

## Autism/Applied Behavior Analysis

Board Certified Behavior Analyst<sup>®</sup>, BCBA<sup>®</sup>, Board Certified Behavior Analyst-Doctoral<sup>™</sup>, BCBA-D<sup>™</sup>, Board Certified Assistant Behavior Analyst<sup>™</sup>, BCaBA<sup>®</sup>, Registered Behavior Technician<sup>™</sup>, RBT<sup>™</sup> and BACB<sup>®</sup> are registered trademarks of the Behavior Analyst Certification Board, Inc. <sup>®</sup>. All Rights Reserved.

### Clinical

#### **Q1. How do I request any services for ABA?**

A1. Please note that faxed requests are no longer allowed. Please call the phone number on the back of the member's insurance card to get started. All services require prior approval.

#### **Q2. How do I request hours for an ABA assessment?**

A2. Please call in to the phone number on the back of the member's insurance card. Once it is determined that the member has coverage for ABA benefits, you will be transferred to the ABA/Autism team and can request an assessment:

- For members 16 years old and older or for requests for 9+ hours of assessment, you will be scheduled with a psychologist to discuss the clinical rationale as to why you would like more than 8 hours and what tests you will be performing during that assessment

#### **Q3. How often is an assessment required?**

A3. There is no required frequency at which an assessment must take place. At a minimum, most treatment reviews are required every 4-6 months depending on the account/state law.

#### **Q4. How do I obtain an approval for ABA services?**

A4. After verifying the member has coverage for ABA, you will be referred to an Autism Care Advocate/Navigator who will discuss the approval process including how to request treatment and what information will be needed at that time. *Note: Please only have someone who is qualified to give clinical information and has the authority to negotiate care call in for these requests.*

#### **Q5. What clinical information is required to request treatment?**

A5. Please see the "Treatment Request Guidelines" form on *Provider Express* in the Autism/Applied Behavior Analysis Corner.

#### **Q6. How do I request future assessments?**

A6. Please include hours for assessment in your treatment request when you call in.

#### **Q7. How do I request hours for supervision of BCaBA's<sup>®</sup> and other paraprofessionals?**

A7. Please request hours for supervision and treatment planning when calling in to request treatment. You can use the Treatment Guidelines for reference as to the codes that are billed.

**Q8. How many hours of supervision are allowed? Is there a minimum requirement?**

A8.

- A minimum of 1 hour of supervision per month is required for each case. The maximum hours approved are based on the direct number of hours the member is receiving:
  - 1 hour for every 10 hours of direct paraprofessional hours being provided, ordinarily not to exceed 8 hours per month
- If you request more hours than the 1:10 ratio, please be ready to provide a clinical rationale when you call in to request treatment.
- A paraprofessional is anyone who is not a BCBA<sup>®</sup> or a licensed mental health clinician such as a Psychologist or Social Worker. The exception to this is a BSL/BSC for certain cases in the state of Pennsylvania. To determine which cases, please talk to the Autism Care Advocate/Navigator.

**Q9. Is it possible to bill for supervision and the paraprofessionals time at the same time?**

A9. No. When supervision is provided, you are reimbursed for the service provided not the people present.

**Q10. Is it possible to bill for team meetings?**

A10. Team meetings are covered only as supervision if the member, the supervisor and the paraprofessional are present. When supervision is provided, you are reimbursed for the service provided not for the people present, so the entire team would not be covered individually in the billing. Only the supervision code would be billed for the entire time spent instead of the number of people in the meeting.

**Q11. Is treatment planning covered? Required? Is there a minimum or maximum number of hours?**

A11.

- A minimum of one hour of treatment planning per month is required for each case. The maximum hours approved are based on the direct number of hours the member is receiving:
  - 1 hour for every 10 hours of direct hours being provided, ordinarily not to exceed 8 hours per month
- If you request more hours than the 1:10 ratio, please be ready to provide clinical rationale when you call in to request treatment.
- This is in line with the BACB guidelines and is considered indirect supervision.

**Q12. Are services covered in a school setting?**

A12.

- Autism services in the school setting are usually covered by the Individuals with Disabilities Education Act, and thus, not covered through the health plan. The health plan does cover Autism services in the school setting where required by law. To determine which services are covered, please talk to the Autism Care Advocate.
- Shadowing is not covered.

**Q13. Is parent training covered?**

A13. Parent training is required. Bill **H2012** or **H2019** depending on who is providing the service.

**Q14. What is the difference between parent training and supervision?**

A14. Supervision is billed for the supervision of paraprofessionals. Parent training is billed when providing direct services to the parents.

