

## **PROVIDER ALERT**

## ABA PROVIDERCONNECT UPDATES: ASSESSMENTS or SERVICES

## **OCTOBER 2, 2017**

Effective September 25, 2017, the ProviderConnect platform has been updated. You will see minor changes on the screens.

 When requesting ABA Assessments or Services within ProviderConnect, providers will be asked "Are you requesting ABA services for a member with a behavioral health diagnosis?" Previously, this specifically referenced an Autism Spectrum Disorder diagnosis.

Back Return to Inquiry Next     VRESULTS PRESULTS	Save and Go To Results Auth Review # 01-090417-1-5-1-1 Review Notes		
AUTH "Are you requesting ABA services for a member with a behavioral health diagnosis?   Yes \N			
If yes, complete the following:			
Name of professional who gave the diagnosis: License type of the professional: Dr. Smith Developmental Pediatrician			
Date of the diagnostic assessment (diagnostic log162010			
Please attach either a diagnostic assessment / MD prescription stating the diagnosis and referral for ABA assessment.	Type CLINICAL		
Uploaded documents are secure clinical	Save Notes		
Document Description SELECT  UploadFile Click to attach a document Delete Click to delete an attached document	Notes-History		
Attached Document:			

\*\*An Autism Spectrum Disorder diagnosis is still required despite this change.\*\*



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• Previously, when requesting an ABA assessment, a drop down menu was used to select how many hours were being requested to complete the assessment. With the revisions to ProviderConnect, the requested hours will only be identified in the Requested Services portion of your assessment authorization request, as shown below.

Al Adda marked with an asterisk (??) are repaired. Note: Disable gop-up blocker functionality to view all appropriate links. For cortain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available ar displayed on the bottom of this page will be zero. Rease indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed. Reequested Services								
*Place of Service	*GPT or HCPC Code	Hodifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (8 Applicable)	Notifier 4 (If Applicable)	"Visits/ Units		
(HOME V	03397					1		
(HOME)	[03601					5		
(HOME V)	0361Y					9		

Providers are always welcome to attend the ProviderConnect training. Select ABA Provider Trainings below for the training schedule and link for registration.

ABA Provider Trainings

Questions may be sent to Josh Carlson @ peter.carlson@beaconhealthoptions.com.