


Letter of Direction #44

Date: August 24, 2020

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division (MAD) 

Subject: UPDATED: Applied Behavior Analysis (ABA) Fee Schedule effective October 1, 2019

Title: ABA Payment Rates Increases Effective October 1, 2019

On August 30, 2019, the Human Services Department (HSD) announced its intention to raise certain Medicaid provider payment rates effective October 1, 2019. HSD believes these rate adjustments will help build and protect the Centennial Care health care delivery network. The proposed rate increases were supported, endorsed, and funded by the New Mexico Legislature during 2019 regular session.

The purpose of this Letter of Direction (LOD) is to direct MCO implementation of the provider rate increases found in the Updated: Behavioral Health (BH)/Applied Behavior Analysis (ABA) Fee Schedule.

1. Updated ABA Fee Schedule

The MCOs are directed to reconfigure their systems to implement the Updated October 1, 2019, fee schedule rate increases for all ABA services and provider types and specialties. See Updated Fee Schedule attached.

The MCOs should have necessary system configurations completed no later than 30-calendar days of the issuance of this LOD.

2. Removal of Prior Authorization for some ABA HCPCS and CPT Codes

Effective retroactive to October 1, 2019, the following ABA codes no longer require Prior Authorization:

- T1026 with any ABA modifiers Stage 1 Evaluations and Integrated Service Plans, Clinical Management, and Case Supervision
- 97154 Stage 3 Group Adaptive Behavior Treatment;
- 97155 Stage 3 Treatment with Protocol Modification
- 97156 Stage 3 Family Adaptive Behavior Treatment;
- 97157 Stage 3 Multiple Family Adaptive Behavior Treatment; and
- 97158 Stage 3 Group Adaptive Behavior Treatment with Protocol Modification.

3. Billing in Partial Units of T1026 with any ABA modifier:

Providers are instructed to submit claims as detailed below in the example. The MCOs are directed to accept all reprocessed claims that were denied for partial unit edits after October 1, 2019, that were impacted by previous prior authorization limits. As no payments were made, there are no recoupments of previously submitted claims.

Example: HCPCS T1026 TG time code’s full 60-minute unit pays \$100 for one date of service. Provider K renders only 15 minutes for one date of service. Following the logic of (1) below:

- a. Providers are to figure the percentage amount by multiplying the full amount by the **percentage** rendered, $\$100 \times 25\% = \25.00 . Enter on a CMS 1500 claim form **F**.
- b. Providers are to enter a **full unit of HCPCS time code of T1026 with any ABA Modifier**. Enter on CMS 1500 claim form **G**.
- c. **There are no Prior Authorization limits** for HCPCS timed code T1026 with any ABA modifier until such time as otherwise instructed.

24.	A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.
	From				To	PLACE OF	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	
MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER	POINTER			

Taking the table from Section F of 8.302.2.10 NMAC and converting to percentages:

- 1. When billing 8 through 22 minutes, **bill 25% of the 100% of the full 60-minute unit.**
- 2. When billing 23 through 37 minutes, **bill 50% of the 100% of the full 60-minute unit.**
- 3. When billing 38 through 52 minutes, **bill 75% of the 100% of the full 60-minute unit.**
- 4. When billing 53 through 67 minutes, **bill 100% of the full 60-minute unit.**

4. Denied Partial Unit Claims from January 1, 2019

The MCOs are directed to allow reprocessed claims submitted on the CMS 1500 claim form (G) partial units for HCPCS T1026 timed code with any ABA modifier beginning January 1, 2019. The MCOs are directed to disable any prior authorization limit edits that was in effective during this time period, so the claim is reimbursed correctly.

5. 97155, 97156 and T1026 UC Changes

To assist ABA Stage 3 providers using a BCaBA to render 97155 and T1026 UC, these practitioners may bill under their supervising BA’s first modifier and be reimbursed at the rate of the supervising BA.

This LOD will sunset when a new ABA fee schedule is approved or if a new Letter of Direction is issued. Any questions regarding this LOD should be directed to HSD/MAD Annabelle Martinez, annabelle.martinez@state.nm.us.

