Applied Behavior Analysis (ABA) Provider Webinar

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Agenda

- What is Applied Behavior Analysis (ABA)?

- Referral Process

- Codes and Prior Authorization

- Case Management

- Tiered ABA Model

- Pay and Chase

- Transportation

- Credentialing

- ABA Fee Schedule

- Appointment Availability Audit (AAA)

- Join the Network

- Network Management Resource

- Bi-Annual ABA Workgroup

- Questions

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What is Applied Behavior Analysis (ABA)?

ABA, also known as Applied Behavior Analysis, is an applied science focused on discovering environmental variables influencing behavior. Treatment is based on socially important (or appropriate) behaviors for the individual and will focus on social, communication and teaching new skills to increase behaviors that are helpful while decreasing behaviors that are harmful or affect learning.

ABA is a covered service for Mercy Care members who are determined by the member's Child and Family Team (CFT) or Adult Recovery Team (ART).

Mercy Care follows the AHCCCS 320-S Applied Behavior Analysis Policy:

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320S.pdf

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Referral process

- No Wrong Door
- Coordination with Assigned Behavioral Health Clinics
  - Child and Family Team's
  - Adult Recovery Team's

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Codes and prior authorization

- Effective November 1st, 2019, a prior authorization is required for Adaptive Behavior Treatments (CPT Codes 97153-97158). Adaptive Behavior Assessments (CPT 97151 and 97152) will not require authorization. Service(s) rendered without Authorization may be denied for payment.

- Mercy Care has a specific Prior Authorization form for ABA services on our website: **https://www.mercycareaz.org/assets/pdf/acc-providers/forms/Prior%20Authorization%20Request%20for%20ABA%20Services%20.pdf**

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Case management

- According to the **AHCCCS Covered Behavioral Health Services Guide**, HCPCS Code **T1016 - Case management**, each 15 minutes, is a supportive service to provide oversight and/or enhance and assist a member with identified treatment goals and monitor treatment effectiveness.

Some activities may include but not limited to:

- Assistance in maintaining, monitoring and modifying covered services as outlined in the member's service plan to address an identified clinical need;

- Communication and coordination of care with the person's family, behavioral and general medical and dental health care providers, community resources, and other involved supports including educational, social, judicial, community and other State agencies;

- Participation in staffing's, case conferences or other meetings with or without the person or their family participating; and

- Other activities as needed that address and or support the member with identified treatment needs.

- Covered service and allowable for provider types BC & 77

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Tiered ABA model
Effective 7/1/20

Tiers (level of education)

BHT/RBT	Trainee, Master, BCaBA	BCBA	BCBA-D & LBA
• Less than Bachelor Degree • Modifier HM	• Bachelor-level degree • Modifier HN	• Master-level degree • Modifier HO	• Doctoral level • Modifier HP • Deployed 10/1/20

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Pay and chase

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law. This means AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted. (ACOM Policy 434)

Providers <u>should always</u> bill the primary insurance first and then submit the claim with the COB to Mercy Care. Providers who are not contracted with the primary insurance still need to submit the claim to the primary even if a denial is anticipated. Mercy Care will attempt to receive payment from the primary insurance through the pay and chase policy. Failure to bill the primary insurance could become an issue during a Program Integrity Audit with providers.

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Transportation

- According to the AHCCCS Covered Behavioral Health Services Guide, HCPCS Code A0160 Non-emergency transport; mile- case worker or social worker.

- The first 25 miles of provider travel is included in the rate calculated for each service, however if the provider exceeds 25 miles, they can bill the additional miles traveled by using A0160. CPT Code A0160 does not require prior-authorization.

- BCBAs with the AHCCCS Category of Service 31 registration are allowed to bill for transportation when the trip exceeds 25 miles.
    - Please reach out to AHCCCS if you are unsure if you are registered for COS 31.
    - Please reach out to AHCCCS if you do not have COS 31 and would like to see if they can add it.
        - If AHCCCS adds this COS to your profile, please reach out to your Mercy Care Network Relations Consultant so that we can complete a form to add it to your provider with Mercy Care.

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Credentialing

- BCBAs and Psychologists must be credentialed through Mercy Care

- Provider must be credentialed before seeing a Mercy Care member or payment could be denied

- Credentialing Documentation needed to credential a provider:
  - AZAHP Practitioner Data Form
    - **https://www.mercycareaz.org/assets/pdf/acc-providers/forms/Fillable%20AzAHP%20Practitioner%20Data%20Form%20-%202020%20FINAL.pdf**
  - BCBA Certificate/License
  - W9
  - Certificate of Insurance (COI)

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ABA fee schedule

ABA fee schedule is on the Mercy Care web portal: **https://www.mercycareaz.org/**

Appointment availability audit (AAA)

All AHCCCS health plans are required to ensure providers can provide member physical and behavioral health services in a timely manner.

A Mercy Care team member will call your office quarterly to complete a quick questionnaire designed to assess your appointment availability for members.

Any member of your scheduling team can answer this questionnaire.

- Questionnaire takes about 3-5 minutes or less once you have completed a few and get to know the questions.

