

**DIVISION OF HEALTH CARE FINANCING AND POLICY  
CLINICAL POLICY TEAM, APPLIED BEHAVIOR ANALYSIS**

**APPLIED BEHAVIOR ANALYSIS TECHNICAL ASSISTANCE**

**Minutes – September 27, 2016**

**11:00 a.m. – 12:00 p.m.**

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**Facilitator: Lori Follett, DHCFP, Social Services Program Specialist**

**1. Purpose of ABA Monthly Calls**

- a. House Keeping – to MUTE Calls \*6
  - Questions and comments may be submitted to [ABAservices@dncfp.nv.gov](mailto:ABAservices@dncfp.nv.gov) anytime prior to the call or after for additional questions.
- b. Introductions – DHCFP, SURS, HPES

**2. DHCFP – Updates**

- a. All providers must be enrolled this includes the BCBA, PhD, BCaBA and all RBTs
- b. Claims – When submitting double check that the referring provider and the servicing provider reflect the same as they did on the PA.
- c. Any updates or suggestions that providers have for the policy or forms can be submitted to [lfollett@dncfp.nv.gov](mailto:lfollett@dncfp.nv.gov) and they will be considered for future revisions.
- d. FA11-F – expiration of the diagnosis. The Diagnosis should not expire therefore the time that has passed since the initial diagnosis would not be a factor. The form will still need to be signed by the medical provider.
  - Clinical evaluation – as a form of diagnosis – must indicated on the form to show the DSM5 criteria and submit documentation to show how the provider came to this conclusion
- e. FA11-E – Save time be sure that all signatures required on the form.
- f. FA29-A – The recipient can change providers with this form
- g. Time Limits for submission of the PA – Must be submitted within 15 dya of the start of treatment or they will be denied for timeliness.
- h. PA question IX FA11E page 3 – coordination of care – if your treatment plan is based on the IEP/IFSP then this would need to be signed by school official and your coordination efforts documented. If you are basing your care off your initial assessment then you would mark this N/A. Please contact if you have further questions.
  - Calculate the unite correctly
    1. For example:  
[Auth period is for 25 weeks plus 2 days. Requested is 1 unit per day 5 days per week.  
1x5x25=125+2days\(1unit\)=127.](#)

**3. DHCFP – Surveillance Utilization Review Section (SURS) – Updates**

- a. SURS Overview – The Surveillance and Utilization Review Unit guards against fraud and abuse by providers. These functions include (not all inclusive) detecting areas where Medicaid regulations can be improved, identifying contradicting policy, and conducting training on fraud and abuse. You can find information on the [SURS resource page](#).

4. **HPE – Updates**

- a. When billing for 2 RBTs please see the CPT 2016 code book for the details of codes 0373T and 0374T which describes services provided to patients with one or more severe destructive behaviors, with direct supervision of qualified health professional that requires two or more technicians face-to-face with the patient for safe treatment.
- b. Billing Medicaid as a secondary – billing the primary and then submit the denial or explanation of benefits paid to Medicaid. If the primary paid nothing or has no coverage then Medicaid will pay at its usual rates. Be sure to submit a PA at the beginning of treatment.
- c. Contact HPE [NevadaProviderTraining@hpe.com](mailto:NevadaProviderTraining@hpe.com)
- d. Contact information for Ismael at Hewlett Packard [Ismael.lopez-ferratt@hpe.com](mailto:Ismael.lopez-ferratt@hpe.com)