Attachment #1 - Applied Behavior Analysis (ABA) Fee Schedule for Medicaid Fee for Service Eff: October 01, 2019

UPDATED: APPLIED BEHAVIOR ANALYSIS (ABA) FEE SCHEDULE FOR MEDICAID FEE FOR SERVICE

UPDATED: EFFECTIVE October 01, 2019

These additions as well as all prices on the fee schedule are subject to public comment, input, and suggestions until 30 day after posting on the HSD website. If any units or rates are changed based on the public comments, any claims already paid will be adjusted as appropriate.

Notes on the fee schedule:

1. Nothing on the fee schedule is to be interpreted as an exemption from any board license requirements or supervisory requirements.
2. FQHC's, Indian Health Service, PL 638 Tribal Healthcare Providers, other state agencies, other governmental units, hospital outpatient facilities, may also be authorized to perform some services.
3. This fee schedule is for services provided to Medicaid fee for service recipients. Managed care provider rates are determined between the provider and the MCO and may differ from the fee-for-service fee schedule. These rates also are not applicable to claims paid by the HSD Behavioral Health Services Division.

GLOSSARY

AEP	Autism Evaluation Practitioner - An AEP is the ABA STAGE 1 Autism Evaluation Practitioner. Must be a licensed psychologist, or board-certified or board-eligible physician in developmental behavioral pediatrics, pediatric neurology, or child psychiatry; and have experience in, or knowledge of, the medically necessary applications of ABA and other empirically supported intervention techniques; be qualified to conduct and document a Comprehensive Diagnostic Evaluation, a Targeted Evaluation, and a Targeted Risk Evaluation for the purposes of developing an Integrated Service Plan; and have advanced training and clinical experience in the diagnosis and treatment of ASD and related neurodevelopmental disorders, including knowledge about typical and atypical child development; and experience with variability within the ASD population; and have advance training in differential diagnosis of ASD from other developmental, psychiatric, and medical disorders.
BA	Behavior Analyst - a group term which includes: a Qualifying Psychologist, a BCBA-D or a BCBA
BCBA-D	Behavior Analyst Certification Board (BACB®) - Board Certified Behavior Analyst - Doctorate
BCBA	Behavior Analyst Certification Board (BACB®) - Board Certified Behavior Analyst
BCaBA or BAA	Behavior Analyst Certification Board (BACB®) - Board Certified Assistant Behavior Analyst (also referred to as a Behavior Assistant Analyst - BAA)
BT	Behavior Technician - a group term which includes: A bachelor's or non-bachelor's degree BACB® - Registered Behavior Technician (RBT); a Behavioral Intervention Certification Council (BICC®) - Board Certified Autism Technician (BCAT®); or a non-certified behavior technician completing his or her RBT or BCAT certification (time limited)
CDE	Comprehensive Diagnostic Evaluation used to determine if a recipient can be appropriately diagnosed with ASD or with a different diagnosis.
ISP	Integrated Service Plan
Qualifying Psychologist	A New Mexico Regulation and Licensing Department Psychologist Examiners Board licensed psychologist who is also certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who was tested in ABA.
Supervising BAA	Behavior Assistant Analyst (BAA) whose BACB approved contract with his or her approved BA supervisor allows for the BAA to supervise a Behavior Technician (BT)

Description	DETAILED SERVICE	Code	Modifiers		New Rate
			mod 1	mod 2	
Mental health assessment 1 Unit = 1 hour Maximum of 10 one hour units per CDE Prior Auth: NO Qualifying practitioners: AEP -CDE to be performed every 36 months or sooner, if medically warranted.	New Comprehensive Diagnostic Eval (CDE)	T1026	TG		\$ 168.35
	Development of Integrated Service Plan (ISP) - Initial - following a CDE	T1026	TG	HI	\$ 168.35
	ISP Update	T1026	HK	HI	\$ 168.35

