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MEDICAID ENTERPRISE SYSTEM TRANSFORMATION

FFS Autism Therapy Services Prior Authorization User Guide

For Georgia Department of Community Health

Contents

Content 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 Solution PA system and is available for review by Alliant Health Solutions staff. Once the decision has been made, providers will receive a no-reply email to notify them that a decision has been made. Additionally, should the prior authorization receive a second level review 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 445 and a Specialty Code of 565 or 566
- Only Applied Behavior Analysis (ABA) procedure codes may be entered on the request
- Providers submit one PA for an Initial Reassessment and one PA for Reassessment and Treatment Codes
- System validation prevents the initial assessment and treatment from entering the same PA
- Requests must have an effective/start date equal to or greater than the request date
- All requests must be submitted with a procedure start date up to 60 days in the future

Consolidated Prior Authorization Requirements for Ongoing Assessment and Treatment

To streamline review processes and ensure alignment with updated operational expectations, ongoing prior authorization (PA) requests for Autism Spectrum Disorder (ASD) services must now be submitted as a single, consolidated PA that includes all assessment and treatment codes required for the upcoming authorization period. This consolidation applies to all members who have already completed an initial assessment and treatment authorization cycle.

The following codes must be submitted together under one ongoing prior authorization:

- 97151 – Behavior Identification Assessment
- 97152 – Behavior Identification Supporting Assessment
- 97153 – Adaptive Behavior Treatment by Protocol
- 97154 – Group Adaptive Behavior Treatment by Protocol
- 97155 – Adaptive Behavior Treatment with Protocol Modification
- 97156 – Family Adaptive Behavior Treatment Guidance
- 97157 – Multiple Family Group Adaptive Behavior Treatment Guidance

- 97158 – Group Adaptive Behavior Treatment with Protocol Modification
- 0362T – Behavior Identification Supporting Assessment; requires QHP onsite and assistance of two or more technicians
- 0373T – Adaptive Behavior Treatment with Protocol Modification; administered by two or more technicians under onsite QHP supervision; used for high intensity cases involving severe destructive behavior

This consolidated structure ensures that all services provided during the treatment period are reviewed together, consistent with the member's most recent behavioral assessment, treatment plan, and requirements in Sections 801, 802, and 803 of the Autism Spectrum Disorder (ASD) Services Manual.

Applicability

1. Ongoing/Continued Treatment Requests (Non-Initial): For members who have completed their initial behavioral assessment and treatment prior authorization, all subsequent PAs must be submitted as one combined request. The consolidated submission must include updated behavioral assessment results (dated no more than two months prior to the PA effective date), progress summaries, acquisition and reduction data, updated goal, caregiver training goals, and all requested codes for the full authorization period
2. Initial Requests for New Members: Initial requests, whether for a new member entering the ASD program or for a member who is new to the provider, must be submitted as two separate prior authorizations
    a. One PA for assessment codes (97151, 97152, 0362T)
    b. One PA for treatment codes (97153, 97154, 97155, 97156, 97157, 97158, 0373T)

This separation remains necessary as treatment services cannot be authorized until the behavioral assessment is completed and the corresponding plan of care is submitted, as required in Sections 802 and 803 of the Autism Spectrum Disorder (ASD) Service Manual.

Documentation Requirements for Consolidated Ongoing PAs:

All consolidated ongoing PA submissions must include the following:

1. Updated Behavioral Assessment Summary – Conducted no more than two months prior to the requested PA effective date, consistent with Section 803.5

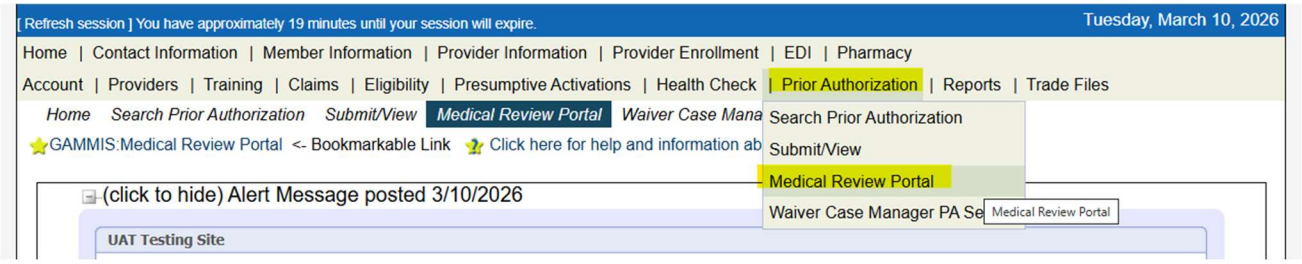
2. Updated Data Sets – All acquisition and reduction data must reflect the previous authorization period and must not exceed the two-month threshold. Data older than two months cannot support medical necessity and must be replaced with current probe data.
3. Progress Summaries – Required for every behavior targeted for reduction, describing variability, intervention effectiveness, and modifications implemented.
4. Update Plan of Care – Including measurable goals, mastery criteria, baseline data, replacement behaviors, caregiver goals, and crisis/transition planning as described in Section 804.
5. Service Schedule – One combine schedule reflecting all codes requested, meeting requirements in Appendix D, including confirmation on non-overlapping times and school schedule alignment, when applicable.
6. Appendix D – Required cover sheet for documentation submission for all prior authorizations.
7. Diagnostic Evaluation – The evaluation must be comprehensive, drawn from multiple informants when possible, and address all relevant developmental and behavioral domains. Final reports must include a summary for each assessment tool used, the developmental history, and presenting concerns. At least two instruments must be administered: one clinician-completed and one caregiver-completed. Test forms alone are not accepted.
8. Letter of Medical Necessity – Required only when the diagnostic evaluation does not recommend Applied Behavior Analysis.

