



## Applied Behavior Analysis (ABA)

### State Policy

The Medicaid Services Manual (MSM) is on the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfp.nv.gov> (select “Manuals” from the “Resources” webpage).

- **MSM Chapter 3700 covers policy for Applied Behavior Analysis**
- [MSM Chapter 1500](#) covers policy for the Healthy Kids Program.
- [MSM Chapter 400](#) covers policy for behavioral health providers.
- [MSM Chapter 100](#) contains important information applicable to all provider types.

### Rates

Reimbursement rates for Applied Behavior Analysis (ABA) provider type 85 are listed online on the DHCFP website on the [Rates](#) webpage. Rates are also available on the Provider Web Portal at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) through the Search Fee Schedule function, which can be accessed on the [Provider Login \(EVS\)](#) webpage under Resources (you do not need to log in).

### EPSDT Screenings for All Children Include Autism Spectrum Disorder

The Centers for Medicare & Medicaid Services (CMS) released guidance on July 7, 2014, indicating all children must receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) screenings designed to identify health and developmental issues, which include Autism Spectrum Disorder (ASD). Currently, Nevada Medicaid and Nevada Check Up cover developmental screens (Current Procedural Terminology (CPT) code 96110) which are provided by Special Clinics (provider type (PT) 17), Physicians (PT 20), Advanced Practice Registered Nurses (PT 24) and Physician’s Assistants (PT 77).

### Authorization Requirements

**Authorization is required for most behavioral health services, including those referred through the EPSDT program. Use the Authorization Criteria search function in the Provider Web Portal at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) to verify which services require authorization. Authorization Criteria can be accessed on the Provider Login (EVS) webpage under Resources (you do not need to log in). Authorization is not required for Applied Behavior Analysis (ABA). Prior authorization may be obtained to determine medical necessity to override service limitations.**

- **Behavioral Initial Assessment and re-assessments do not require prior authorization. Assessments are limited to one in every 180 days or unless prior authorized.**
- **Adaptive Behavioral Treatment (individual and group) requires prior authorization.**

For questions regarding authorization, call Nevada Medicaid at (800) 525-2395 or refer to MSM Chapter ~~1500~~ 3700. Prior authorization may be requested through the Nevada Medicaid [Provider Web Portal](#):

- Form FA-11E: Applied Behavior Analysis (ABA) Authorization Request
- Form FA-11F: Autism Spectrum Disorder (ASD) Diagnosis Certification for Requesting Initial Applied Behavior Analysis (ABA) Services

Incomplete prior authorization requests cannot be processed. Incomplete prior authorization requests will be pending to the provider for additional information. The submitter will have five business days to supply the missing information or a technical denial will be issued.

### Request timelines

- **Initial request:** Providers are instructed to submit the initial request no more than 15 *business days before* and no more than 15 *calendar days after* the start date of service.
- **Continued service requests:** If the recipient requires additional services or dates of service (DOS) beyond the last authorized date, you may request review for continued service(s) prior to the last authorized date. The request must be received by Nevada Medicaid by the last authorized date and it is recommended these



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be submitted 5 to 15 days prior to the last authorized date.

- **Unscheduled revisions:** Submit whenever a significant change in the recipient's condition warrants a change to previously authorized services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period.
- **Retrospective request:** Submit no later than 90 days from the recipient's Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to requests that are submitted retrospectively.

### Claim Form Instructions

Use the CMS-1500 Claim Form or the 837P electronic transaction to submit claims to Nevada Medicaid. Claim requirements are discussed in the CMS-1500 Claim Form Instructions at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) (select "Billing Instructions" from the "Providers" tab) and in the Transaction 837P companion guide (select "Electronic Claims/EDI" from the "Providers" tab).

### Specialty 312 and 314 Services

Claims **and** prior authorization requests for services provided by a Licensed and Board Certified Assistant Behavior Analyst (BCaBA) and a Registered Behavior Technician (RBT) must include modifier UD.

### Covered Services

The table on the following pages lists covered codes, code descriptions, prior authorization and billing information as needed. For coverage and limitations, refer to MSM Chapter **1500 3700**.



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ABA Services					
Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report:
<b>Assessments</b>					
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	15 minutes	1 session of 16 units per 180 days <b>per provider</b>	Not required	on same day in conjunction with: 90785 -- 90899, 96101 -- 96125, 96150, 96151, 96152, 96153, 96154, 96155, H0031
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	15 minutes	1 session of 4 units per 180 days <b>per provider</b>	Not required	on same day in conjunction with: 90785 -- 90899, 96101 -- 96125, 96150, 96151, 96152, 96153, 96154, 96155, H0032



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Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report:
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> <li>administered by the physician or other qualified health care professional who is on site</li> <li>with the assistance of two or more technicians</li> <li>for a patient who exhibits destructive behavior</li> <li>completed in an environment that is customized to the patient's behavior</li> </ul>	15 minutes	1 session of 4 units per 180 days <b>per provider</b>	Not required	on same day in conjunction with: 90785 -- 90899, 96101 -- 96125, 96150, 96151, 96152, 96153, 96154, 96155, H0032
<b>Adaptive Behavior Treatment – Individual</b>					
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	15 minutes	<b>80 units per week</b>	<b>Not Required</b>	in conjunction with: 90785 -- 90899, 92507, 96101 -- 96155, 97532, H2014, H2019, H2017, H2017 HQ
Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report:



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97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	15 minutes	<b>96 units per calendar month</b>	<b>Not Required</b>	in conjunction with: 90791, 90792, 90846, 90847, 90887, 92507, 97532, H2014, H2019, H2017, H2017 HQ
0373T	Adaptive behavior treatment by protocol with modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> <li>• administered by the physician or other qualified healthcare professional who is on-site</li> <li>• with the assistance of two or more technicians</li> <li>• for a patient who exhibits destructive behavior</li> <li>• completed in an environment that is customized to the patient's behavior</li> </ul>	15 minutes	<b>80 units per week</b>	<b>Not Required</b>	in conjunction with: 90785 -- 90899, 96101 -- 96155, H2014, H2019, H2017, H2017 HQ



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Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report:
<b>Adaptive Behavior Treatment – Group and/or Family</b>					
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	15 minutes	32 units per week	Not Required	if group is larger than 8, in conjunction with: 90785 -- 90899, 92508, 96101 -- 96155, 97150, H2014, H2019, H2017, H2017 HQ
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	15 minutes	32 units per week	Not Required	if the group is larger than 8, in conjunction with 90853, 92508, 97150, H2014, H2019, H2017, H2017 HQ
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	15 minutes	1 session of 4 units per week	Not Required	in conjunction with: 90791, 90792, 90846, 90847, 90887, H2014, H2019, H2017, H2017 HQ, S5110, S5110 HQ
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 minutes	15 minutes	1 session of 4 units per calendar month	Not Required	in conjunction with: 0370T, H2014, H2019, H2017, H2017 HQ