Description	DETAILED SERVICE	Code	Modifiers		New Rate
			mod 1	mod 2	
Mental health assessment - for a Targeted Evaluation or a Risk Evaluation 1 Unit = 1 hour Prior Auth: NO Qualifying practitioners: AEP -A Targeted Evaluation is performed after a CDE is completed. Use the Targeted Evaluation when aspects of the recipient's presentation change. -When aspects of the current ISP require updating without a new type of evaluation (CDE or Targeted Evaluation) being completed, use the ISP Update. -The AEP determines if the changes in the patient's presentation warrants a revised CDE.	Targeted Evaluation or Risk Evaluation	T1026	HK		\$ 168.35
	Development of ISP - following a Targeted Evaluation or Risk Evaluation	T1026	TG	HI	\$ 168.35
	ISP Update - following a Targeted Evaluation or Risk Evaluation	T1026	HK	HI	\$ 168.35
Description	Allowed Practitioners	Code	Modifiers		New Rate
Behavior Identification Assessment (described as Behavior or Functional Analytic Assessment in program rules) 1 unit = 15 minutes Prior Auth: NO -The assessment is the gathering from data, interviews, observations that is then incorporated into a Behavior or Functional Analytic Assessment report and an ABA Stage 3 Treatment Plan . -To be done annually or sooner, if medically warranted.	Qualifying Psychologist 431/150	97151	U5		\$106.84
	BCBA-D 445/099	97151	U4		\$106.84
	BCBA 445/099	97151	U3		\$91.62
Description	Allowed Practitioners	Code	Modifiers		New Rate
Behavior Identification Supporting Assessment Behavior identification supporting assessment, administered by one technician under the direction of a BCBA, face-to-face with the patient. 1 unit = 15 minutes Prior Auth: NO The code is used when the assessment is conducted over more than one day and is to be billed for each date the assessment follow-up service is rendered.	Qualifying Psychologist 431/150	97152	U5		\$ 53.42
	BCBA-D 445/099	97152	U4		\$ 53.42
	BCBA 445/099	97152	U3		\$ 47.59
Description	Allowed Practitioners	Code	Modifiers		New Rate
Behavior Identification Supporting Assessment - refer to CPT description for required providers 1 unit = 15 min(new units for 2019) Prior Auth: NO -This code is typically used for recipients that have more specific severe destructive behaviors and are assessed using structured testing to examine events, cues, responses, and associated consequences. Otherwise, code 97151 or 97152 may be more appropriate. Refer to CPT description for required providers.	Qualifying Psychologist 431/150	0362T	U5		\$ 106.84
	BCBA-D 445/099	0362T	U4		\$ 106.84
	BCBA 445/099	0362T	U3		\$ 91.62

Description	Allowed Practitioners	Code	Modifiers		New Rate
			mod 1	mod 2	
ABA Clinical Management (modifier UC) 1 unit = 1 Hour session Prior Auth: NO -At least 1 hour of clinical management is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of clinical management per 10 hours of Stage 3 services requires prior authorization, not as a program limit, but, rather, to assure medical necessity. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day. A BCaBA may bill T1026 UC under their supervising BA's first modifier and be reimbursed at the rate of their supervising BA.	Qualifying Psychologist 431/150	T1026	U5	UC	\$ 116.55
	BCBA-D 445/099	T1026	U4	UC	\$ 116.55
	BCBA 445/099	T1026	U3	UC	\$ 116.55
ABA Direct and Indirect Case Supervision (modifier UD) 1 unit = 1 Service Prior Auth: NO -At least 1 hour of case supervision is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of case supervision per 10 hours of STAGE 3 services requires prior authorization to, not as a program limit, but, rather, to assure medical necessity. -If more than one session is required, the additional session is not required to be on the same date of service, but must be specific to the units of service that the first session covers. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day.	Qualifying Psychologist 431/150	T1026	U5	UD	\$ 116.55
	BCBA-D 445/099	T1026	U4	UD	\$ 116.55
	BCBA 445/099	T1026	U3	UD	\$ 116.55
	BCaBA (Supervising) 430/151	T1026	U9	UD	\$ 89.16
Description	Allowed Practitioners	Code	Modifiers		New Rate
Adaptive Behavior Treatment by Protocol 1 unit = 15 min Prior Auth: YES	Qualifying Psychologist 431/150	97153	U5		\$ 31.02
	BCBA-D 445/099	97153	U4		\$ 31.00
	BCBA 445/099	97153	U3		\$ 26.37
	BCaBA 430/151	97153	U9		\$ 19.05
	BT (with or without bachelor's degree) 430/098	97153	U1		\$ 16.19