**Q15. Is Skype or other tele-supervision services allowed?**

A15. In order to be eligible to provide ABA remote supervision via videoconferencing technology you must do the following:

- Complete the Autism/ABA Remote Supervision Compliance Attestation form and fax it to your Regional ABA Network Manager. (See ABA Remote Supervision process for commercial member's link on Autism Corner.)
- Ensure that your videoconferencing technology is HIPAA compliant and meets current American Telemedicine Association minimum standards.
- After you receive approval from your Regional ABA Network Manager, you must indicate on each applicable treatment plan that ABA remote supervision will be utilized.
- The code to utilize when billing remote supervision is H0032.

**Please Note:** Skype is not an acceptable HIPAA technology

**Q16. What if more services are needed during a current approval period?**

A16. If you are needing additional approvals, please call the ABA/Autism team and provide clinical rationale during that discussion as to why you are needing more than was previously approved.

**Q17. When do I request treatment for ongoing/continued services?**

A17. You should call into the ABA/Autism queue to request treatment no more than 30 days prior to the current approvals on file expiring. You will need to have all the necessary clinical information at the time you call in. Please see the Treatment Guidelines to determine what all clinical information will be needed. *Note: Please only have someone who is qualified to give clinical information and has the authority to negotiate care call in for these requests.*

**Claims****Q18. Can I submit autism claims electronically?**

A18. It depends on the program, (e.g., commercial, TRICARE, or Medicaid) and your contract/system set-up. Please contact your Network Manager if you have not attended an orientation or have questions on how to submit claims.

**Q19. There are new CPT codes for ABA issued by the AMA. Will these codes be adopted at some point in time?**

A19. Optum has decided not to adopt these codes at this time because they are temporary and we are waiting for them to be deemed permanent to complete their pilot rollout of the codes.

**Q20. What forms do I use to submit claims?**

A20. Participating ABA groups and individual BCBA's should bill on the standard CMS-1500 claim form (Form 1500) with the billing codes indicated on your contracted fee schedule. Please see our website [Provider Express](#) and go to: Quick Links > Claim Tips > Outpatient Claims > What form should I use to submit paper claims? > CMS-1500 claim form, to see a sample CMS-1500 claim form.

To view required fields on the CMS-1500 claim form go to: Quick Links > Claim Tips > Outpatient Claims > What fields on the CMS-1500 form does Optum require? > CMS-1500 Optum required fields. If you are out-of-network and have the capacity to generate a CMS-1500 form, please do so. If you are interested in using CMS-1500 forms, you may get more information at [www.cms.gov](http://www.cms.gov).

**Q21. Can we bill for both the supervisor and the paraprofessional when the Supervisor is supervising the paraprofessional?**

A21. No. Only code H0032 will be reimbursed for the services provided during supervision.

**Q22. Can I see my autism claims processed through Provider Express?**

A22. It depends, only claims submitted through Provider Express can be viewed there. If hardcopy claims are faxed or mailed, they cannot be viewed on Provider Express.

**Q23. What codes can I use for service locations?**

A23. Place of service 12 = home, 11 = clinic and 99 = community.

**Q24. I have a member that does not have the ABA benefit under their policy, however I need a denial for each service in order to submit to secondary carrier?**

A24. Call the number on the back of the member's insurance card to request a denial.

**Q25. Is there a minimum or maximum of what can be billed for parent training?**

A25. It is based on the treatment plan and goals provided. Please call our live queue (866-830-0325) to discuss what is clinically appropriate.

**Q26. Do autism services consist of copays?**

A26. Call the number on the back of the member's ID insurance card for benefit information as plans vary.

**Q27. How many copays per day?**

A27. Only one copay per date of service should be allowed.

**Q28. How do I bill for hours worked at home on such things as data analysis, graphs, program and change, etc.?**

A28. You can bill these hours under **H0031** – assessment/treatment planning, if approved. Ensure you have enough hours approved prior to billing.

**Q29. Can services be provided to the member by two tutors on the same day?**

A29. If two different tutors provide services to the same member on the same day but at different times, units for **H2019** can be combined into one date of service line on the claim form.

**Q30. Where can I get a blank CMS-1500 form?**

A30. Blank CMS forms can be found on our liveandworkwell website:

<https://www.liveandworkwell.com/public/> - click on “Forms” located in the upper right hand corner of the page. (See Q &A 20 for instructions on how to complete a CMS 1500 form.)

