

FREQUENTLY ASKED QUESTIONS

Maryland Medicaid Applied Behavior Analysis (ABA)

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BENEFIT OVERVIEW

Q1. What are the requirements to gain access to Maryland Medicaid ABA benefit?

A1. Participant must be under the age of 21, reside in the community, have a diagnosis of Autism Spectrum Disorder (ASD) by a qualified health care professional (QHCP), exhibit maladaptive behaviors or developmental skills deficits that significantly interferes with home, school or community activities, be medically stable and have the following documentation:

- ✓ Comprehensive Diagnostic Evaluation (CDE) completed by a QHCP
and
- ✓ ABA referral completed by a QHCP dated within the past 6 months.

Q2. Are there specific elements that are required within a CDE?

A2. Required elements include:

- ✓ Parent/guardian interview
- ✓ Direct observation/Interaction
- ✓ Developmental/Psychosocial history
- ✓ Identification of primary features of ASD
- ✓ Documentation of current presentation across major domains of development
- ✓ Statement identifying diagnosis of Autism Spectrum Disorder
- ✓ Physical or electronic signature of QHCP
 - Recommended but not required: Standardized diagnostic measures (e.g. ADOS, GARS, CARS-2, ADI-R, etc.)

Q3. Who is considered a QHCP?

A3. A QHCP is one of the following individuals:

- ✓ Developmental Pediatrician
- ✓ Pediatrician
- ✓ Nurse Practitioner with training and experience to diagnose ASD
- ✓ Pediatric Neurologist
- ✓ Child Psychiatrist
- ✓ Clinical Psychologist
- ✓ Neuropsychologist

Q4. What if a participant received an evaluation by a Non-Qualified Health Care Professional (non-QHCP) such as a school psychologist or speech-language pathologist?

A4a. If the participant is currently accessing ABA services and the evaluation on file was completed by a non-QHCP, the participant must obtain a CDE completed by a QHCP as described above to continue accessing ABA services.

A4b. If the participant is not currently accessing ABA services and would like to access ABA services, the participant must obtain a CDE completed by a QHCP as described above.

Q5. Is there a form that can be used to confirm an ASD diagnosis made by a non-QHCP?

A5. No, the physician confirmation form is no longer in use. To access ABA services within Maryland Medicaid, a CDE must be completed by a QHCP.

Q6. When does a participant require a Clinical Confirmation Form (CCF) be completed by a QHCP?

A6a. Prior to obtaining approval for an initial ABA assessment: CCF is required **ONLY** if the CDE was completed by a QHCP when the participant was **3.0 years old or younger** and **it has been 2+ years since the date of that diagnosis**. The CCF must be submitted with visit summary notes dated within the last 6 months, accompanying the request for an initial assessment.

A6b. Prior to obtaining approval for ongoing ABA treatment: CCF is required with visit summary notes dated within the last 6 months, when it has been 2 years since the date of participant's diagnosis of ASD. This is only applicable if the participant was diagnosed when he/she was 3.0 years old or younger.

A6c. If the participant was 3.1 years or older when the CDE was completed by a QHCP, the participant's diagnosis is confirmed, no additional information is needed. A Clinical Confirmation Form (CCF) will not be needed initially nor ongoing.

Please see the "[Accessing ABA Document Checklist](#)" "[Clinical Confirmation of Continued Autism Spectrum Disorder Diagnosis](#)" on [Optum Maryland website](#) > Autism Providers > Provider Forms.

Q7. Does Maryland Medicaid ABA cover services for individuals without an ASD diagnosis?

A7. No. A diagnosis of ASD is a requirement to access the ABA benefit at this time.

Q8. What services are covered under Maryland Medicaid ABA benefit?

A8. Services that are covered for ABA assessment and treatment include:

- ✓ Skills and Behavior Assessment and Reassessment (97151)
- ✓ Direct ABA services by an RBT/ BCaBA or BCBA (97153)
- ✓ Supervision of RBT/BCaBA with clients present (97155)
- ✓ Caregiver training with and without client present (97156/97156-U2)
- ✓ Treatment planning (H2012)
- ✓ Group caregiver training by BCBA (97157)
- ✓ Social Skills group led by BCBA (97158)

- ✓ Social Skills group led by RBT/BCaBA (97154)
- ✓ RBT/BCaBA support during Assessment (97152)
- ✓ Severe Behavior Treatment (0373T)
- ✓ Severe Behavior Assessment (0362T)

Please see [ABA Description Of Services](#) and [ABA Medical Necessity Criteria](#)

Please see [ABA Fee Schedule](#) and [Combination of Services Rules](#)

Please see the ABA Services Code of Maryland Regulations [COMAR](#)

Q9. How many hours of an ABA assessment are covered?

