




State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



**DATE:** AUGUST 24, 2020 **NUMBER:** 20-05

**TO:** APPLIED BEHAVIOR ANALYSIS (ABA) PROVIDERS

**FROM:** NICOLE COMEAUX, J.D., M.P.H., MEDICAL ASSISTANCE DIVISION DIRECTOR 

**THROUGH:** DEVI GAJAPATHI, BUREAU CHIEF, BENEFITS AND REIMBURSEMENT BUREAU

**SUBJECT:** UPDATED: APPLIED BEHAVIOR ANALYSIS (ABA) FEE SCHEDULE 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. The proposed rate increases were supported, endorsed, and funded by the New Mexico Legislature during the 2019 regular session.

The purpose of this Supplement is to implement the Updated: Behavioral Health (BH)/Applied Behavior Analysis (ABA) Fee Schedule. See attached Fee Schedule.

**1. Updated ABA Fee Schedule**

Providers should use the attached fee schedule to submit claims from the date of this Supplement going forward.

The MCOs were 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. LOD #44

**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 Adaptive Behavior Treatment Group by Protocol - Adaptive Behavior Treatment;
- 97155 Stage 3 Adaptive Behavior Treatment with Protocol Modification;
- 97156 Stage 3 Family Adaptive Behavior Treatment Guidance;
- 97157 Stage 3 Multiple Family Adaptive Behavior Treatment Guidance; 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 SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS
MM	DD	YY	MM	DD	YY			CPT/HCPCS		MODIFIER			

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 were directed to allow reprocessed claims submitted on the CMS 1500 claim form (G) partial units for HCPCS T1026 time code with any ABA modifier beginning January 1, 2019. The MCOs were directed to disable any prior authorization limit edits that were in effect 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 Supplement will sunset when a new ABA fee schedule is approved or if a new Supplement is issued. Any questions regarding this Supplement should be directed to HSD/MAD Annabelle Martinez, [annabellem.martinez@state.nm.us](mailto:annabellem.martinez@state.nm.us).