pennsylvania
DEPARTMENT OF HUMAN SERVICES

Act 62 of 2008: Information for Providers of Services for Children and Adolescents with Autism Spectrum Disorder (ASD)

Webinar for MCOs

DHS and PID Staff

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Caitlin Palmer, Executive Policy Specialist
Office of Policy Development
Secretary's Office

Carole Procope, Bureau Director
Bureau of Program Integrity
Office of Administration

Erica Wexler, Sr. Communications & Training Manager
Bureau of Autism Services
Office of Developmental Programs

Barry Bowman, Chief
Operations/Monitoring and Compliance
Office of Medical Assistance Programs

Terry Mardis, Chief
Medicaid and Financial Review
Office of Mental Health and Substance Abuse Services

David Buono, Consumer Liaison
Pennsylvania Insurance Department

Act 62 of 2008 – Background

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Act 62 of 2008 (Act 62) requires MA, CHIP, and certain private health insurance policies to cover some of the costs of the diagnostic assessment and treatment of ASD for children and adolescents under 21 years of age.

- The Act 62 coverage mandate applies to employer group health insurance policies issued in Pennsylvania to groups of 51 or more employees.

- Act 62 does not apply to policies that are issued outside of Pennsylvania, that are “self-funded”, or are subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Act 62 of 2008 – Background

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Act 62 defines diagnostic assessment of ASD as medically necessary assessments, evaluations or tests performed by licensed physicians, licensed physician assistants, licensed psychologists, or certified registered nurse practitioners to diagnose whether an individual has ASD.

- Treatment of ASD includes pharmacy care; psychiatric care; psychological care; rehabilitative care, which includes applied behavioral analysis (ABA); and therapeutic care, including services provided by speech language pathologists, occupational therapists, and physical therapists.

Act 62 of 2008 – Background

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Treatment requirements include:
  - Must be for an ASD
  - Must be medically necessary
  - Must be identified in a treatment plan developed by a licensed physician or licensed psychologist; (A licensed behavior specialist may design, implement or evaluate a behavior modification intervention component of a treatment plan)
  - Must be prescribed, ordered or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker or certified registered nurse practitioner; and must be provided by an autism service provider or a person, entity or group that works under the direction of an autism service provider. Autism service provider includes behavior specialists licensed by the Pennsylvania Department of State.

Act 62 of 2008 – Background

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- The maximum amount private health insurance companies are required to pay as a result of Act 62 for the diagnostic assessment and treatment of ASD (known as the “cap”) is adjusted annually ($38,562 in 2016). The cap is published annually in the Pennsylvania Bulletin on or before April 1st.

- The coverage that must be provided is subject to copayment, deductible, coinsurance, and any other general exclusions or limitations of the health insurance policy or government program to the same extent as other medical services covered by the policy or program are subject to those provisions.

Cost Avoidance

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Federal law requires Medicaid be the payer of last resort (42 CFR 433.139). DHS utilizes data-matching processes to determine whether the child or adolescent has private health insurance coverage. This private health insurance coverage is then utilized during the processing of Fee-For-Service claims to ensure the provider has billed the private insurance company first and to check if the claim has either been paid or denied.

- This process is referred to as “cost avoidance.” MA managed care organizations also utilize cost avoidance in claims processing.

Procedure Codes

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- DHS clinical staff identified procedure codes that reflect services for the diagnostic assessment and treatment of ASD covered under Act 62.

- The procedure codes that are on the MA Program's fee schedule will be subject to the cost avoidance process for MA FFS claims beginning September 30, 2016.

- Procedure codes are listed on DHS's website at: http://www.dhs.pa.gov/citizens/paautismsinsuranceact62/index.htm

- DHS will continue to review procedure codes to identify additional codes that reflect services subject to Act 62.