Rationale and Compliance Expectation

The consolidation requirement aligns ASD service with updated Medicaid operational expectations and supports a more efficient review process under the accelerated seven-day turnaround time. Providers must ensure that all required documentation is complete, accurate, and submitted together at the time of request, as the shortened review period leaves limited opportunity for follow-up or correction. To maintain compliance with policy and avoid unnecessary delays, incomplete submissions or separate submissions for codes that are required to be included within a single ongoing prior authorization will not be accepted. Requests submitted without all applicable assessment and treatment codes, or without the full set of required supporting documents, may result in denial and require the provider to resubmit the entire authorization packet.

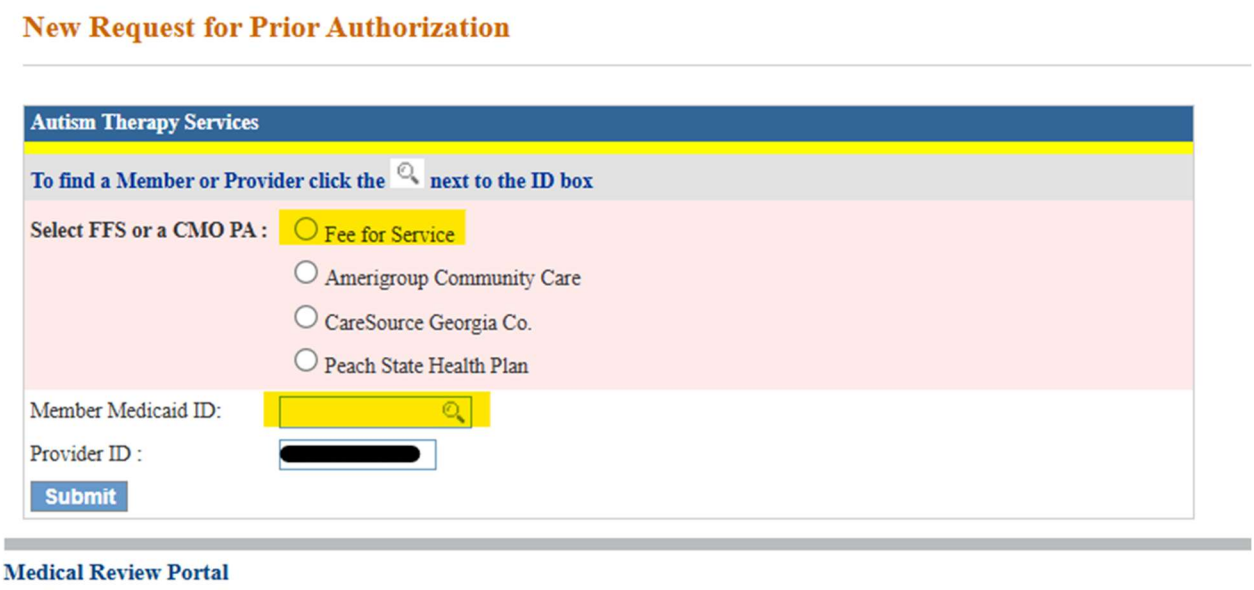
Autism Therapy PA Submission Instructions

- Navigate to the Georgia Web Portal at www.mmis.georgia.gov and log in using your assigned username and password
- For 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. **Note that not all of the options may be available. PA submission is based on provider category of service (COS). **

- On the next screen, the Provider ID is populated by the system based on portal login credentials. Choose Fee for Service, enter the member's Medicaid ID, and click Submit

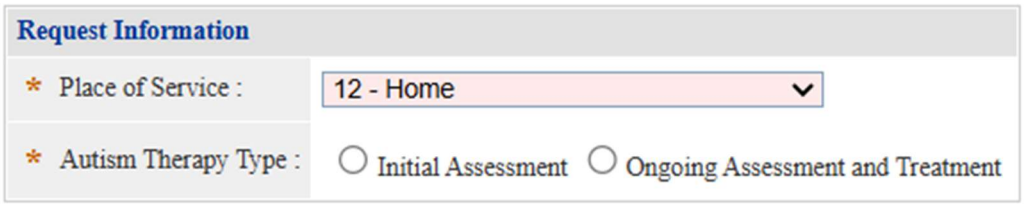


Request Form

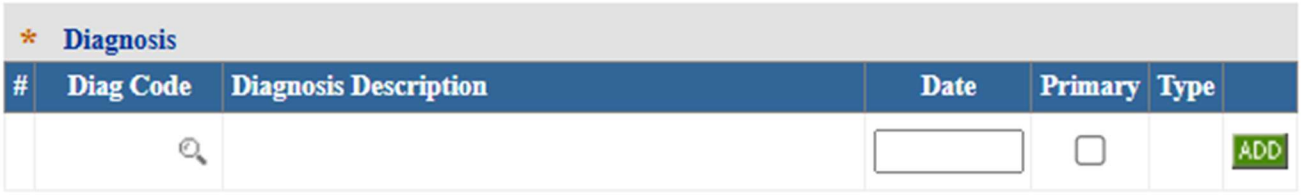
The Request Form is displayed with the provider's information pulled into the PA request based on the provider's portal credentials. The member information is pulled from MMIS and populated on the request.