**Q31. Where do I submit claims for processing?**

A31. It depends on the program, (i.e., commercial, TRICARE, or Medicaid) and your contract/system set-up. Please contact your Network Manager if you have not attended an orientation or have questions on how to submit claims.

## Network

**Q32. How do I apply to join the Optum or OptumHealth Behavioral Solutions of California (Optum) Autism Applied Behavior Analysis Network?**

A32. Optum has developed credentialing/contracting criteria for Applied Behavior Analysis (ABA) Providers as outlined below:

**Individual BCBA**

- Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior State licensure in those states that license behavior analysts
- State certification in those states that certify behavior analysts
- Compliance with all state/autism mandate requirements as applicable to behavior analysts
- A minimum of six (6) months of supervised experience or training in applied behavioral analysis/ intensive behavior therapies
- Minimum professional liability coverage of \$1 million per occurrence/\$1 million aggregate

**ABA Group Provider**

- BCBA's must meet standards above
- Licensed clinicians must have appropriate state licensure and six (6) months of supervised experience or training in applied behavior analysis/intensive behavior therapies
- BCBA or licensed clinician on staff providing program oversight
- BCBA or licensed clinician performs skills assessments and provides direct supervision of paraprofessionals in joint sessions with client and family
- Board Certified Assistant Behavior Analysts (BCaBA's) and Paraprofessionals receive appropriate training and supervision by BCBA's or licensed clinician and hold applicable state licensure or certification
- Minimum \$1 million per occurrence and \$3 million aggregate of professional liability and \$1million/\$1million of general liability if services are provided in a clinic setting
- Minimum \$1 million per occurrence and \$3 million aggregate of professional liability and \$1million/\$1million of supplemental insurance if the agency only provides services in the patient's home

If you meet this criteria and wish to apply, please refer to the Join our Autism/ABA Network section on *Provider Express* on the **Autism/Applied Behavior Analysis (ABA) Corner**.

**Q33. What is an NPI number and how do I obtain one?**

A33. NPI is a required National Provider Identifier set forth in the Health Insurance Portability and Accountability Act (HIPAA) regulations. HIPAA requires that covered entities (e.g., health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form in connection with a transaction for which the Secretary of Health and Human Services has adopted a standard) use NPIs in standard transactions. Please use the National Plan and Provider Enumeration System (NPPES) link below to obtain an NPI:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>.

**Q34. How do I verify a member's benefits, copay, or coinsurance?**

A34. To inquire about member benefits, copay or coinsurance, please call the number on the member's ID card listed for providers or for benefits and eligibility information.

**Q35. What services are covered for Autism ABA services?**

A35. Coverage is dependent upon the member's certificate of coverage. Services that are typically covered for ABA treatment include:

- Skills or Behavior Assessment by BCBA or qualified licensed clinician
- Conjoint Treatment Planning and Supervision of Paraprofessionals by BCBA (or qualified licensed clinician) with clients present
- Direct ABA services by a BCBA or licensed clinician
- Direct ABA services by a paraprofessional or BCaBA (if appropriately supervised)
- Social Skills Group

**Q36. What if I, as a provider, am told I am out of network by Customer Service? I know from working with OPTUM I'm a network provider.**

A36. Please contact the appropriate Autism Specialty Network Manager. Please refer to the "Contact Us" link located on **Provider Express** on the Autism/Applied Behavior Analysis (ABA) Corner.

**Q37. How long is the credentialing process for both solo BCBA and Agency Models?**

A37. Solo BCBA and group credentialing can take from 45 to 120 days after submission to the credentialing team. Agency Model can take up to 120 days to complete.

**Q38. Is a BCaBA considered at the same rates as a paraprofessional/tutor?**

A38. Yes, BCaBA's and paraprofessionals/tutors are considered the same and should bill with autism code H2019

**Q39. Can BCaBA provide supervision of paraprofessionals/tutors?**

A41. No. Only BCBA's or licensed mental health clinicians such as a Social Worker can provide supervision services.

**Q40. Can we bill for diagnostic testing by the psychologists through the autism network contract?**

A42. Diagnostic testing is required to be billed under the traditional behavioral health network (UBH general).

**Q41. I am a contracted provider. What procedure codes should I use to bill services?**

A41. If you are a participating provider, you should bill your contracted billing codes and customary charges after receiving appropriate authorization. You will be reimbursed based on your contracted rate.

**Q42. I am not yet a contracted provider. What procedure codes should I use to bill services?**

A42. If you are not contracted with us yet, please contact the autism/ABA team for approvals.