The following F84 diagnosis codes will also be used beginning September 30, 2016 in the MA FFS cost avoidance process:

Act 62 ICD-10-CM Diagnosis Codes	
Diagnosis Code	Diagnosis Label
F84.0	Childhood Autism
F84.1	Atypical Autism
F84.2	Rett Syndrome
F84.3	Other Childhood Disintegrative Disorder
F84.4	Overactive Disorder Associated with Mental Retardation and Stereotyped Movements
F84.5	Asperger's Syndrome
F84.8	Other Pervasive Developmental Disorders
F84.9	Pervasive Developmental Disorder, unspecified

Procedure for Providers

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- In order to determine if a child or adolescent under 21 years of age has private health insurance coverage and ensure that the MA program is the payer of last resort for claims for services that are for the diagnostic assessment or treatment of ASD, providers must identify third party resources and MA coverage.

  - Confirm third party resources by asking MA beneficiaries for all medical insurance cards at the time services are provided and check the Eligibility Verification System (EVS) to identify private health insurance coverage or other third party resources. If there are discrepancies between the medical insurance cards and EVS, providers should confirm private health insurance coverage with the MA beneficiary.

  - Confirm MA coverage by checking EVS and identify that MA benefits are provided through either physical health or behavioral health MA MCOs or MA FFS.

Private Health Insurance

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- If the MA beneficiary has private health insurance, providers must:
  - Identify the procedure codes that are on the private health insurer's fee schedule. Private health insurance may require specific procedures codes for billing purposes. Those codes should be utilized when billing the primary insurer to ensure proper processing and payment of the claim.
  - Submit claims to the private health insurance prior to billing the MA beneficiary's MA MCO or the Department (for MA FFS enrollees) as applicable, even if a denial was previously received for that service or a similar service.

MA MCO

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- If the MA beneficiary is in the MA managed care delivery system, providers must:
  - Identify the procedure codes that are on the appropriate physical health or behavioral health MA MCO's fee schedule.
  - Submit claims to the appropriate MA MCO based on their claims processing requirements.

MA Fee-For-Service

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- If the MA beneficiary is in the MA FFS Delivery System, providers must:
  - Confirm the procedure codes listed on the MA Program fee schedule.
  - Submit claims to the Department using procedure codes listed on the MA Program fee schedule, and include the results of billing the private health insurance within your claims:
    - When the private health insurance pays the claim for the ASD service, the provider should include the payment amount.
    - If the private health insurance denies the payment of the ASD service, the provider should provide the following as an attachment:
      - For all claims submitted by paper, the explanation of benefits (EOB) or MA 538/539.
      - For electronic or internet claims, the provider must include the Claim Adjustment Reason Code (CARC).

MA Fee-For-Service

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- If the Department suspends the claim, submit an EOB or letter of denial upon request from the Department. If the EOB contains or letter of denial specifies procedure codes that are different than the procedure code in MA FFS claim, the Department will contact the provider to ensure proper resolution of the claim.

- The MA FFS Program will deny claims that do not show the results of billing the private health insurance. Providers may resubmit denied claims to the MA FFS Program with the appropriate documentation/coding within 365 days from the date of service.

- For more information on claims processing and cost avoidance, providers should refer to their provider handbook.

Communicating with Families

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Please visit www.PAAutisminsurance.org for Act 62 resources to use when communicating with families including:
  - Fact Sheet
  - Frequently Asked Questions (FAQs)
  - How to Appeal
  - Sample Appeal Letters
  - Act 62 Infographics

Next Steps for MCOs

pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Based on input received from MCOs, we would like to further examine the procedure and diagnosis codes used in MCO cost avoidance processes for the diagnostic assessment and treatment of ASD for children and adolescents. Please see below for the next steps.
  - DHS will continue to track Act 62 encounter data.
  - DHS will be expanding the procedure and diagnosis codes which will be included in the MA FFS cost avoidance process beginning September 30, 2016. Six months after the effective date, TPL will begin meeting with individual MCOs to assess Act 62 cost avoidance processes. The goal is to strengthen cost avoidance for Act 62 and more accurately and consistently track encounter data related to individuals covered under Act 62.
  - DHS will routinely request data and information from the MCOs relating to the cost avoidance and payment amounts for individuals covered under Act 62.

Questions?

pennsylvania
DEPARTMENT OF HUMAN SERVICES

General Act 62 Implementation Questions:

RA-PWACT62@pa.gov

Pennsylvania Insurance Department – Consumer Services

ra-in-consumer@pa.gov