Description	Allowed Practitioners	Code	Modifiers		New Rate
			mod 1	mod 2	
<p>Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.</p>	Qualifying Psychologist 431/150	97154	U5	UA	\$ 17.85
	BCBA-D 445/099	97154	U4	UA	\$ 17.85
	BCBA 445/099	97154	U3	UA	\$ 15.17
	BCaBA 430/151	97154	U9	UA	\$ 10.96
	BT (with or without bachelor's degree) 430/098	97154	U1	UA	\$ 9.32
Description	Allowed Practitioners	Code	Modifiers		New Rate
<p>Group Adaptive Behavior Treatment by Protocol, with 5 to 8 recipients Note the modifier UB is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.</p>	Qualifying Psychologist 431/150	97154	U5	UB	\$ 17.85
	BCBA-D 445/099	97154	U4	UB	\$ 17.85
	BCBA 445/099	97154	U3	UB	\$ 15.17
	BCaBA 430/151	97154	U9	UB	\$ 10.96
	BT (with or without bachelor's degree) 430/098	97154	U1	UB	\$ 9.32
Description	Allowed Practitioners	Code	Modifiers		New Rate
<p>Adaptive Behavior Treatment by Protocol Modification with 1 recipient 1 unit = 15 min Prior Auth: NO This code allows the BA, while rendering the ABA Treatment Plan, to modify the plan with the recipient present (as compared to updating the ABA Treatment Plan without the recipient present). A BCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA.</p>	Qualifying Psychologist 431/150	97155	U5		\$ 45.33
	BCBA-D 445/099	97155	U4		\$ 45.33
	BCBA 445/099	97155	U3		\$ 32.38
Description	Allowed Practitioners	Code	Modifiers		New Rate
<p>Family Adaptive Behavior Treatment Guidance without the Recipient Present 1 unit = 15 min Prior Auth: NO 1 unit is billed for only one family set, not individual members of the family set. A BCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA.</p>	Qualifying Psychologist 431/150	97156	U5		\$ 29.20
	BCBA-D 445/099	97156	U4		\$ 29.20
	BCBA 445/099	97156	U3		\$ 21.04

Description	Allowed Practitioners	Code	Modifiers		New Rate
			mod 1	mod 2	
Multi Family Group Adaptive Behavior Treatment Guidance without the Recipient Present 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97157	U5		\$ 58.28
	BCBA-D 445/099	97157	U4		\$ 58.28
	BCBA 445/099	97157	U3		\$ 42.09
Description	Allowed Practitioners	Code	Modifiers		New Rate
Adaptive Behavior Treatment Social Skill Group with 2 to 4 Recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit = 15 min Prior Auth: NO 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97158	U5	UA	\$ 12.95
	BCBA-D 445/099	97158	U4	UA	\$ 12.95
	BCBA 445/099	97158	U3	UA	\$ 10.36
Adaptive Behavior Treatment Social Skill Group with 5 to 8 Recipients In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit = Per session 1 unit is billed for each recipient on separate claims.	Qualifying Psychologist 431/150	97158	U5	UB	\$ 12.95
	BCBA-D 445/099	97158	U4	UB	\$ 12.95
	BCBA 445/099	97158	U3	UB	\$ 10.36
Description	Allowed Practitioners	Code	Modifiers		New Rate
For Specialty Care: Adaptive Behavior Treatment with Protocol Modification, requiring 2 or more BTs, BAAs, other BAs or Combinations 1 unit = 15 minutes Prior Auth: YES The code billed at one unit includes all the BTs, BAAs, and BAs in combination. The Specialty Care Practitioner is the only individual who bills for the service. Refer to CPT description for provider and service requirements.	Qualifying Psychologist 431/150	0373T	U5		\$ 97.13
	BCBA-D 445/253	0373T	U4		\$ 97.13
	BCBA 445/253	0373T	U3		\$ 87.41