A9. An initial assessment has a maximum of 8 hours or 32 units. Reassessment has a maximum 3 hours or 12 units per authorization period. Additional assessment or reassessment hours authorized based on medical necessity.

Q10. Can a RBT or BCaBA assist the BCBA with the assessment?

A10. Yes. When requesting ABA assessment, providers should request 97151 and 97152. Please note: assessment has a maximum of 8 hours or 32 units total, so total units should be split between 97151 and 97152 when requesting these services.

Q11. How many hours of supervision are allowed? Is there a minimum requirement?

A11. Supervision (97155) equal to at least 10 percent of the amount of direct ABA services (97153). Typical supervision ranges from 10-20% with the amount depending on complexity of the case. Requests above 20% of direct ABA services is authorized based on medical necessity.

Q12. Can a BCaBA supervise an RBT?

A12. No. Supervision (97155) is conducted by a licensed BCBA, a licensed BCBA-D or a licensed psychologist.

Please see the ABA Services Code of Maryland Regulations [COMAR](#)

Q13. Is parent/caregiver training covered?

A13. Parent training is required. This service can be requested under 97156 or 97157 depending on the format of parent training, i.e. one family without the participant present (97156), one family with the participant present (97156-U2), or a group of families (97157).

Q14. What if only one caregiver is participating in treatment?

A14. If both of the participant's parents have custodial rights it is expected that both parents have some involvement in treatment. If that is not occurring, it is expected that barriers to parent training are removed, such as time of day, location, etc. If, after multiple documented attempts, one parent is not engaged in parent training, documentation should include why, potential impacts, and how potential impacts are being mitigated.

Q15. What constitutes a “caregiver” per Maryland Medicaid ABA regulations?

A15. A willing and able individual who is trained in providing care to the participant.

Please see the ABA Services Code of Maryland Regulations [COMAR](#)

Q16. Can services be provided in a school setting?

A16. School based services are reviewed for medical necessity; however, school based ABA services or services that are otherwise covered under the Individuals with Disabilities Education Act (IDEA) are not covered. Typical school services we expect to include coordination of care, attending IEP meetings, working on generalization of skills, working to train teachers or school staff in the behavior plans or skill management, or assessing the participant’s behaviors across environments.

Q17. What if a family is unwilling to share a copy of the child’s Individualized Education Plan (IEP) and/or the school is unwilling to coordinate services?

A17. Document the request for the IEP and the parent/guardians response to that request.

Q18. Can ABA services be provided in a clinic or center-based setting?

A18. Clinic-based services are reviewed for medical necessity and considered short term intervention. Documentation within the report should include why services are being recommended in the clinic setting, objectives to be targeted in clinic and other settings (if recommending more than one setting), a detailed plan for generalization of acquired skills, and a plan for caregiver involvement when services take place in the clinic.

Please note that to be in compliance with [COMAR 10.09.28.05D](#) the participant’s caregiver shall be present or available in the setting where services are being provided, at all times, even if not directly participating in the services.

Please see the ABA Services Code of Maryland Regulations [COMAR](#)

Q19. Is remote supervision a covered service?

A19. Yes. Supervision of direct ABA services can be rendered remotely for up to 75% of supervision sessions.* The service is rendered under 97155, provider bills with a **GT** modifier to indicate the service was rendered remotely. Providers are responsible for securing HIPAA compliant technological methods to provide auditory and visual connection between a licensed psychologist, a licensed BCBA-D, or a licensed BCBA, who is not directly present, and a BCaBA or an RBT when services are being provided at the participant’s home.

*Allowable percentage of remote supervision subject to current [Maryland Medicaid Provider COVID-19 guidelines](#)

Please see [Temporary Registration of Registered Behavior Technicians](#) and [Telehealth Guidance for ABA Providers](#)

Q20. What information is required within a session note?

