

Behavior Analysis Services



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Starting your request

- You can only submit a modification on a review that has been **approved** and the **PA is active**.
- Your Review Type will be Modify Authorization
- You will need to enter the Case # (This is not the Review ID#)
- Once you enter the Case # you will need to select the Review you wish to modify, then click Retrieve Data

	Review Header Information Provider #: 000000001 Provider Name: TEST BA PROVIDER						
Provider #. 0000	100001 Provider Name. TEST BA Pr	TOVIDER					
Start							
Review Type and	Settings						
Provider ID:	00000001	Provider Name:	TEST BA PROVIDER]			
Specify Type:	● BA ○ BA MDT						
Review Type:	Modify Authorizati 🔻	eQHealth Case #: 729	9964 PA#: 9999999998				
				# 9999999998 Date Range 11/30/2020 - 05/28/2021			
			RETRIEVE DATA	9999999 Date Range 11/23/2020 - 12/07/2020			



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Start Tab

- The patient's information will automatically generate from the previous authorization
- Answer the questions accordingly, then go straight to the DX Codes/Items Tab

Start	DX CO	DES/ITEMS					
Recipient II	D: 123	Name	JOHN DOE		DOB: 4/18/20	001 Sex:	M 🔻
Physicians a	and Healthcare F	Practitioners					
	Туре	Medicaid #	NPI #	License #	Name	Phone #	
<u>Edit</u>	Referring	000001000	1235331315	ME0100111	TEST, PROVIDER	1234567890	
	of service: 11/2 quest to review o		rsis services provided b	y your organization?	(i.e. extending or continuing s	services from a previous	PA#) O Yes
							O No
s this requ	lest the result of	an emergency:					
							⊖ Yes
							○ Yes ○ No
s the requ	est follow-up fro	m an EPSDT screening	;				
		-					⊖ No
		-	: f telemedicine caregive	er training?			○ No ○ Yes



DX Codes/Items Tab

- The DX Code will auto default from the original request
- Click to see previously approved items and units will display what has previously approved for that case# that you entered
- Click Add to enter your HCPCS
 Code
- Once you enter the HCPCS code it will populate the authorization date span for the case that you wish to Modify. The From/Thru Dates need to match the previously approved request.

Start	DX CODES/ITEMS	
Add		Search
P	ICD Code	Description
v	F3341	MAJOR DEPRESS DISORDER RECURRENT IN PART REMISS

Click to see previously approved items and units

Add 🔸	Add the second s								
Code	Description		MOD	MOD2	From Date				
No records to disp	lay.								
CANCEL	SAVE/CLOSE	SAVE/CONTINUE							





Modification-Adding a service code

• Any requests to add service code

- Only enter the New Service
 Code and Units needed
- The From/Thru Date Range must match the initial certification dates

Example:

Initial Approved Codes and Units-

H2014: 1200 Units H2012: 800 units

Requesting

Add H2019:150 Units

📄 Item Code Add Page	
Code:	H2019
Description:	Behavior Analysis – Lead Analyst
MOD1:	BA 🔻
MOD2:	Select Modifier 2 🔻
	Valid Date Range 11/30/2020 - 5/28/2021
From Date:	11/30/2020
Thru Date:	5/28/2021
	Date Calculator
Approved Units:	0
Requesting Units	150
Potential Total Units:	150
Add	<u>Close</u>





Modification-Adding additional units

• Any requests to add units

- Only enter the additional units needed
- The From/Thru Date Range must match the initial certification dates
- Units requested must match the timeframe left on the certification

Example:

Initial Approved Codes and Units-

H2014: 1200 Units H2012: 800 Units

Requesting

Additional 150 Units for H2014

ltem Code Add Page	
Code:	H2014
Description:	Behavior Analysis – Technician
MOD1:	BA 🔻
MOD2:	Select Modifier 2 🔻
	Valid Date Range 11/30/2020 - 5/28/2021
From Date:	11/30/2020
Thru Date:	5/28/2021
	Date Calculator
Approved Units:	0
Requesting Units	150
Potential Total Units:	150
Add	Close





Modification-Reallocation of units

Requests to Reallocate units

- Only enter the code where the additional units are needed
- The From/Thru Date Range must match the initial certification dates
- Units requested must match the timeframe left on the certification

Example:

Initial Approved Code and Units-

H2014 1200 units and H2012 800 units

Requesting

Reallocate 50 Units from H2014 to H2012

Reminder: Reallocation of units are considered changes in level of service and must meet medical necessity criteria and should be submitted with an updated behavior plan. Please add a note in the summary tab explaining the reallocation of units.