Go to the AHCCCS website for complete AHCCCS Standards Appointment Availability for all AHCCCS members:

- **Standards Appointment Availability**

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AAA standards

Routine	Urgent
• Initial assessment within 7 calendar days of referral or request for service • Over 18 - First service following assessment no later than 23 calendar days after the initial assessment • Under 18 - No later than 21 days after the initial assessment, and all following services no later than 45 calendar days from identification of need	• No later than 24 hours from identification of need*

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Join our network

If you are interested in Joining our Network, please send the following:

- Letter of Interest to contract with Mercy Care

- Summary description of programs; including target populations and age categories, specific models of care/therapies used, along with frequency of programming treatment.

- W9

- Please submit to **MercyCareNetworkManagement@MercyCareAZ.org**

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Network Management resources

- Mercy Care is dedicated to helping all providers and members. Every provider that is contracted with Mercy Care has a Network Relations Representative assigned to answer any question. All Provider assignments are on our website.

- Non-Contracted providers are encouraged to call our Claims Research Claims Inquiry (CICR) number for help and support. If CICR is unable to help, they will forward your information to a manager in Network Management who will have a Network Relations Representative follow up with you immediately.

  - CICR: 602-263-3000   or   800-624-3879

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Bi-annual ABA workgroup

Developing semi-annual ABA Provider Workgroup to designed to support the network with education/opportunities/resources/feedback.
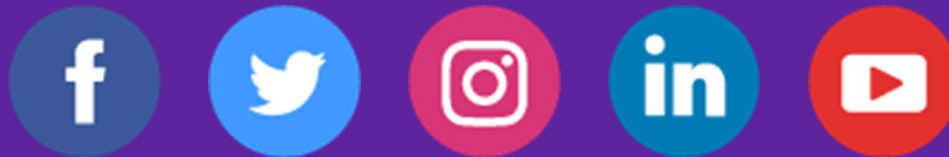
- Provider Presentations
- Quality Improvement Strategies
- Communication Strategies
- Capacity Management
- Competency
- Family/Member Engagement
- Administrative Reviews: Prior-authorization, Codes, Referrals..etc

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Questions

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Thank you

Applied Behavior Analysis (ABA) Services Prior Authorization Request Form

Request completed by: _____ Phone #: _____ Fax #: _____

Date of Request: _____ Total Number of Pages: _____

Authorization on File (check one): Yes_____ No _____ If Yes, Date of Last Scheduled Visit: _____

Is the member diagnosed with Autism Spectrum Disorder (ASD) (check one) – F84.0? Yes _____No _____

- If not, what is the current diagnosis code(s): _____

Member Information

Member Name: _____ Member ID #: _____ DOB: _____

Other Insurance(check one):Yes_____No_____ If yes please specify: _____

Phone #: _____

Behavioral Health Home

Provider Name: _____

Address: _____

Phone #: _____ Fax #: _____

Member receiving High Needs Case Management(check one): Yes_____ No_____

Contact Name and Phone #: _____

Rendering Service Provider Information

Provider Name: _____ TIN/NPI#: _____

Address: _____

Phone #: _____ Fax #: _____

Credentials for provider delivering clinical direction and supervision:
_____BCBA_____BCBA-D_____ LBA_____ Behavior Health Professional_____Other (specify): _____

Assessment & Treatment

ABA Therapy being requested (**required**)(check one): _____ Focused or _____Comprehensive

Please ensure the following has been included in your request:

- Assessment findings:
  a. Brief description of assessments, including their purpose;
     - Indirect Assessments: Summary of findings for each assessment (graphs, tables, or grids);
     - Direct Assessments: Summary of findings for each assessment (graphs, tables or grids);
  b. Target behaviors are operationally defined, including baseline levels;
  c. Functional Behavior Assessment, if applicable.
- Individualized Treatment plan should include the following:
  - Treatment setting and modality by which service will be delivered (in-person, via telehealth, group, individualized setting, or combination thereof);
  - Operational definition of each behavior/goal/skill;

- Data collection procedures;
- Behavior management/treatment protocols;
- Treatment goals and objectives;
- Parent/caregiver training procedures and goals/objectives;
- Plan to ensure maintenance and generalization of skills;
- Care coordination activities;
- Discharge criteria clearly defined and measurable.

Standard Assessment Information (required)

* On re-authorization, must complete a re-assessment every 6 months

- Type of Assessment completed: _____
- Current Score: _____   Date: _____

- Type of Assessment completed: _____
- Current Score: _____   Date: _____

- Type of Assessment completed: _____
- Current Score: _____   Date: _____

CPT and Hours of Supervision and Therapy

The following timeframes are needed to report to AHCCCS:

- Hours of direct therapy for entire authorization timeframe: _____
- Hours of supervision provided for entire authorization timeframe: _____

CPT Code(s):

Example for Therapy & Supervision for 6 months

CPT	Purpose: Direct Therapy or Supervision	Hours Per Week	Units Per Week	Timeframe in weeks	Total units
97153	Therapy	40 hours week	160 week	24 weeks	3,840
97155	Supervision	12 hours week	48 week	24 weeks	1,152

*Purpose: Due to reporting requirements, enter separate line to distinguish supervision vs therapy.

PROVIDER TO FILL IN FOR ALL CPT codes

CPT	Purpose: Direct Therapy or Supervision	Hours Per Week	Units Per Week	Timeframe in weeks	Total Units
97153	Supervision				
97153	Therapy				
97154	Therapy				
97155	Supervision				
97155	Therapy				
97156	Therapy				
97157	Therapy				
97158	Therapy				