- Provider Contact Information is populated by the system. Provider would need to enter any information that is missing or incorrect. This is important as any notifications regarding this PA will be sent to the email address entered here

- Provider will select whether the request is for an Initial Assessment or a Reassessment + Treatment. It is important to pause here and let the page refresh. Additional questions will populate at the bottom of the form. The set of questions that will display depend on which option is selected (initial assessment or ongoing assessment and treatment)



- Diagnosis Codes: The diagnosis table captures the diagnosis code, code descriptions (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 ICD-10 code and the diagnosis date. Click the 'Primary' checkbox for the primary diagnosis code.



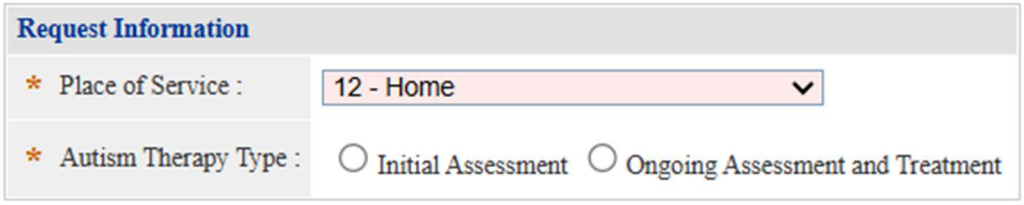
- Click ADD to add the diagnosis code to the request
- After the diagnosis code has been entered, the provider may select EDIT, to modify or delete the code

- Procedure Codes: The procedures table captures the procedure code, code description (system populated), date of service from and to dates, and units requested

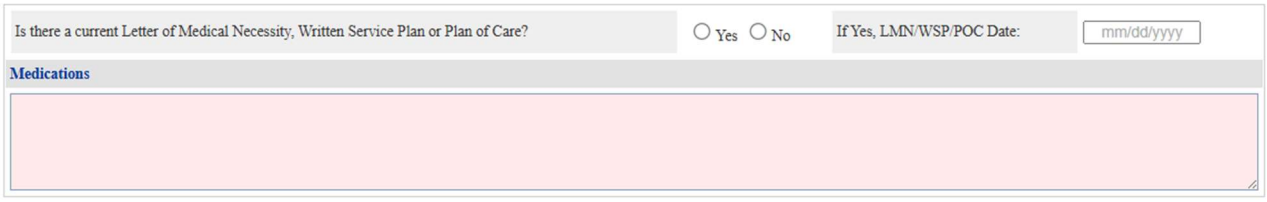
- Provider enters the procedure code(s), procedure from and to date, units requested, and click ADD

Initial Assessment Prior Authorization Requirements

- If this is the INITIAL assessment request for this provider, choose the Initial Assessment radio button on PA form



- All assessment procedure codes can be entered for a 3-month time span
- Valid assessment codes: 97151, 97152, and 0362T
- Each assessment code needs to be listed on a separate line. Family of codes is not active for autism codes.
- Indicate if there is a current Letter of Medical Necessity, Service Plan, or Plan of Care and date of that document. Enter the medication that the member is currently on. If none, enter N/A



- 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 and 3, then select at least one check box option to the right. If YES is selected for questions 5

and 6, a date must be entered in the corresponding date box.

2 If the answer to question 1 is yes, choose all clinical tools that apply:

Clinician Tool : ◉ Yes ○ No

- ☐ i. ADOS-2 (Autism Diagnostic Observation Schedule)
- ☐ ii. GARS-3 (Gilliam Autism Rating Scale)
- ☐ iii. CARS2 ST/HF (Childhood Autism Rating Scale)
- ☐ iv. STAT (Screening Tool for Autism)
- ☐ v. CSBS (Communication and Symbolic Behavior Scales)
- ☐ vi. TELE-ASD-PEDS
- ☐ vii. NODA (Naturalistic Observational Diagnostic Assessment)
- ☐ viii. DISCO (Diagnostic Interview for Social and Communication Disorders)
- ☐ ix. RITA-T (Rapid Interactive Screening Test for Autism in Toddlers)
- ☐ x. ADEC (Autism Detection in Early Childhood)
- ☐ xi. N/A
- ☐ xii. EarliPoint
- ☐ xiii. Canvas DX

