

GA Web Portal

FFS Autism Therapy Services

Prior Authorization

Provider User Manual - Version 2.0

Revision History

Version	Date	Editor	Description
1.0	4/12/2010		Initial Draft
2.0	5/14/2024	E. Hightower	FOC and Autism Form Updates

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Overview

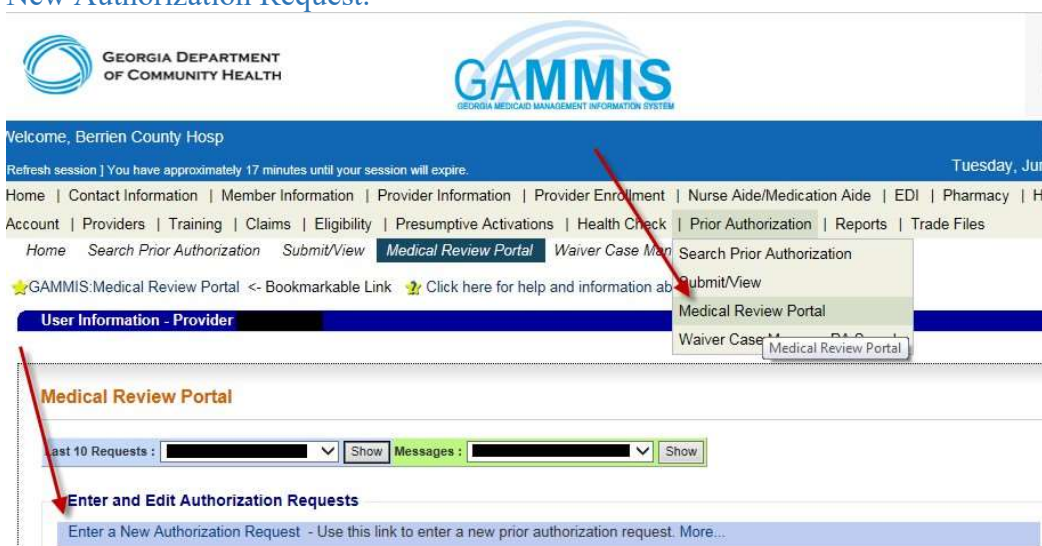
Providers may submit a request for Autism Therapy Services and attach supporting documentation via the Medical Review Portal. Once a request is submitted, the request data is added to the Alliant Health PA system and is available for review by Alliant Health staff. Once the decision has been rendered, Providers will receive a No-Reply email to notify them that a decision has been rendered. Additionally, should the prior authorization receive a second level review denial decision, the member will receive a notification letter from Alliant Health Solutions.

Autism Therapy Request Guidelines and Restrictions

- The PA type for Autism Therapy services is AU
- Providers must have COS code of 445 and a Specialty Code of 565 or 566
- Only Applied Behavioral Analysis (ABA) procedure codes may be entered on the request
- Providers submit one PA for assessment codes and one PA for treatment codes
- System validation prevents assessment codes and treatment codes to be entered on the same PA
- Requests must have an effective/start date equal to or greater than the request date
- All requests may be submitted with a procedure start date up to 60 days in the future

Autism Therapy PA Submission Instructions

- Go to the **Georgia Web Portal** at www.mmis.georgia.gov and log in using your assigned user name and password.
- From the *Secure Home* page, select **Prior Authorization** → **Medical Review Portal**; then **Enter a New Authorization Request**.



- Select the [Autism Therapy Services](#) link from the list of review types



- On the next screen, the Provider ID is populated by the system based on portal login credentials. Enter the member's Medicaid ID and click [Submit](#).

- ***Request Form***

The Request Form is displayed with the provider information pulled into the PA request based on the provider's portal credentials. The member information is pulled from MMIS and populated on the request.

- Provider *Contact Information* is populated by the system. Provider would need to enter any information that is missing or incorrect.
- Provider selects the *Place of Service*. Choices are: Home, Office, School, or Telehealth (inside or outside member home).

- Provider will select whether request will be for an assessment or treatment

- *Diagnosis Codes*: The Diagnosis table captures the diagnosis code, code description (system populated), diagnosis date, diagnosis type, and primary diagnosis indicator for each diagnosis code

entered.

- One primary diagnosis is required. The provider enters a valid autism ICD10 diagnosis code and the diagnosis date. Click the 'Primary' checkbox for the Primary Diagnosis code
- Click [ADD](#) to add the diagnosis code to the request
- After the diagnosis code has been entered, the provider may select [EDIT](#), to modify or delete the code.

