ATTENTION BEHAVIORAL HEALTH PROVIDERS

Behavioral Health Services Policy Update

Wyoming Medicaid coverage of rehabilitative services such as mental health and/or substance abuse treatment is limited to restorative treatment only. Maintenance therapy is not a covered service by Wyoming Medicaid.

Wyoming State Plan

The Wyoming Medicaid State Plan Attachment 3.1A, 13.D states: "Rehabilitative services will be limited to twenty (20) visits a year, unless additional services are determined to be medically necessary and rehabilitative in nature. This yearly limit will be based on the calendar year (January 1 through December 31). The benefit limit for calendar year 2017 will be calculated beginning with services provided on or after January 1, 2017. Clients under 21 in the health check services program (EPSDT) are not benefit limited."

Wyoming Medicaid Policy

Rehabilitative services are defined as treatment services following acute unplanned debilitation, brought about by injury, surgery or illness, with the intent to return the client to their condition prior to the acute onset, or as close to baseline as possible. In terms of mental health services, a triggering event (death of a loved one, job loss, etc.) may be considered an "acute and unplanned debilitation".

Rehabilitative services must be prescribed by a qualified provider and documented in a treatment plan of care which is updated at least every 90 days.

Rehabilitative services must show documented progress. If an individual's expected rehabilitation potential would be insignificant in relation to the extent and duration of behavioral health services required to achieve such potential, therapy would not be covered because it is
not considered rehabilitative, reasonable or medically necessary.

Additional visits to the therapist would only be covered if a significant change in the client's condition required a new evaluation and the development of a new or modified treatment plan.

**Documentation**

All services must be documented in the client's records. Guidelines regarding required documentation can be found in the CMS 1500 Provider Manual, Section 13.2 - Behavioral Health.

**Cap Limits**

Clients 21 years of age and older have a cap limit of 20 visits for behavioral health services. After a client has used all 20 of his or her visits, the therapist may complete a Behavioral Health Cap Limit Waiver Request form to request additional visits. Effective January 1, 2017, a specific form for behavioral health services will be required to request the waiver of the cap limit, [Cap Limit for Behavioral Health Waiver Request Form](#).

Be aware that cap limit waivers will only be granted for those requests that meet Wyoming Medicaid policy. The cap limit for behavioral health waiver form will require both the narrative diagnosis and the ICD-10 diagnosis code(s) that apply to the client's condition. Please also note the form requests the pay-to provider information, NOT the treating therapist's information; however, the treating therapist must sign the form. Forms that do not contain all of the correct information when they are reviewed may cause claims to deny or may be returned for correction, depending on the information provided or missing.

Note: For clients over the age of 21 served by the Developmental Disabilities Comprehensive or Supports waiver, additional services may be available as part of the client's waiver plan. These services have different rules and requirements. Please contact the client's case manager or the Behavioral Health Division for questions related to waiver services, plans of care, or IBAs.

**Applied Behavior Analysis Treatment (ABA)**

The Centers for Medicare & Medicaid Services (CMS) released a bulletin July 2014 stating that Medicaid programs must provide medically necessary diagnostic and treatment services to beneficiaries with autism under the age of 21.

Applied Behavior Analysis (ABA) treatment will be available starting January 1, 2017 to children between the ages of 0-20 years of age with a diagnosis of Autism Spectrum Disorder. ABA services are individualized treatment services that focus on increasing positive behaviors and decreasing negative or interfering behaviors to improve a variety of well-defined skills. ABA services are highly structured and include incidental teaching, intentional environmental modifications, and reinforcement techniques to produce socially significant improvement in human behavior. ABA strategies include reinforcement, shaping, chaining of behaviors, and other behavioral strategies to build specific targeted functional skills that are important for everyday life.

**Covered services for Wyoming Medicaid include:**

- Behavior identification assessment - Direct contact with the recipient (and collaterals as necessary) for the purposes of identification of deficient adaptive or maladaptive behaviors, completing an evaluation of the recipient's mental health and/or substance
abuse disorder(s) to determine treatment needs and establish a treatment plan. This service may include psychological testing if indicated.

- **Observational behavioral follow-up assessment** - Direct contact with the recipient (and collaterals as necessary) for the purposes of identification and evaluation factors that may impede the expression of adaptive behavior. This assessment utilizes structured observation and/or standardized and non-standardized test to determine adaptive behavior. This service may include psychological testing if indicated.

- **Adaptive behavior treatment** - Direct contact with the recipient (and collaterals as necessary) for the purpose of addressing the patient's specific target problems and treatment goals as defined by the assessments. Adaptive behavior treatment is based on principles including analysis and alteration of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior, and monitoring of outcome metrics.

