

# MEDICAID PROVIDER BILLING GUIDANCE FOR COVID-19 TEMPORARY TELEPHONIC CARE AND TELEHEALTH – APPLIED BEHAVIOR ANALYSIS (ABA)

The following guidance can be used to bill for services related to telephonic delivery of services for dates of service on and after March 30, 2020. Absolute Total Care will begin accepting claims for these policy changes beginning May 1, 2020.

## Applied Behavior Analysis (ABA) Remote Supervision

- In instances where families and providers elect to engage in continued face-to-face adaptive behavior treatment by protocol (97153), Absolute Total Care is authorizing synchronous audio/visual supervision of registered behavior technicians (RBTs) and other therapists using the codes and guidelines detailed below.
- Assessments of established patients is also authorized so that plans of care can remain current and relevant for Absolute Total Care members.
- Services provided via telemedicine are to be reimbursed in lieu of, not in addition to, those provided face-to-face and reimbursed in a manner consistent with the SCDHHS Medicaid fee schedule.
  - **97151** - Behavior Identification Assessment (*Limit – 32 units annually*)
  - **97155** - Adaptive Behavior Treatment with Protocol Mod\* (*Limit – 10% of authorized weekly line therapy hours (97153)*)
  - **97156** - Family Adaptive Behavior Treatment Guidance (*Limit – 48 units annually*)
- The codes above may be billed using the ‘GT’ modifier.
- Member copayment will be waived for any claim billed under this temporary guidance.
- Prior authorization requirements for services under this temporary guidance will be waived until 6/30/2020.
- Services identified above must meet standard requirements for medical necessity.
- Providers should disregard this section of the notification and continue to follow all Absolute Total Care prior authorization requirements if services are provided in a manner consistent with the existing Medicaid policy.

\*Only reimbursable if family continues to receive 97153

## Applied Behavior Analysis (ABA) Consultation of Parent-Directed Activities

- If families choose not to engage in face-to-face interaction with an RBT or other therapist, Absolute Total Care is authorizing reimbursement for consultation by providers authorized to practice independently, when provided through a parent or family member.
- This provision is available only to families and members that have elected to discontinue otherwise authorized face-to-face RBT-directed treatments, and the services detailed in this portion of the notification cannot be billed intermittently or concurrently with ABA therapies otherwise meeting the standards of the Medicaid State Plan, relevant provider manuals or Absolute Total Care policy.
- Services provided via telemedicine are to be reimbursed in lieu of, not in addition to, those provided face-to-face and reimbursed in a manner consistent with the SCDHHS Medicaid fee schedule.
  - **97151** - Behavior Identification Assessment (*Limit – 32 units annually*)
  - **97155** - Adaptive Behavior Treatment with Protocol Mod\* (*Limit – 10% of authorized weekly line therapy hours (97153)*)

- **97156** - Family Adaptive Behavior Treatment Guidance (*Limit – 48 units annually*)
- The codes above may be billed using the 'CR' modifier.
- Member copayment will be waived for any claim billed under this temporary guidance.
- All prior authorization requirements for telehealth services under this temporary guidance will be waived until 6/30/2020.
- Services identified above must meet standard requirements for medical necessity.
- Providers should disregard this section of the notification and continue to follow all Absolute Total Care prior authorization requirements if services are provided in a manner consistent with the existing policy, except for the nonsupplementation provision noted earlier.

\*May be provided at a ratio of those authorized by the beneficiary's individual plan of care (IPOC)

#### Existing Telemedicine Benefits

- Absolute Total Care will continue to follow the standard SCDHHS telemedicine benefit policies as applicable.
- At this time, providers not included in the standard telemedicine benefit, those not authorized to participate in telephony through their respective benefits, and those not covered by this notification should continue to provide services in the settings and in the manner provided according to existing SCDHHS and Absolute Total Care policy.