* Diagnosis					
Diag Code	Diagnosis Description	Date	Primary	Type	
F84.3	OTHER CHILDHOOD DISINTEGRATIVE DISORDER	05/28/2017	Yes	ICD-10	EDIT
<input type="text"/>	<input type="text"/>	<input type="text"/>			ADD

- *Procedure Codes:* The Procedures Table captures the procedure code, code description (system populated), date of service from and to dates, units requested, requested number of months per service.
- Provider enters the procedure code; procedure from and to date, units requested and Clicks [Add](#).

Assessment Request

- All Assessment procedure codes can be entered for a 3 month time span.
- Valid assessment codes: 97151, 97152, 0362T
- Each assessment code needs to be listed on a separate line

Procedures					
CPT Code	CPT Description	From Date	To Date	Units	
97152	BHV ID SUPRT ASSMT BY 1 TECH	05/01/2024	07/31/2024	24	EDIT
97151	BHV ID ASSMT BY PHYS/QHP	05/01/2024	07/31/2024	8	EDIT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

- Indicate if there is a current Letter of Medical Necessity, Service Plan, or Plan of Care and the date of that document. The medications section is mandatory.

Is there a current Letter of Medical Necessity, Written Service Plan or Plan of Care?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, LMN/WSP/POC Date:	<input type="text" value="mm/dd/yyyy"/>
Medications			

- The next section documents additional information needed to review an assessment request. Respond to each question by clicking the Yes or No button. If Yes is selected for questions 2 or three, then select at least one check box option to the right. If Yes is selected for questions 5 or 6, a date must be entered in the corresponding date box.

Autism Assessment

1 Has the diagnosis of autism been established by a physician or licensed psychologist utilizing currently accepted rating scales or diagnostic assessments?		<input type="radio"/> Yes <input type="radio"/> No	
2 If the answer to question 1 is yes, choose all clinical tools that apply:			
Clinician Tool :	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> i. ADOS-2 (Autism Diagnostic Observation Schedule) <input type="checkbox"/> ii. GARS-3 (Gilliam Autism Rating Scale) <input type="checkbox"/> iii. CARS2 ST/HF (Childhood Autism Rating Scale) <input type="checkbox"/> iv. STAT (Screening Tool for Autism) <input type="checkbox"/> v. CSBS (Communication and Symbolic Behavior Scales) <input type="checkbox"/> vi. TELE-ASD-PEDS	<input type="checkbox"/> vii. NODA (Naturalistic Observational Diagnostic Assessment) <input type="checkbox"/> viii. DISCO (Diagnostic Interview for Social and Communication Disorders) <input type="checkbox"/> ix. RITA-T (Rapid Interactive Screening Test for Autism in Toddlers) <input type="checkbox"/> x. ADEC (Autism Detection in Early Childhood) <input type="checkbox"/> xi. N/A
3 If question 1 is yes, choose all caregiver tools that apply:			
Caregiver Tool :	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> i. ADI-R (Autism Diagnostic Interview) <input type="checkbox"/> ii. DISCO (Diagnostic Interview for Social and Communication Disorders) <input type="checkbox"/> iii. CARS QPC (Childhood Autism Rating Scale-Parent Questionnaire) <input type="checkbox"/> iv. GARS-3 (Gilliam Autism Rating Scale) <input type="checkbox"/> v. SCQ (Social Communication Questionnaire) <input type="checkbox"/> vi. MCHAT (Modified Childhood Checklist for Autism in Toddlers) <input type="checkbox"/> vii. SRS-2 (Social Responsiveness Scale) <input type="checkbox"/> viii. ASRS (Autism Spectrum Rating Scale) <input type="checkbox"/> ix. ABC (Autism Behavior Checklist)	<input type="checkbox"/> x. BASC (Behavior Assessment System for Children) <input type="checkbox"/> xi. PDD-BI (PDD-Behavior Inventory) <input type="checkbox"/> xii. PEDS:DM (Parents' Evaluation of Developmental Status) <input type="checkbox"/> xiii. ASQ (Ages and Stages Questionnaire) <input type="checkbox"/> xiv. CBRS (Conners Behavior Rating Scale) <input type="checkbox"/> xv. CDI (Child Development Inventory) <input type="checkbox"/> xvi. CSBS DP Infant Toddler Checklist <input type="checkbox"/> xvii. TASI (Toddler Autism Symptom Inventory) <input type="checkbox"/> xviii. N/A
4 Is there a physician's or licensed psychologist's order on file for this behavioral assessment?		<input type="radio"/> Yes <input type="radio"/> No	
5 What is the date of the physician's or psychologist's evaluation that determined the Autism diagnosis?		<input type="text"/>	
6 Is the cover page filled out, signed, and will be attached to the request?		<input type="radio"/> Yes <input type="radio"/> No	
a If yes, date signed		<input type="text"/>	

Treatment Request

- Valid treatment codes: 97153, 97154, 97155, 97156, 97157, 97158, 0353T
- Up to six (6) consecutive months of service may be entered on one request.