A20. The provider shall maintain documentation of each service delivered under the participant's treatment plan, which, at a minimum, includes:

- (1) The location, date, start time, and end time of the service;
- (2) A brief description of the service provided, including reference to the treatment plan;
- (3) A description of the participant's behaviors or symptoms in measurable terms;
- (4) A description of the participant's parent or caregiver's participation in the ABA treatment sessions, including the parent or the caregiver's name and relationship to the participant, date and time of participation; and
- (5) A legible signature, along with the printed or typed name of the individual providing care, with the appropriate title.

Please see the ABA Services Code of Maryland Regulations [COMAR](#)

CLINICAL

Q21. How do I request ABA services? How long does it take to obtain authorization for ABA services?

A21a. All ABA services require prior approval.

Provider groups are required to enter authorization requests online through the [Incedo Provider Portal](#). Please see [Incedo Portal Quick Reference Guide](#) and [Incedo Provider Portal Training Videos](#)

A21b. Optum Maryland has 14 calendar days to make a determination once an authorization is submitted through the Incedo Provider Portal.

If you need assistance with Incedo Provider Portal, please call Optum Maryland at 1-800-888-1965, press 2 for provider and follow the applicable prompts that best meet your needs.

Q22. Is there a treatment plan template Optum Maryland wants providers to use?

A22. No, there is no a required template. When reviewing treatment plans, care advocates look that all required elements are included.

Please see "[Treatment Plan Requirements](#)" on the [Optum Maryland website](#)

Q23. Does Maryland Medicaid ABA benefit require a provider to complete specific skills assessments to be used throughout ABA assessment and treatment?

A23. No. While specific skills assessments are not specified, COMAR 10.09.28.04B states an ABA assessment should include: an assessment of the participant's current level of functioning, skills deficits, and maladaptive behaviors using validated instruments.

Please see the ABA Services Code of Maryland Regulations [COMAR](#)

Q24. Is a parent signature required on a treatment plan?

A24. No. A parent/guardian signature is not required. However, a signature of the supervising clinician is required.

Q25. What is appropriate coordination of care with the diagnosing individual (i.e. MD or psychologist)?

A25. We expect the ABA provider to attempt to update the diagnosing individual on progress, as well as review any potential impacts each treating providers interventions could have on the other. For example, if the child is currently on medication there should be consultation between the ABA provider and prescribing physician to review any potential behavioral impacts. Document any relevant communication throughout treatment.

Please note and reference [Combination of Services Rules](#) which explain specific services and/or CPT codes which cannot be billed on the same date of service as various ABA service codes.

Q26. What is appropriate coordination of care with other treating clinicians (speech/OT/PT, IEP, psych, etc.)?

A26. The ABA providers should know the other therapies in which the child is involved, how often those therapies occur, and the main goals and progress of those therapies. It is expected that ongoing communication or communication attempts are documented throughout treatment. Real-time coordination with other service providers is a billable service by the supervising clinician under service H2012.

Q27. If there are changes during the treatment period such as change in BCBA supervisor or change in location of services, do I have to submit an updated treatment plan or notify the Optum Maryland ABA team?

A27. Document any changes that occurred throughout the treatment period in the treatment plan to report the changes at the next review.

Q28. What if more services or more hours of an approved service are needed during a current approval period?

A28. Providers are required to provide clinical information to support a request for more hours via a Services Request Addendum via the [Incedo Provider Portal](#), ensuring all areas of the form are filled out to provide medical necessity for the requested change.

Please see [8-21-2020: Form Changes and Process to Request Addendums to Current Authorization](#)

CLAIMS & BILLING

Q29. Who should I contact if I have issues with billing/claims through Incedo Provider Portal?

A29. The claims department can assist with all billing/claims related issues. They can be reached at 800-888-1965, press option 2 for Provider and follow the prompts to connect with claims/appeals.

For additional information that may further assist your organization in submitting claims: Please see [Incedo Provider Portal Training Videos](#)

Q30. Is it possible to bill for supervision (97155) and the Behavior Technician's services (97153) at the same time?

A30. Yes. When supervision is provided, you may bill concurrently for both 97153 and 97155.

Please see [Combination of Services Rules](#)

Q31. Is it possible to bill for direct services (97153) and parent training without participant present (97156) at the same time?