3 If question 1 is yes, choose all caregiver tools that apply:

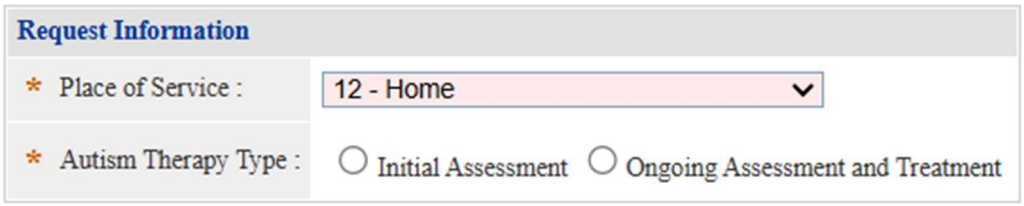
Caregiver Tool ; ◉ Yes ○ No

- ☐ i. ADI-R (Autism Diagnostic Interview)
- ☐ ii. DISCO (Diagnostic Interview for Social and Communication Disorders)
- ☐ iii. CARS QPC (Childhood Autism Rating Scale-Parent Questionnaire)
- ☐ iv. GARS-3 (Gilliam Autism Rating Scale)
- ☐ v. SCQ (Social Communication Questionnaire)
- ☐ vi. MCHAT (Modified Childhood Checklist for Autism in Toddlers)
- ☐ vii. SRS-2(Social Responsiveness Scale)
- ☐ viii. ASRS (Autism Spectrum Rating Scale)
- ☐ ix. ABC (Autism Behavior Checklist)
- ☐ x. BASC (Behavior Assessment System for Children)
- ☐ xi. PDD-BI (PDD-Behavior Inventory)
- ☐ xii. PEDS:DM (Parents' Evaluation of Developmental Status)
- ☐ xiii. ASQ (Ages and Stages Questionnaire)
- ☐ xiv. CBRS (Conners Behavior Rating Scale)
- ☐ xv. CDI (Child Development Inventory)
- ☐ xvi. CSBS DP Infant Toddler Checklist
- ☐ xvii.TASI (Toddler Autism Symptom Inventory)
- ☐ xviii. N/A
- ☐ xix. ASQ: SE2 Ages and Stages Questionnaire; Social and Emotional

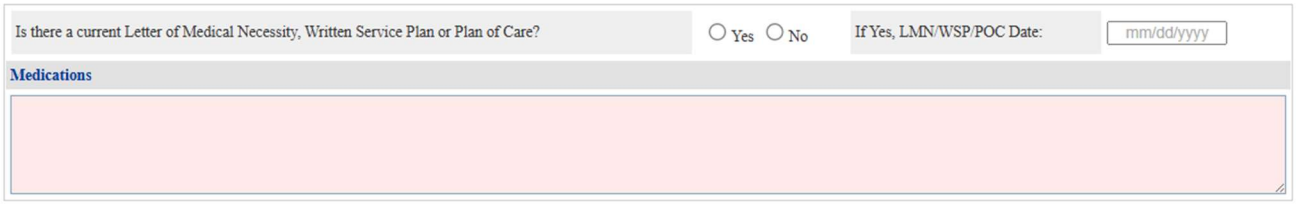
4	Is there a physician's or licensed psychologist's order on file for this behavioral assessment?	○ Yes ○ No
5	What is the date of the physician's or psychologist's evaluation that determined the Autism diagnosis?	
6	Is the cover page filled out, signed, and will be attached to the request?	○ Yes ○ No
a	If yes, date signed	

Reassessments and Ongoing Treatment Prior Authorization Requests

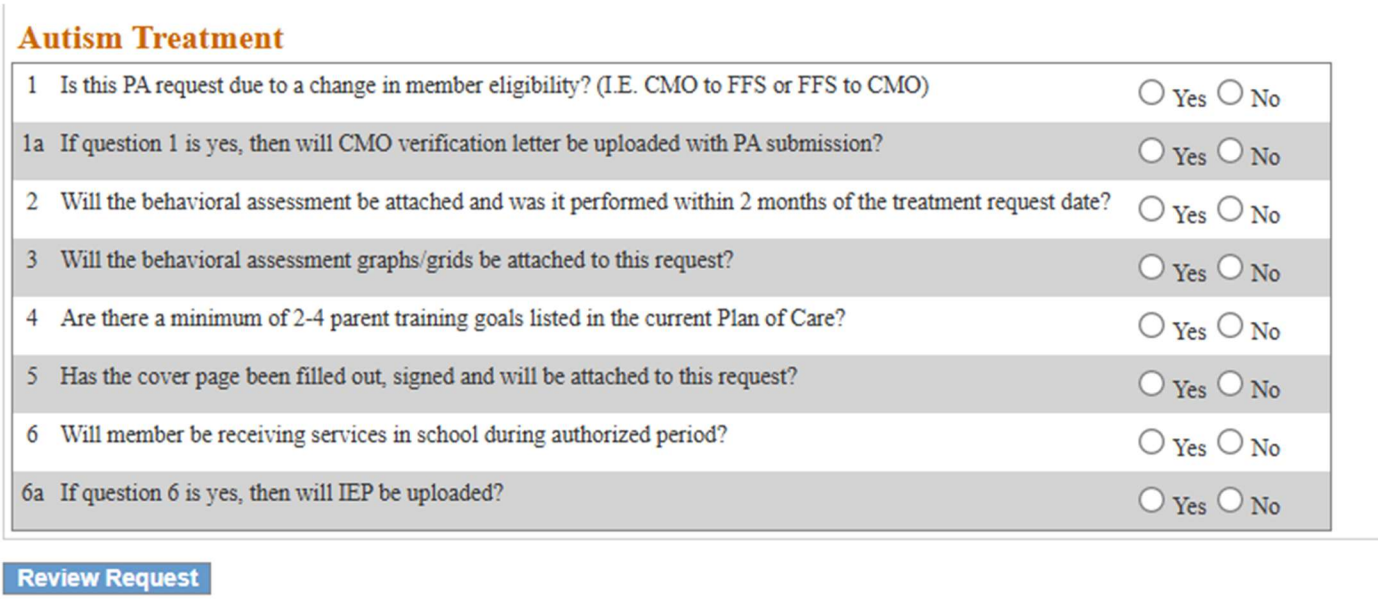
- For treatment and reassessments, check Ongoing Assessment and Treatment option