- Each treatment code needs to be listed on a separate line

Procedures					
CPT Code	CPT Description	From Date	To Date	Units	
97156	FAM ADAPT BHV TX GDN PHY/QHP	05/01/2024	10/31/2024	104	EDIT
97158	GRP ADAPT BHV TX BY PHY/QHP	05/01/2024	10/31/2024	52	EDIT
97155	ADAPT BEHAVIOR TX PHYS/QHP	05/01/2024	10/31/2024	520	EDIT
97153	ADAPTIVE BEHAVIOR TX BY TECH	05/01/2024	10/31/2024	2,080	EDIT
97154	GRP ADAPT BHV TX BY TECH	05/01/2024	10/31/2024	416	EDIT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

Note: The above procedure lines and associated units are for demonstration purposes only and do not reflect recommended units or treatment code combinations.

- Indicate if there is a current Letter of Medical Necessity, Service Plan, or Plan of Care and the date of that document. The medications section is mandatory.

Is there a current Letter of Medical Necessity, Written Service Plan or Plan of Care?
 ☐ Yes ☐ No
 If Yes, LMN/WSP/POC Date:

Medications

- The next section is addition information needed for review of treatment requests. Respond to each question by clicking the Yes or No button.

Autism Treatment

1	Is this PA request due to a change in member eligibility? (I.E. CMO to FFS or FFS to CMO)	<input type="radio"/> Yes <input type="radio"/> No
2	Will the behavioral assessment be attached and was it performed within 2 months of the treatment request date?	<input type="radio"/> Yes <input type="radio"/> No
3	Will the behavioral assessment graphs/grids be attached to this request?	<input type="radio"/> Yes <input type="radio"/> No
4	Are there a minimum of 2-4 parent training goals listed in the current Plan of Care?	<input type="radio"/> Yes <input type="radio"/> No
5	Has the cover page been filled out, signed and will be attached to this request?	<input type="radio"/> Yes <input type="radio"/> No
6	Will member be receiving services in school during authorized period?	<input type="radio"/> Yes <input type="radio"/> No

Completion of PA Forms

- When all data is entered on the request form, click [Review Request](#) at the bottom of the form to display the *Attestation Statement*. If the *Attestation Statement* does not display when [Review Request](#) is selected; or a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. '**Required**' displays next to a data box when information is missing. Enter or correct the data, and then click [Review Request](#) again.
- Click [I Agree](#) in response to the *Attestation Statement*.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

To accept this information and proceed with your transaction, please click 'I agree'.

[I Agree](#)

- Review the request. To change information entered, click [Edit Request](#). Otherwise, click [Submit Request](#).
- When the request is successfully submitted, the system displays the pending PA tracking number. On this page, additional required documents may be attached under **Create an Attachment**. To attach a document click Browse and select your file from your local system, the file name will appear in the text field. After verifying the correct file was selected, click [Attach File](#) to save the file to the Prior Authorization request. NOTE: The document list differs between assessment and treatment requests.

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in

Codes	Documents
ABA_ASSESSMENT	<input type="checkbox"/> Physician or psychologist evaluation
	<input type="checkbox"/> Cover Page
	<input type="checkbox"/> Physician's or licensed psychologist's order or letter of medical necessity

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red ne

Codes	Documents
ABA-TREATMENT	<input type="checkbox"/> Behavioral Assessment
	<input type="checkbox"/> Cover Page
	<input type="checkbox"/> Plan of Care
	<input type="checkbox"/> Letter of Medical Necessity
	<input type="checkbox"/> Psychological Assessment
	<input type="checkbox"/> Progress Report
	<input type="checkbox"/> Other supporting clinical documentation *Optional

Provider Notifications

When an Autism Therapy Request is approved or denied, the requesting provider is notified via a no-reply email. In addition, when the PA is a 2nd level review/Reconsideration Request and the decision is denied, the parent or legal guardian of the member will receive a denial notification letter from Alliant Health Solutions. Providers can also review the case status and decision details from the *Medical Review Portal*.

View Decision Details:

- To view decision details, open the *Medical Review Portal* and click [Search](#), [Edit](#) or [Attach Documentation to Requests](#).

