

Applied Behavioral Analysis (ABA) Therapy Guide

Member Services	<p>Provider line: 301-468-6000</p> <ul style="list-style-type: none"> • Verify eligibility - <i>should be conducted prior to the scheduled session.</i> • Verify member's benefits 												
Referrals	<p>Referral for ABA Therapy entered by referring provider (i.e. MD): Max of 10 hours/40 units</p> <p>Reauthorization Process for Behavioral Health</p> <ul style="list-style-type: none"> • After the initial assessment and treatment plan development, re-assessments will be completed in six (6) month intervals. Progress reports will need to be sent to Kaiser Permanente every six (6) months before additional services will be authorized. • Please allow five (5) business days for processing • Contact the Behavioral Health Utilization Management (BH UM) department at 301-552-1212 (select option for member or provider) • Fax Uniform Referral Form, treatment plan, and all clinical notes to BH UM at 855-414-1703. 												
Claims	<ul style="list-style-type: none"> • Claims may be submitted electronically or by paper on a fully completed CMS 1500 or UB04 • All claims must be received by Kaiser Permanente within 180 days of date of service to be considered for payment. • Payer IDs for electronic submission: <table border="1" data-bbox="375 1199 948 1392"> <thead> <tr> <th>Clearinghouse</th> <th>Payer ID</th> </tr> </thead> <tbody> <tr> <td>ChangeHealthcare (CHC)</td> <td>52095</td> </tr> <tr> <td>OptimumInsight/Ingenix</td> <td>NG008</td> </tr> <tr> <td>Office Ally</td> <td>52095</td> </tr> <tr> <td>Availity (formerly REALMED)</td> <td>54294</td> </tr> <tr> <td>Relay Health</td> <td>RH010</td> </tr> </tbody> </table> • Mail paper claims to: Mid-Atlantic Claims Administration Kaiser Permanente PO Box 371860 Denver, CO 80237-9998 Claim information: 301-468-6000 or 1-800-777-7902 	Clearinghouse	Payer ID	ChangeHealthcare (CHC)	52095	OptimumInsight/Ingenix	NG008	Office Ally	52095	Availity (formerly REALMED)	54294	Relay Health	RH010
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Pharmacy Services	<p>For SIGNATURE members: Kaiser Permanente Medical Center Pharmacies</p> <p>For SELECT members: Kaiser Permanente Medical Center Pharmacies or Network Pharmacies</p>												
Provider Relations	<p>1-877-806-7470</p> <ul style="list-style-type: none"> • contracted rate payment/reimbursement questions • orientation/training • form requests • provider website: www.providers.kp.org/mas 												

Your new agreements are set up in increments of 15-minute units.

What does your visit =?	# of units (visits) to request				
	1 Hours	2 Hours	3 Hours	4 Hours	5 Hours
# of units (visits) per code	4	8	12	16	20

The authorization period is for 26 weeks. For each code, multiply the total number of hours requested over 26 weeks by 4 to calculate the number of units. For example, to request 10 hours per week of direct ABA by an RBT first calculate the total number of hours over 26 weeks (e.g. 10 x 26 = 260), then calculate the total number of units (**260** hours x **4** 15-minute increments = 1040 units).

What you will bill on your claim.	# of visits to request				
	1 Hours	2 Hours	3 Hours	4 Hours	5 Hours
# of units (QTY) for the first code (first 30 minutes)	4	8	12	16	20

The reimbursement rates specified in the following table are based on the following levels:

- **Level 1:** Board Certified Behavioral Analyst (BCBA) (MA required)
- **Level 2:** Board Certified Assistant Behavioral Analyst (BCaBA) (BA required, may have MA)
- **Level 3:** Delivery Therapists (RBT) (BA required, may have MA)

ABA Authorization Request Form

Service Category	Total Daily Hours/Days Per Week	Total Weekly Hours	Total Hours: Total Weekly x 26	CPT Code	Notes	Provider Level	Total Units Requested (Total Hours x 4)
Example	2 hours/5 days	10 hours	260 hours	97153		RBT	1040 units
Behavior Identification Assessment	N/A	N/A	N/A	97151	Can request a maximum of 32 units per authorization Face-to-face and indirect	BCBA or BCaBA	
Behavior Identification Supporting Assessment				97152	Request for this will need to be justified Face-to-face	RBT	
Adaptive Behavior Treatment by Protocol				97153	Face-to-face	RBT	
				97153 (modifier HO)		BCBA or BCaBA (Direct Therapy)	
Group Adaptive Behavior Treatment by Protocol				97154	Face-to-face	RBT	
				97154 (modifier HO)		BCBA or BCaBA	
Adaptive Behavior Treatment with Protocol Modification				97155	15% of the total RBT units can concurrently bill with 97153 and 97154 if the BCBA is not providing the direct therapy Face-to-face	BCBA or BCaBA (Direction of Tech and Protocol Modification)	
Family Adaptive Behavior Treatment Guidance				97156	Face-to-face	BCBA or BCaBA	
Multiple-Family Group Adaptive Behavior Treatment Guidance				97157	Face-to-face	BCBA or BCaBA	
Group Adaptive Behavior Treatment with Protocol Modification				97158	Face-to-face	BCBA or BCaBA	
Treatment Planning				H0032	10% of the total RBT units Indirect	BCBA	

***Fax this form with your selections, URF and treatment plan to 855-414-1703.**