Requesting to reallocate 50 units from H2014 to H2012 New Total: H2014 1150 units H2012 850 units

🚍 Item Code Add Page	
Code:	H2012
Description:	Behavior Analysis – Assistant Analyst
MOD1:	BA 🔻
MOD2:	Select Modifier 2 🔻
	Valid Date Range 11/30/2020 - 5/28/2021
From Date:	11/30/2020
Thru Date:	5/28/2021
	Date Calculator
Approved Units:	0
Requesting Units	50
Potential Total Units:	50
Add	Close





Clinical Info

• For Modifications you will be required to answer the clinical questions.

Start DX CODES/ITEMS CLINICAL INFO				
Question	Yes/No	Yes/No/NA	Check all that apply	Check one
Select the primary maladaptive behavior(s) to address during this period:				
High risk to self (caused or presented imminent risk of harm in the last 6 months)? If YES Select all below that apply and frequency of occurence::	○ YES ○ NO			
Elopement (leaving house/clinic/safe area or supervision)				
More than 5 times a day				
More than once a day but less than 5 times a day				
More than once a week but less than once a day				
Once a week or less often				





Summary

- Enter any additional information that is pertinent to your modification request
- Enter information regarding reallocation of units
- You will be prompted to Link clinical documentation to support your modification request once you click on the "Submit for Review" Button

1				
Start	DX CODES/ITEMS	CLINICAL INFO	SUMMARY	
	y additional information you f licated on previous tabs.	feel is needed to complete u	tilization review here.	Note: It is NOT necessary to repeat any information that
s an caay ma	nearca on premous rabs.			
Health Soluti	ions certification determinatio	on does not guarantee Medie	aid payment for servi	Florida Agency for Health Care Administration Disclaimer Statement ces. Eligibility for and payment of Medicaid services are subject to all terms and conditions and limitations of the Medicaid Pr
				PROVIDER ATTESTATION STATEMENT
	der who knowingly or willfully uted under federal and/or stat			or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be subject to the app ny penalties and/or fines.
				By clicking [Submit for Review] you are attesting to the above.
CANCEL	SAVE/CLOSE	SUBMIT FOR R		





Supporting Documentation for Modifications

 Reallocation of units are considered changes in level of service and must meet medical necessity criteria and should be submitted <u>with</u> an updated behavior plan.

 Do not submit a modification when the certification status of the rendering provider has changed. Provider level requests are made on the basis of medical necessity at the time of the request.





When to submit a Help Ticket

Click on "Online Helpline" in eQSuite. Below are some examples:

- Cancel a review
- If you need to shift dates on an authorization
- Transmit Error/PA Question
- Once you submit your ticket a Ticket # will generate, once a representative from eQHealth has responded you will receive an email notification and you can log into eQSuite and view your response.

Create	e New Revie	ew Respo	ond to Add'l Info	Respond to Denial	Online Helpline U			
Onli	ine Help	pline						
Sele								
	cted Ticket Inf	0:						
From	To optor a	now question	hine your question in t	a box below, then click the	Submit Question link below.			
		You will be e-n	nailed with a link to ret	urn here when this ticket has et, scroll down and view the l	been processed.			
Re	view ID:		Do NOT enter other	values if Review ID is entere	d.			
	Recipient #: Admit Date:							
			s in the system, you wi	sk. Please check back in a s Il be notified by e-mail when dressed.				
				Close				
Q&	A History (Las	t 30 Days)						
Que	estion/Respon	se						
Tic	:ket # 60003	37 Receipt	Date: 5/29/2020 4:06	30 PM Response Date:				
	estion: ed to check th	ne status of this	s review?					





QUESTIONS?





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eQHealth Resources