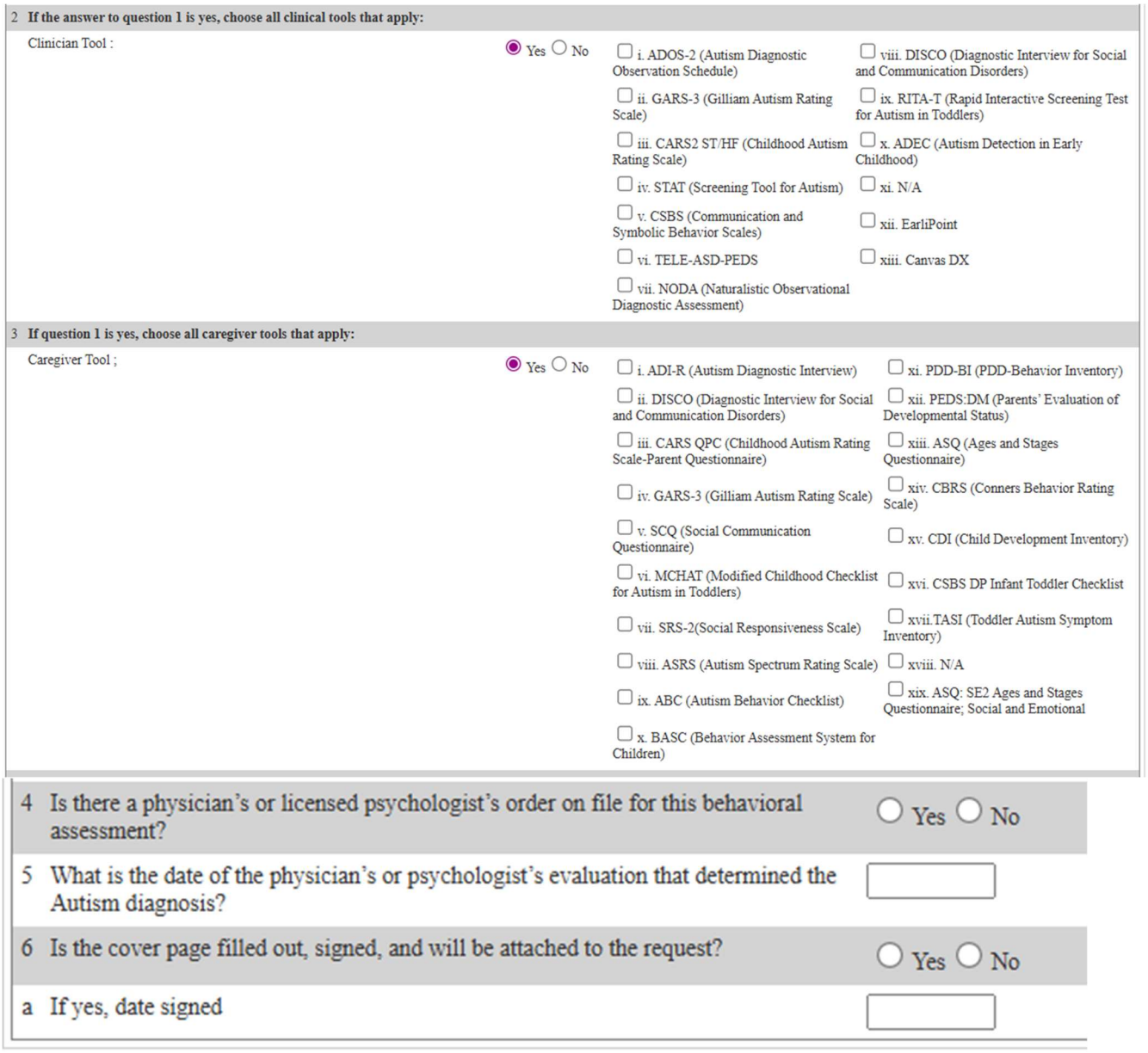


- Both assessment and treatment codes need to be entered on this form.
- Assessment codes: 97151, 97152, and 0362T
- Treatment codes: 97153, 97154, 97155, 97156, 97157, 97158, and 0353T
- Up to six (6) consecutive months of treatment may be entered on one request. Assessments are entered for a three (3) month time frame.
- Indicate if there is a current Letter of Medical Necessity, Service Plan, or Plan of Care and the date of this document. Enter the medication that the member is currently on. If none, enter N/A



- The next section will include additional questions for both treatment and reassessment requests.





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4 Is there a physician's or licensed psychologist's order on file for this behavioral assessment? ○ Yes ○ No

5 What is the date of the physician's or psychologist's evaluation that determined the Autism diagnosis? [ ]

6 Is the cover page filled out, signed, and will be attached to the request? ○ Yes ○ No

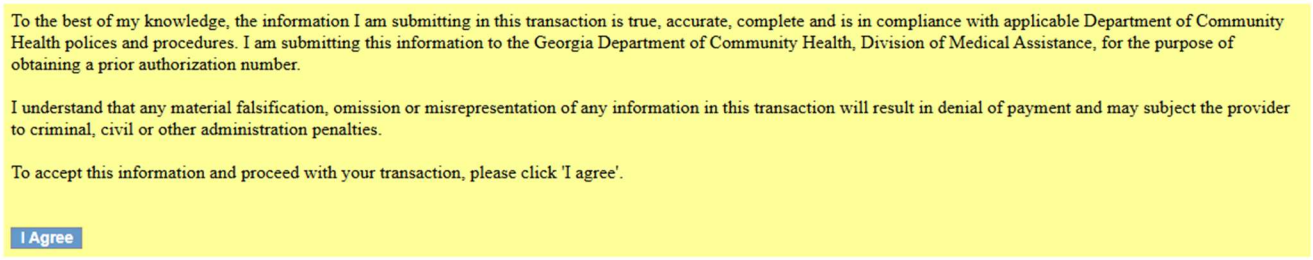
a If yes, date signed [ ]