A31. Yes, those are separate and distinct services delivered to different recipients by different providers and may be billed concurrently.

Please see [Combination of Services Rules](#)

Q32. Is it possible to bill for more than one technician on the same date of service, if more than one technician provided direct therapy 97153 in one day?

A32. Yes. Providers are required to include the specific NPI of the rendering provider that delivered the service on a claim. Include the number of units that each unique rendering provider delivered on that date of service.

Q33. Is it possible to bill for team meetings?

A33. Team meetings are covered only as supervision of the participant. This occurs when the participant, the supervisor, and the individual providing direct therapy are present. When supervision is provided, you may bill under 97155. Team meetings, without the participant present, are not a covered service.

Q34. What code is billed when coordinating with the participant's other service providers?

A34. H2012 can be requested for authorization and billed by a BCBA, BCBCA-D or licensed psychologist for real-time, direct communication and coordination with the participant's other service providers.

Q35. Can a provider bill for an ABA supervisor who is not the assigned supervisor on a specific child's team, to work with the participant?

A35. Any ABA Supervisor (BCBA, BCBA-D or Licesned Psychologist) who is enrolled and approved as a Maryland Medicaid provider and appropriately credentialed can deliver ABA services to a participant, billing with the applicable CPT code(s).

Q36. What places of services can be billed under the ABA program?

A36.Place of service codes:

- ✓ 03 = School
- ✓ 11 = Office
- ✓ 12 = Home/Community
- ✓ 14 = Group Home
- ✓ 49 = Independent Clinic
- ✓ 53 = Community Mental Health Center

Applicable Service Modifiers:

- ✓ GT = Remote / Telehealth services
- ✓ U2 = Parent training with participant present

Q37. Can activities such as treatment planning and data analysis be billed for?

A37. Yes. A provider is allowed up to 4 hours per month to render ABA treatment planning. ABA treatment planning can only be performed by a licensed psychologist, a licensed BCBA-D or a licensed BCBA. The service is available to be requested and billed under H2012 and includes (i) development and revision of the treatment plan and goals; (ii) data analysis; and (iii) real-time, direct communication and coordination with the participant's other service providers.

Q38. How do I bill for parent training with participant present versus participant not present?

A38. Both services when authorized are bundled under 97156. You should request the total amount for parent training under this service. When billing, utilize U2 modifier for parent training with child present.

Q39. Can I submit claims electronically?

A39. Yes. Applicable claims submission information can be found below and also located on the [Optum Maryland website](#)

[Maryland Medicaid Claims Quick Reference Guide](#)

[Optum Maryland Billing Appendix](#)

PUBLIC BEHAVIORAL HEALTH SYSTEM

Q40. How do I verify a participant's Medicaid eligibility status?

A40. You can verify a participant's Maryland Medicaid eligibility online through [Eligibility Verification System](#) or by calling 1-866-710-1447

Q41. How do I enroll to become an ABA provider?

A41. Provider groups and all rendering service providers (Behavior Technicians*/RBT/BCaBA/BCBA/BCBA-D/Licensed Psychologist) must enroll in the [ePrep Portal](#). All individuals rendering ABA services under the Maryland Medicaid ABA program are required to obtain a unique NPI number for ABA services in order to enroll. Once enrollment is approved through the State of Maryland, a provider group will then need to register within Optum Maryland's Provider Portal Incedo.

Please see [Incedo Provider Portal Training Videos](#)

Please see [COMAR \(10.09.28.02: Provider Qualifications and Conditions for Participation\)](#)

*As of April 2020; Behavior Technician level providers that have enrolled and been approved by Maryland Medicaid are *temporarily* allowed to provide ABA services to

Maryland Medicaid recipients, this is subject to [Maryland Medicaid Provider COVID-19 guidelines](#)

Please see applicable guidance:

1. [Temporary Registration of Registered Behavior Technicians](#)
2. [Telehealth Guidance for ABA Providers](#)
3. [ABA Provider Reminder: Temporary Registration of Behavior Technicians \(BT\) during State of Emergency](#)

Q42. What is an NPI number and how do I obtain one?

A42. The National Provider Identifier (NPI) is a required identification number 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. Visit the [National Plan and Provider Enumeration System \(NPPES\)](#) site for information on obtaining an NPI.