Last 10 Requests : - Approved ▼ Show Messages : - Processed ▼ Show

Enter and Edit Authorization Requests

[Enter a New Authorization Request](#) - Use this link to enter a new prior authorization request. More...

[Search, Edit or Attach Documentation to Requests](#)  search, edit or attach documentation to authorization requests. More...

[Member Medicaid ID Updates](#) - Use this link to Search, Edit, and modifying Member Medicaid IDs for SwingBed or Katie Beckett requests.

- Search for the Autism Therapy request by entering the 'Request ID' and clicking [Search](#). Then click the PA that displays in the search results.

Reconsideration Request

From the *Medical Review Portal*, providers may submit a request for reconsideration of the decision rendered on an Autism PA. When a Reconsideration Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that the reconsideration was processed and to check the *Provider Workspace* for details.

- **Reconsideration Request Guidelines**

- Reconsiderations are allowed when the PA has one or more procedure lines that are:
 - Approved but not for all units requested - requests must be submitted within **30** calendar days of the decision.
 - Peer consultant denied - requests must be submitted within **30** calendar days of the decision.
 - Tech Denied but **NOT** Final Tech Denied - requests must be submitted within **10** calendar days of the decision.
- Providers are required to attach additional documentation to support the reconsideration request. It is not necessary to re-submit all information sent with the original request but only the information to support the request for reconsideration.

- **Reconsideration Submission Instructions**

- Open the *Medical Review Portal* and select **Submit Reconsideration Requests**.
- On the search page, enter the PA number in the Request ID' box.
- Click **Search**.
- Click the request ID on the search results list to open the *Review Request* page.
- Click **Enter Reconsideration Request** at the bottom of the *Review Request* page.

Prior Authorization - Review Request

Request Information

Request ID :	[REDACTED]	Case Status :	Denied	Case Status Date :	11/03/2017
Member ID :	[REDACTED]				
Social Security Number :	[REDACTED]				
Provider ID :	[REDACTED]	CMO PA Request ID :			
Admission Date :		Discharge Date :			
Effective Date :	10/03/2017	Expiration Date :	01/31/2018		

Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Type
F84.5	ASPERGER'S SYNDROME	10/03/2017	Yes	ICD-10

Procedures

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
0359T	BEHAVIORAL ID ASSESSMENT	10/03/2017	01/31/2018	5			Nurse Denied	OPG	No

[Enter Reconsideration Request](#)
[Attach File](#)
[Contact Us](#)

[Return to the Auth Request Page](#)

- This opens the *Reconsideration Request Information* form.
- At the top of the form, the contact information for the requesting provider is inserted by the system. Verify that the information is correct. If not correct, edit the information. This is important since a no-reply email is sent to the email listed on the reconsideration form when the reconsideration is processed.
- In the first text box, clearly describe what you wanted changed as a result of the reconsideration review, such as: the codes, dates of service, and the units required.
- In the second text box, summarize additional clinical information that supports the request for reconsideration review and specifically addresses the need for the services requested. Since supporting documentation must be attached to the reconsideration, it is permissible to enter 'See Attached' in this box.

The screenshot shows a web form titled "Reconsideration Request Information". At the top, a red banner contains the text: "You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, phone and email address) and make sure that the information is correct. If not correct, edit the information." Below this, there are input fields for "Contact Name", "Phone", "Ext.", "Fax" (with the value "333-444-5555"), and "Email". The "Describe what you want changed." section contains a text area with the text "Submitting a request for reconsideration." The "Provide your rationale for changing the Prior Authorization Request." section contains a text area with the text "See supporting documentation attached." At the bottom, there are two buttons: "Submit" and "Close Window".

- Click **Submit**.
- If the submission is successful, a page displays confirming that the reconsideration has been entered successfully; and the attachment panel is available.

The screenshot shows a confirmation page. At the top, a blue banner contains the text: "Your Reconsideration Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted." Below this, there is a paragraph: "To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages." The "Create an Attachment" section has a heading "Create an Attachment" and a paragraph: "If you want to attach a document to this Request, click on 'Browse...', select a document and then, click on 'Attach File'." Below this, there is a text input field, a "Browse..." button, and an "Attach File" button.

- **Additional supporting documentation must be attached** at this point. Follow the same attachment procedures as described in Section 2.4 of this manual.

Provider Correspondence

Provider Correspondence functionality allows Providers to submit questions to Alliant Health Solutions (AHS) reviewers via the *Medical Review Portal*. The workspace includes the following features to accommodate this type of correspondence:

- Contact Us
- Search My Correspondence
- Provider Messages

To learn more about the Provider Correspondence, please see the document titled 'Provider Correspondence' under the [Help & Contact Us](#) link on the portal