

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)

Login

Password accepted. Choose your organization and/or program area for this session.

You are in the User Acceptance environment

Login Name:

Password:

Organization/Program Area:

[Forgot your password?](#)

or **Contractor** (for Brokerages) Organization role.

Login

Password accepted. Choose your organization and/or program area for this session.

You are in the User Acceptance environment

Login Name:

Password:

Organization/Program Area:

[Forgot your password?](#)

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.

Client	▶	Home
Provider	▶	My Notifications
Contracts	▶	
Prior Authorization	▶	Filtered By Type All Notification Types
Plan Of Care	▶	POC
Claims	▶	Service Delivered
CM/PA TCM Billing	▶	Travel Time
Liabilities	▶	Reports
Reports	▶	
Financial Maintenance	▶	

no matching notifications were found

→ **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.

- 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.

- 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.

Auth Id	Provider	Units	Rate	Pay To Provider
6	2 TNT FI Services Inc Svc Location	1.00	\$47.50	TNT Fiscal Intermediary Service

Human Services

Edit Copy

- Click **Add Plan Line** at the bottom of the POC to add the new authorization.

Auth Id	*Provider	*Units	*Rate	Pay-To Pr
7	1 TNT FI Services Inc Svc Location	1	\$47.50	TNT Fiscal Intern Services Inc

Add Provider

Add Plan Line

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.

Auth Id	Provider	Units	Rate	Pay To Provider	Dates	Review?	Allocation	Status
49	OR570 - Beh Consult, Assmt & Train	NA		3.00 Events per Year	10/1/2017 - 9/30/2018			
1 23****12	Behavior Consultant	1.00	\$1,000.00	Behavior Consultant	10/1/2017 - 12/31/2017	Yes	\$1,000.00	Accepted
2 23****13	Behavior Consultant	1.00	\$1,400.00	Behavior Consultant	1/1/2018 - 6/30/2018	Yes	\$1,400.00	Draft
3 23****14	Behavior Consultant	1.00	\$800.00	Behavior Consultant	7/1/2018 - 9/30/2018	Yes	\$800.00	Draft

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.

Provider: Behavior Consultant	Dates: 10/1/2017 - 12/31/2017
Client Name: Jane Doe	Client Prime: AAA0000A
CM Organization: County Case Management Provider	
Service: SE49/OR570 - Behav Consult Assessmt Training/NA - Not Applicable	
Rate: \$1,000.00	Review Req: Yes
Units: 1 Events per Year	
<input type="button" value="Print"/>	

Select	Date	Actual Rate	Total Events	Total Amount	Status
<input type="checkbox"/>	12/28/17	\$987.50	1		Draft
			0	\$0.00	

Date all work completed. *Total sum cost of all work completed for this Auth.*

- 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.).

SE	Procedure	Modifier	Units	Dates				
49	OR310 - Behavior Support svcs	ST	3.00 Hours per Month	7/1/2018 - 9/30/2018				
Auth Id	Provider	Units	Rate	Pay To Provider	Dates	Review?	Allocation	Status
23***18	Behavioral Consultant	3.00	\$100.00	Behavioral Consultant	7/1/2018 - 9/30/2018	Yes	\$900.00	Accepted

- 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.

Provider:	Behavioral Consultant	Dates:	7/1/2018 - 9/30/2018
Client Name:	Jane Doe	Client Prime:	AAA0000A
CM Organization:	County Case Management Provider		
Service:	SE49/OR310 - Behavior Support svcs/ST - Standard Rate		
Rate:	\$100.00	Review Req:	Yes
Units:	3.00 Hours per Month		
<input type="button" value="Print"/>			

Select	Date	Start Time (HH:MM AM/PM)	End Time (HH:MM AM/PM)	Total Service Time	Status
<input type="checkbox"/>	7/2/18	8:30 AM	9:30 AM	0:00	Draft

Date service was provided.

Start & End times worked on date service provided..

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