Completion of PA Forms

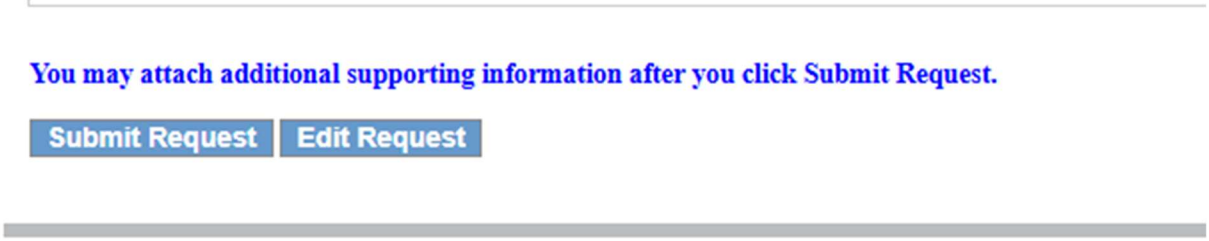
- When all data is entered on the request form, click Review Request at the bottom of the form to display the Attestation Statement. If the Attestation Statement does not display when Review Request is selected; or a message displays that 'information is missing or incorrect,' scroll up page to find what is missing or incorrect. 'Required' displays next to a data box when

information is missing. Enter the correct data, and then click Review Request again.

- Read Attestation Statement and click I Agree in response

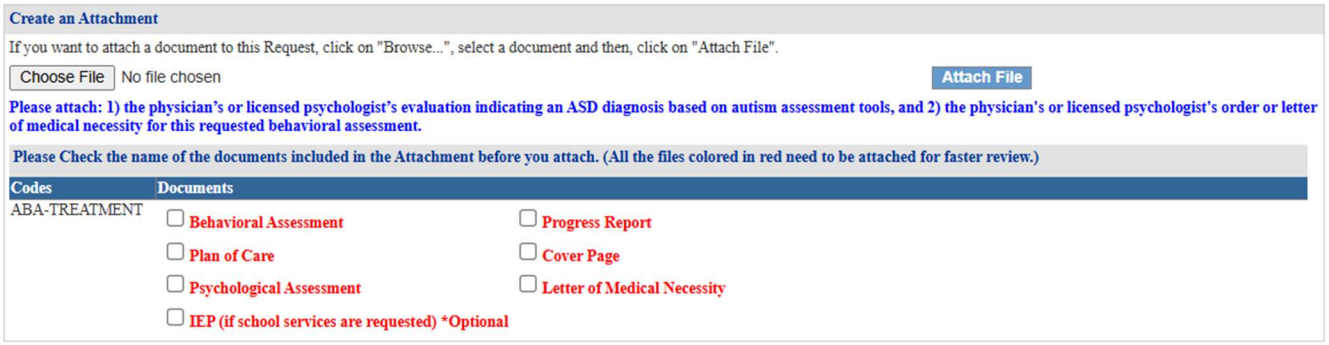


- Review the request. To change information entered, click Edit Request. Otherwise, click Submit Request



- When the request is successfully submitted, the system displays the pending PA tracking number. On this page, 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. For each attachment, click the check box associated with the specific document that you are attaching. After verifying the correct file was selected, click Attach File

to save the file to the Prior Authorization Request.

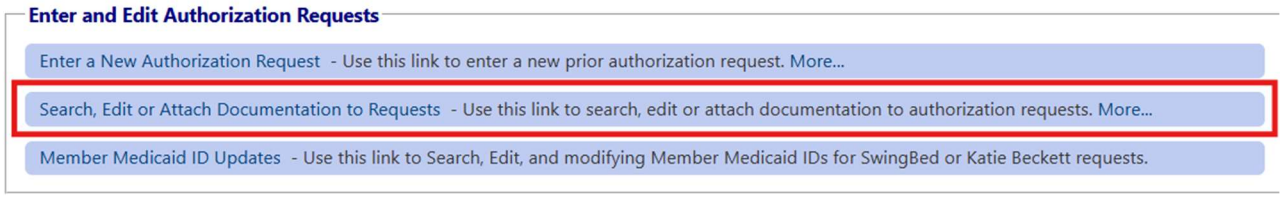


Provider Notifications

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 referred for 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

