How to Authorize Professional Behavior Services in eXPRS Plan of Care (POC)
(updated 8/9/2019)

eXPRS Plan of Care has two (2) service procedure codes available for the authorization of Professional Behavior Services, if needed for an individual.

- OR570 – Behavior Consultation, Assessment & Training
- OR310 – Behavior Support Services

Please note that these 2 codes work very differently to address the services authorized. Authorizing services incorrectly for a procedure code will impact the Consultant’s payment. The key differences are outlined below.

**Procedure code OR570**

- This procedure code is used for authorizing consultant work to complete:
  - Temporary Emergency Safety Plan (TESP)
  - Functional Behavior Assessment (FBA)
  - Positive Behavior Support Plan (PBSP)

- This procedure code has a service unit type of EVENT, which is an outcome payment for when all the work for a specific portion of the service is completed. **Code OR570 is NOT an hourly service**. If authorized as “hourly”, the consultant will not be paid appropriately by the system.

- The rate authorized for a specific portion of service (or block of work) under this code may be derived from the estimated hours from the Consultant to complete that work x the hourly rate. The Consultant may need to also provide invoices documenting the hourly work completed. However, when services under OR570 are billed, they are billed as 1 unit, for the total summed cost of that portion of work.

  **For example:** A Consultant is contracted to complete a FBA and estimates it will take 8 hours to complete all the FBA work at a rate of $100/hour. The CME would authorize 1 UNIT under OR570 for the Consultant for ALL the FBA work, at a rate of the sum total estimated cost for all the work = $800.

When all the FBA work is completed & documentation is received by the authorizing CME, the Consultant would then bill the 1 UNIT, for the total...
cost of that work portion. They do NOT bill by each individual hour worked.

- The same process would apply for a Consultant to complete a TESP or PBSP.

- Code OR570 can be successfully authorized & billed for a maximum of 3 UNITS; one (1) unit each for the TESP, FBA and PBSP.

- The maximum system authorization limit total for OR570 plan line is $3,200.00

**Procedure code OR310**

- This procedure code is used to authorize ongoing, maintenance behavior supports. Use of this service should be consistent with the support needs identified for the individual & documented in their ISP.

- This service code has a service unit type of HOURLY. The authorization will be for the number of hours per frequency (month, year, etc) the Consultant can provide this service.

- The Consultant will bill for their services by the hour, including the date + the start & end time for when the service was provided.

- The maximum system authorization limit total for OR310 plan line is $3,200.00

**Using Service Modifiers with these codes:**

- Both OR570 & OR310 must be authorized using a service modifier.

- The service modifier further defines/describes the service.

- Modifier “NA” has been retired for OR310 & OR570 and is no longer usable for service dates after 7/31/2019.

- Modifiers “RU” or “ST” must now be used for services authorized for 8/1/2019 and later. These are used to identify where/which area of the state the individual receiving services lives.
  - RU = non-urban (ie: underserved) areas
  - ST = standard areas

Additional information on ODDS policies for Professional Behavior Services, service areas & rates can be found in the Guide to Professional Behavior Services available on the ODDS DD Case Management Tools page.
To authorize Professional Behavior Services in POC:

1. Login in to eXPRS. If users have more than one organization login option, they will need to be logged in under the Local Authority (for CDDPs shown below) or Contractor (for Brokerages) Organization role.

2. From the left-hand yellow navigational menu click on Plan of Care ➔ POC ➔ View POC or Update POC to find the POC that needs to have authorizations added.

→ PLEASE NOTE: To create a new Plan of Care, please see the assistance guide How to Create a Plan of Care on the eXPRS Help Menu.
3. In the **Find Plan of Care** page, search for the POC that the authorization is to be added. At least one search criteria option must be entered.

4. From the search results, open the POC for which Professional Behavior Service authorizations are needed. Click **Edit** at the bottom of the POC, if needed, to open the POC fields for editing.

5. Click **Add Plan Line** at the bottom of the POC to add the new authorization.
6. For service code OR570, the Plan Line can be for up to 3 units (1 unit for each separate portion of work/SPA). Below that Plan Line, create a separate SPA for the Consultant to complete a portion of work. Keep in mind, that if a single Consultant is used for all the work, their SPAs cannot have overlapping dates. You may need to keep the future SPAs in draft status & submit when ready for that portion of work to be completed. Leaving future SPAs in draft allows the CME to make edits to them, if needed, to adjust date ranges, rates, etc.

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<th>Units</th>
<th>Rate</th>
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1. SPA for the TESP  
2. SPA for the FBA  
3. SPA for the PBSP

7. When the Consultant bills, they will bill for the total sum cost of the portion of work authorized.
   • The billing Date is the date the work was completed & required documentation submitted to the CME.
   • The Actual Rate entered by the Consultant will be the actual total sum cost for that portion of work. They can bill for less than, but not more than, what was authorized by the CME.
8. **For service code OR310**, as an hourly service, the Plan Line/SPA function like any other hourly service. Authorize the number of hours for the frequency to be used (hours/month, hours/year, etc.).

<table>
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9. When the Consultant bills, they will bill by the hour(s) they provided the service. Their billings must include the **Date** + the **Start & End** times for the service provided on that date.

10. When submitted, SD billing entries for both **OR570** & **OR310** will usually **PEND** for the authorizing CME to review & approve for payment. That review process may also include receipt & review of supporting documentation from the Consultant, as outlined in the ODDS Worker Guide.

11. Once approved by the authorizing CME, the SD billings will then be aggregated into claims by eXPRS and processed for payment to the Consultant.