How to submit a Modification

Behavior Analysis Services

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

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 CODES/ITEMS

Recipient ID: 123   Name: JOHN DOE   DOB: 4/18/2001   Sex: M... ▼

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	Referring	000001000	1235331315	ME0100111	TEST, PROVIDER	1234567890	

Start date of service: 11/23/2020

Is this a request to review ongoing behavior analysis services provided by your organization? (i.e. extending or continuing services from a previous PA#)   ○ Yes ○ No

Is this request the result of an emergency: ○ Yes ○ No

Is the request follow-up from an EPSDT screening: ○ Yes ○ No

Is this a request for administrative authorization of telemedicine caregiver training?   ○ Yes ○ No

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.**

Modification-Adding a service code

- **Any requests to add service code**
  - Only enter the New Service Code and Units needed
  - <mark>The From/Thru Date Range must match the initial certification dates</mark>

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   Close

HealthSOLUTIONS

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
  - <mark>Units requested must match the timeframe left on the certification</mark>

Example:
Initial Approved Codes and Units-
H2014: 1200 Units
H2012: 800 Units

Requesting
Additional 150 Units for H2014

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
  - <mark>Units requested must match the timeframe left on the certification</mark>

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

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.

QUESTIONS?

eQHealth Resources

Phone: 855-444-3747
Fax: 855-440-3747
(*General inquiries/questions*)

Provider Website:
FL.EQHS.COM
(*Provider Forms/Education and Training Material*)

Provider Outreach Email:
PR@EQHS.COM
(*Provider Education/Training Assistance*)