Optum | Maryland

Maryland Medicaid Applied Behavior Analysis (ABA)

Frequently Asked Questions: Billing and Claims

The following FAQ is not a replacement for the Billing Appendix (Review billing appendix) or for provider trainings (Optum Maryland - Provider Training & Education). The FAQ is a compilation of frequently asked questions received AFTER providers have reviewed the above resources and participated in provider trainings.

Q1. Is there an ABA specific provider training?

A1. Yes, an ABA specific provider training is held quarterly. The training focuses on navigating the Optum Maryland website for resources, requirements for accessing ABA services, treatment plan requirements, and submitting requests for ABA services through the Incedo Provider Portal. Information on when the training occurs can be found in the Provider Bulletins, on the Provider Training & Education page of the Optum Maryland website (Optum Maryland - Provider Training & Education) and ABA Care Advocates will post a registration link in their email signatures approximately 1 month before the training is to occur.

Q2. What are the requirements for a participant to access ABA services?

A2. For a participant to access ABA services, they must have a comprehensive diagnostic evaluation (CDE) diagnosing them with autism spectrum disorder and a referral for ABA services dated within the last 6 months. For more details please see the following FAQ (FAQ Autism ABA general Questions (optum.com)) and the Independent Learning Guide located here (ILG Template (optum.com)).

Q3. When is an authorization required for Maryland Medicaid to reimburse for ABA services, and what does pre-authorization mean?

A3a. An authorization is required for all participants who have Maryland Medicaid as their primary insurance.
A3b. In the event the participant has commercial insurance, the commercial insurance is automatically considered the primary payor and no authorization is required to bill Maryland Medicaid as a secondary payor. However, the expectation is that the provider ensures all requirements are met (CDE/referral on file and treatment plans completed every 6 months) and maintain the documents as part of the participant's medical record should they be requested at any time by Optum Maryland. When submitting claims, it's best to submit an EOB with the claim.

A3c. If the commercial insurance does not cover ABA services or a specific ABA service code, then a denial letter should be obtained, and an authorization is then required for Maryland Medicaid to become the primary payor for ABA services or the specific code that is uncovered. When submitting claims, it's best to submit an EOB with the claim.

A3d. ABA services must have pre-authorization, meaning a request must be submitted and approved BEFORE any ABA services are rendered, unless there is an active commercial insurance that covers ABA services.

Q4. **Are there any limitations on how many rendering providers can bill for a specific service in a day or how many times a service code can be utilized during a day.**

A4a. In general, a specific service code should be used once per day by one rendering provider. If the same rendering provider is using the same service code within a day, the units can be combined into one line on the claim.
A4b. Service code 91753 is approved for up to three different rendering providers per day.

Q5. **Where can I find the maximum units allowed per day for a specific code?**

A5. The max units per day is located on the ABA fee schedule. The ABA fee schedule is located on the ABA Provider Information tab which is located on the Optum Maryland website (Optum Maryland - Provider Information).

Q6. **What NPI should I use to bill services?**

A6. When billing, providers should use the NPI for the rendering provider (the person who saw the participant/provided the service). Optum Maryland - Provider Training & Education

Q7. **What places of services (POS) should be used when billing services?**

A7. The following POS codes can be used for billing ABA services:
3: School
11: Office/Center/Telehealth
12: Home/Community

Q8. **What modifiers are used when billing services and what do they mean?**

A8. ABA utilizes the following modifiers:
GT: for services rendered via telehealth
U2: utilized with service code 97156 to signify the participant is present during parent training

Q9. **Do I need to complete a progress/contact note (session note) for all service codes, and should the claims submitted match the elements listed on the session note for the specific code being billed?**

A9. Yes, each service code that is billed should include a session note. The POS, modifiers, and the rendering provider should all match the information contained on the claim that is being submitted.

Q10. **When do I submit a corrected claim?**

A10. A corrected claim is only submitted when the original claim was paid, but some part of the original claim needs to be corrected. To submit a corrected claim, a number 7 should be entered into box 22 and the original claim number that is being corrected should be entered in the box adjacent to box 22. Please note that a new claim is submitted only if the original claim was fully denied, and no monies were paid. (Optum Maryland - Provider Training & Education)

Q11. **Are there limits to backdating requests?**

A11. Providers may back date a request through the Incedo Provider Portal up to 20 days. However, this should not be a normal practice and should be used sparingly.

Q12. **Can I request a backdating exception through the Incedo Provider Portal for ABA services?**

A12. No, all backdating exceptions should be submitted to OMBHABA@Optum.com with the following information:

1. Email subject: backdating exception
2. The reason you are emailing
3. Full name and date of birth of the participant
4. Requested start date
5. Reason for exception

Q13. **What are the reasons I can request a backdating exception and is there a timeframe I should be aware of?**

A13a. Yes, backdating exceptions should be submitted within 3 months of the start date of the exception that is being requested.
A13b. The following reasons are considered for backdating exceptions:

- Incedo System Error
- Loss of primary commercial insurance
- Provider registration or token issues

- Optum Error
- Error in participant being discharged

Q14. **How do I request a retro review and what is needed?**

A14a. Retro reviews can be submitted to:

OPTUM Maryland
Appeals PO Box 30532
Salt Lake City, UT 84130

Or fax to (844) 913-0799.

A14b. The participant's entire medical record needs to be submitted including the CDE, referral, treatment plans, and ALL session notes for the timeframe you are requesting to be reviewed.