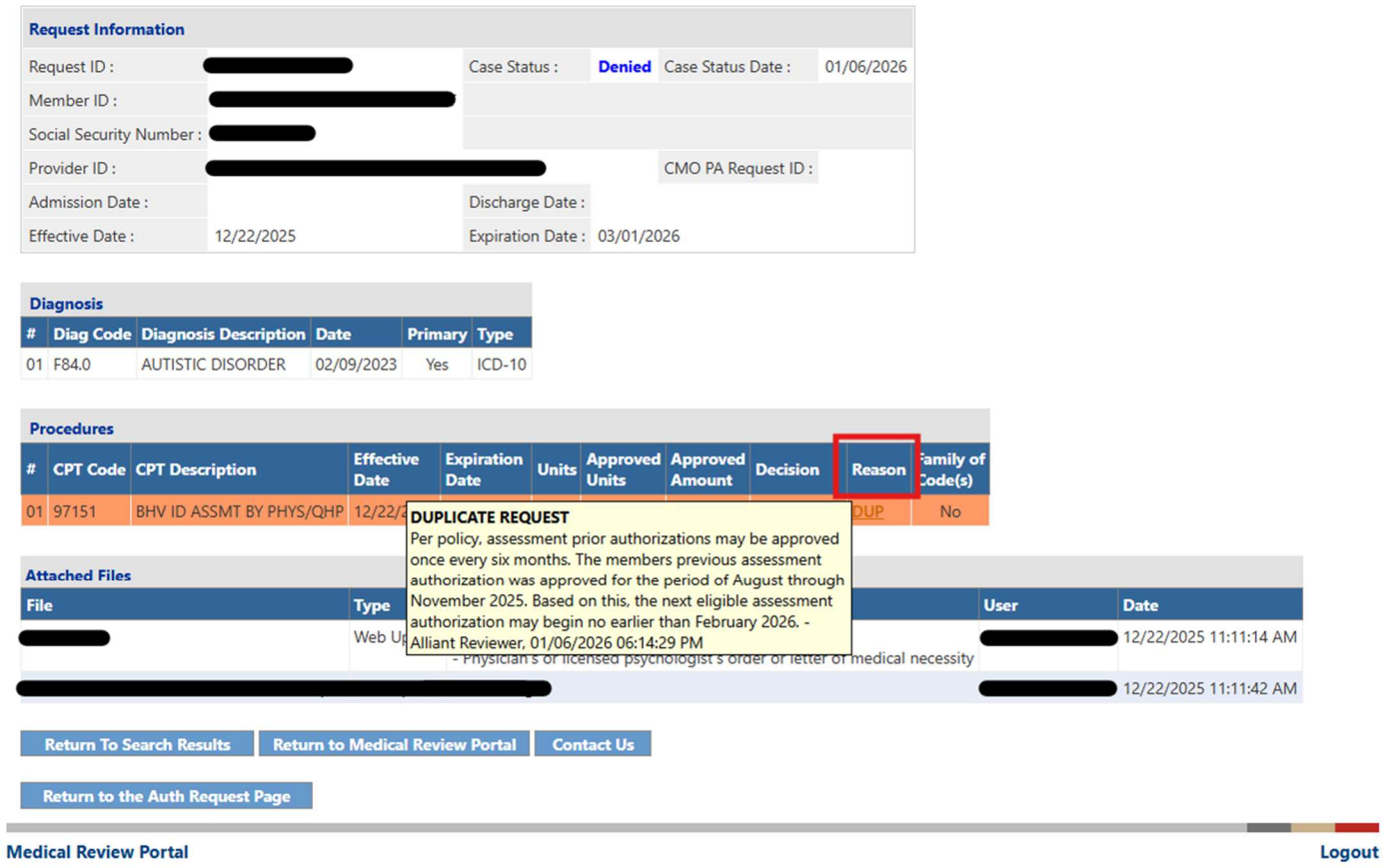
View Decision Details

- To view decision details, open the Medical Review Portal and click Search, Edit or Attach Documentation to Requests



- Search for the prior authorization by entering the Request ID and clicking Search. Then click the PA number that displays in the search results.

- This page will show the status of the PA request. If a decision has been made and a comment has been left for the provider hover over verbiage in the Reason column to show full comment

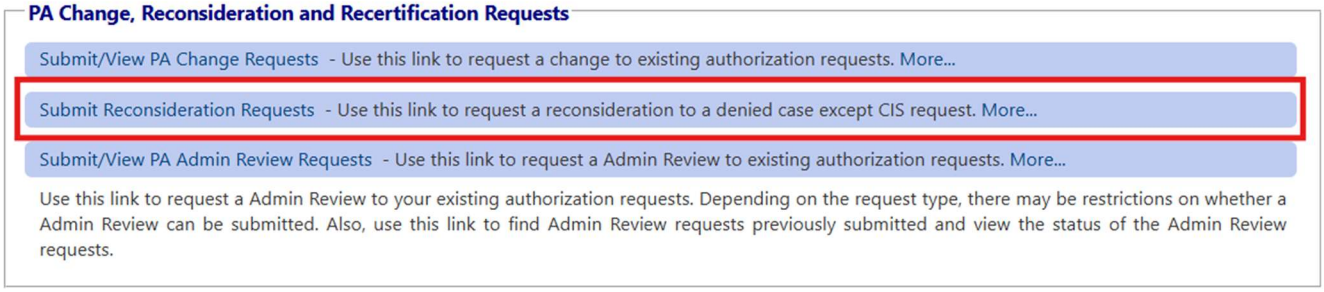


Reconsideration Requests

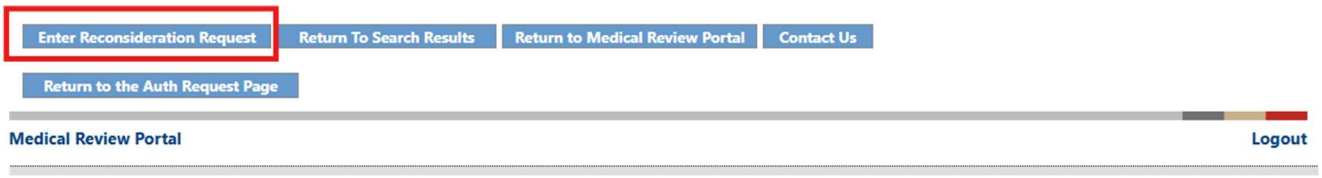
From the Medical Review Portal, providers may submit a request for reconsideration of the decision rendered on an Autism PA. When a Reconsideration Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that the reconsideration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

