

Portal Enhancement

To: Behavioral Health Treatment Providers

From: IEHP – BH

Date: December 12, 2025

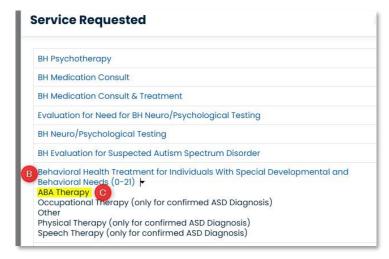
Subject: Updated: Behavioral Health Treatment (BHT) Request & COC Forms

The following updates have been made to the **Behavioral Health Treatment (BHT) Request Form and the Coordination of Care Treatment Plan in the Portal.**

See the updates below:

1. BH Referral Form

- **a.** Per APL 23-010, initial requests **must** be from a licensed physician, surgeon, or psychologist.
- **b-c.** Referral Request > Behavioral Health > Service Requested > ABA therapy
- **d.** Initial requests will auto-populate with the CPT code H0031 with 40 units and without the option to add a modifier.





2. Coordination of Care Treatment Plan

- a. Request for Additional Services drop down options now include the ability to submit for an Addendum, Functional Behavioral Assessment (FBA), Redirect, and Resubmission along with the continued ability to submit to Continue with Behavioral Health Treatment and No Further Treatment.
- **b.** Please always reference the **most recent authorization number** when submitting one of these options.

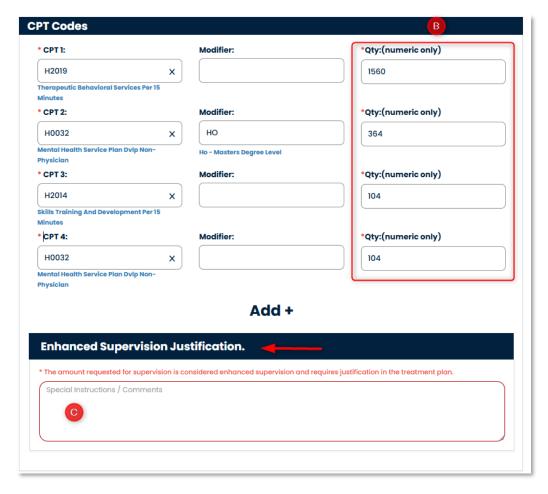
Request Information		
• IEHP ID		
• Referral Number	В	
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Request For Additional Services	Select One	~
Request For Additional Services	Select One Select One	~
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Next Scheduled Visit Date (if	Select One No Further Treatment Requested	~
Next Scheduled Visit Date (if	Select One No Further Treatment Requested Continue with Behavioral Health Treatment	· V
Request For Additional Services Next Scheduled Visit Date (if applicable)	Select One No Further Treatment Requested Continue with Behavioral Health Treatment Addendum	

3. CPT Codes

a. After entering the ICD codes and medication information, select the appropriate CPT code from a preselected list: H0032, H0032-HO, H0032-HP, H2014, H2019, and S5111.



- b. Code quantity is now available to be updated on the web form, and code quantity must match the treatment plan.
- c. A 5:1 ratio of direct service to supervision is suggested by Council of Autism Service Providers (CASP) guidelines. When the 5:1 ratio is exceeded then an enhanced justification box appears on the webform. Please fill out the appropriate rationale for individualized need for increased supervision.



Please note: Codes and quantity are subject to review. IEHP may telephonically outreach to BHT Providers to confirm any discrepancies in HCPC quantities. Please respond the same day to prevent delays in processing authorizations.

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Helpful Reminders:

- Service Priority to be Standard Pre-Service.
- Next appointment date is not a required field.
- None can be chosen as the second ICD code.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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