

January 12, 2022

MEDICAID ABA SERVICES

EFFECTIVE FEBRUARY 1, 2022 New Medicaid Benefit for Applied Behavior Analysis Services Quick Reference Guide

Applied Behavioral Analysis (ABA)

Autism services are a benefit of the Texas Health Steps – Comprehensive Care Program (THSteps-CCP) for Medicaid clients who are 20 years of age or younger, and who meet the criteria outlined in this policy. This new benefit provides for coordination of the service array in interdisciplinary team meetings and will be a new Medicaid benefit available for Community Health Choice STAR Program.

Authorizations

Does the member need to obtain a Referral from the Primary Care Provider for ABA services?

Yes. A signed referral must be submitted to the ABA Provider to accompany their Authorization request.

Submission of Authorizations

Authorizations are to be submitted via fax using the CCP Prior Authorization Form.

Medicaid Fax Number: 713.576.0931

What is the turnaround time for an Authorization decision?

3 business days

Authorization timeframes

If approved, a 90-day ABA Treatment Authorization will be granted. Prior to initial Authorization ending, Providers may request prior authorization for an ABA 90-day Treatment Extension. All necessary documentation must be included. Re-evaluations and 180-day recertification will require submission of all documentation. Please include the original Authorization number on extension requests.

*Please note, all sections of the Authorization form must be completed/filled in.
Incomplete service lines may result in no Authorization for that service code.*

Telehealth Benefits

Is Telehealth a benefit for ABA services?

Medicaid ABA services (Evaluation 97151 and treatment services 97155, 97156, 97158 and 99366) may only be delivered via Telehealth using a synchronous audio-video platform by the LBA. Modifier 95 must be designated on the claims.

BILLING REQUIREMENTS

1 Unit = 15 minutes

Medicaid ABA Benefit Procedure Codes and Descriptions

Procedure Code	Description	Modifiers Options	Limitations	Notes
97151	ABA Initial Evaluation	HO only	Limited to 6 hours (24 units) for initial evaluation	Only Authorized for 30-day period
97151	ABA Re-Evaluation	HO only	Limited to 6 hours (24 units)	Only Authorized for 30-day period
97153	Adaptive Behavior Treatment (Individual)	None required	Direct treatment for child/youth.	
97154	Group Adaptive Behavior Treatment	None required	Direct treatment for child/youth.	
97155	Adaptive Behavior Treatment (Individual with protocol modification)	HO or HN	Direct treatment for child/youth.	
97156	Family Adaptive Behavior Treatment Guidance	HO or HN	Direct treatment for child/youth.	
97158	Adaptive Behavior Treatment (Group with protocol modification)	HO or HN	Direct treatment for child/youth.	
99366	Medical Team Conference (Interdisciplinary Team Meeting)	None required	Limited to diagnosis code F840 Autism, must have prior Authorization of ABA evaluation or re evaluation	May be reimbursed for IDT meetings attended by QNPHP

ABA SERVICES MODIFIERS

Modifier	Description
HO	Licensed Behavior Analyst
HN	Licensed Assistant Behavior Analyst
HM	Behavior Technician
95	Telehealth

Fee Schedules

Medicaid Fee Schedule will be listed in the TMHP website under Static Fee Schedule, effective February 1, 2022.

Claims Submissions

Medicaid – The enrolled LBA will have the designation, as both the rendering provider and the billing provider. All submitted payments, both provider and managed care organizations (MCOs), will be rejected should the provider fail to adhere to this requirement.

Please be sure to include any and all appropriate Modifiers if necessary.

RESOURCES

Please visit TMHP's website for the complete policy document at

<https://www.tmhp.com/sites/default/files/file-library/medicaid/autism-services-medicaid-draft-june-2021.pdf>