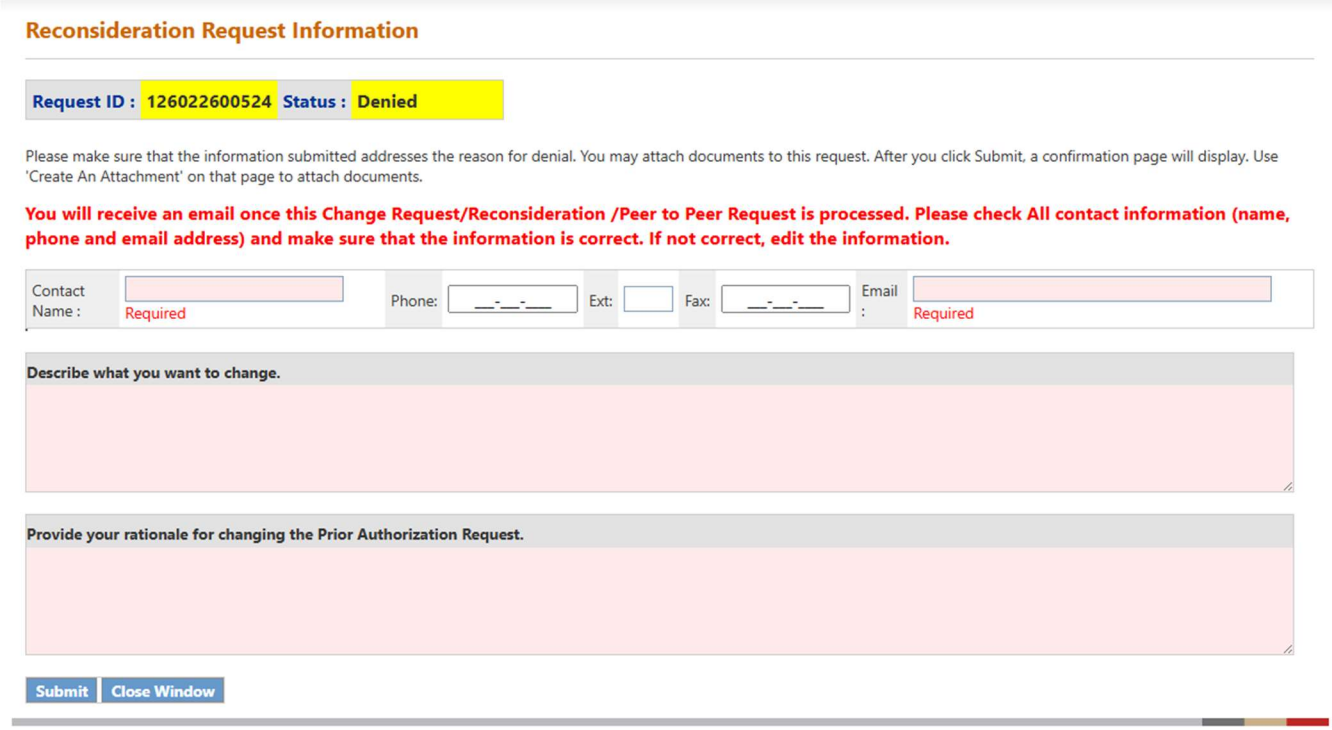


- On the search page, enter the PA number in the Request ID box
- Click Search
- Click the request ID on the search request list to open the Review Request page
- Click Enter Reconsideration Request at the bottom of the Review Request page. This opens the Reconsideration Request Information form.



- 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.



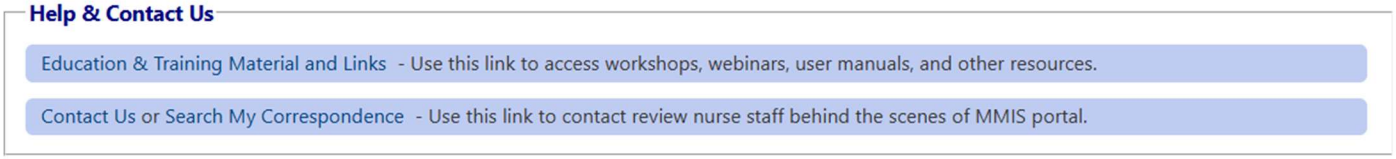
- In the first test box, clearly describe what you want changed as a result of the reconsideration review, such as: the codes, dates of service, and the units required.
- In the second text box summarize additional clinical information that supports the request for reconsideration review and specifically address 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.
- Click Submit
- If the submission is successful a page displays confirming that the reconsideration has been entered successfully. The attachment panel is available once the reconsideration has been submitted.
- Additional supporting documentation must be attached at this point.

Provider Correspondence

Provider Correspondence functionality allows providers to submit questions to Alliant Health Solution reviewers via the Medical Review Portal. The workplace 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.



Revision History

Version	Date	Description
1.0	4/12/10	Initial Draft
2.0	5/14/24	FOC and Autism Form Updates
3.0	3/1/26	Autism Form Updates, Combination of Reassessment and Treatment codes on the same form