- **Family adaptive behavior treatment guidance** - Direct contact with the family/caregiver to provide specialized training and education to assist with the child's needs and development. The provider will observe, instruct and train the family/caregivers on the child's development status, and techniques and strategies to promote the child's development that is established in the treatment plan.

**Covered licensed and certified practitioners include:**

- Board Certified Behavior Analyst - Doctoral as defined by the Behavior Analyst Certification Board
- Board Certified Behavior Analyst as defined by the Behavior Analyst Certification Board

Applied Behavior Analysis treatment services are also covered for certain practitioners (acting within the scope of their licensure or certification) when they are supervised by a Board Certified Behavior Analyst - Doctoral or a Board Certified Behavior Analyst.

The following practitioners are covered under the supervisory arrangement listed above:

- Board Certified Assistant Behavior Analyst as defined by the Behavior Analyst Certification Board
- Registered Behavior Technician as defined by the Behavior Analyst Certification Board

Please see below for billing codes and taxonomies.
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code(s)</th>
<th>Frequency</th>
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<tr>
<td>0361T</td>
<td>Observational Follow Up Assessment - Additional 30 minutes</td>
<td>103K00000X</td>
<td>30 MINUTES</td>
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<td>0364T</td>
<td>Behavior treatment by protocol administered by technician first 30 minutes</td>
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<tr>
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<td>0366T</td>
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<td>0367T</td>
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For detailed information on changes by procedure or billing code, please review the updated fee schedule on the Medicaid website (http://wyequalitycare.acs-inc.com/provider_home.html).

**Reminder: Habilitative Services vs. Rehabilitative Services**

**Habilitative Services vs. Rehabilitative Services**

Wyoming Medicaid covers **medically necessary** therapy services, including mental health and substance abuse (behavioral health) treatment and physical, occupational, and speech therapy services via the federal authority guidelines granted by the Centers for Medicare and Medicaid Services (CMS) and specified in the Code of Federal Regulation's (CFR) rehabilitative services option section. All Medicaid clients who meet the service eligibility requirements and have a need for particular rehabilitative option services are entitled to receive them.

"Medical necessity" or "Medically necessary" means a determination that a health service is required to diagnose, treat, cure or prevent an illness, injury or disease which has been diagnosed or is reasonably suspected to relieve pain or to improve and preserve health and be essential to life. The service must be:

- Consistent with the diagnosis and treatment of the client's condition;
- In accordance with the standards of good medical practice among the provider's peer group;
- Required to meet the medical needs of the client and undertaken for reasons other than the convenience of the client and the provider; and,
- Performed in the most cost effective and appropriate setting required by the client's condition.

**Habilitation Services**

Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include: physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.
Rehabilitative/Rehabilitation Services

Health care services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. These services may include: physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

The key in understanding the difference between the two definitions is whether or not the person ever had the skill or function. If the person did have it and lost it due to a disease or accident then it would be a rehabilitative service. If the person never had it then it is a habilitative service.

Because Wyoming Medicaid is restricted to the reimbursement of services that are exclusively rehabilitative and restorative in nature, the Medicaid Developmental Disability Waiver Program (operating as the Comprehensive and Supports Waiver in Wyoming) also includes coverage for habilitative therapy services (physical, speech, occupational, community integration and supported living services) beneficial to clients with a developmental disability, recognizing that most often the services needed by these clients are habilitative in nature, and do not meet the requirements of the rehabilitative services covered by traditional Medicaid.

Policy Clarification

School psychologists are not allowed to bill for behavioral health services to Wyoming Medicaid clients as per Wyoming Medicaid Rules, Chapter 13 Mental Health Services. School psychologists are not a recognized Wyoming Medicaid provider.

Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:
- [http://stopmedicalfraud.wyo.gov](http://stopmedicalfraud.wyo.gov)
- 1-855-846-2563

WYhealth is a Medicaid health management and utilization management program offered by the Wyoming Department of Health through Optum. Medicaid clients and providers will benefit from a wide array of programs and services offered and coordinated by Optum. Visit [www.wyhealth.net](http://www.wyhealth.net) for more information.

Unsubscribe

Be sure to add [wycustomersvc@xerox.com](mailto:wycustomersvc@xerox.com) to your address book to ensure the proper delivery of your Wyoming Medicaid updates and weekly payment summary information.

Wyoming Medicaid, Provider Relations, PO BOX 667, Cheyenne, WY 82003

Please do not reply to this email with any customer service issues. Specific account inquiries will not be read. For assistance, contact Provider Relations. [http://wymedicaid.acs-inc.com/contact.html](http://wymedicaid.acs-inc.com/contact.html)