

## **Applied Behavioral Health Provider Frequently Asked Questions**

### **1. *Who is eligible for this benefit?***

This benefit is only available to Medicaid members who are 20 years of age and younger and who have been diagnosed with Autism Spectrum Disorder. This includes members in STAR and the STAR+PLUS MBCC program.

### **2. *Does ABA require prior authorization?***

Yes, all ABA services require prior authorization. No service may be billed without authorization by the health plan. Services provided without prior authorization shall not be considered for payment or reimbursement.

### **3. *Who can I contact with benefits or claims questions?***

Call the number on the member's Molina ID card for benefits and claims information.

### **4. *How can I join the Molina network?***

Complete the Contract Request Form and return it to Molina via fax to 877-900-5655 Attn: Contracting Team, or by email to [mhtcontractrequest@molinahealthcare.com](mailto:mhtcontractrequest@molinahealthcare.com).

### **5. *How do I get services authorized?***

Supporting documentation and the [Behavioral Health Service Request Form](#) or the [Texas Standardized Prior Authorization Request Form for Healthcare Services](#) must be faxed to the Molina fax line: **1-866-617-4967**.

### **6. *Where can I find the Molina medical necessity guidelines for ABA?***

The Texas HHSC [Medicaid Autism Services Policy](#) serves as the sole medical necessity criteria for ABA services.

### **7. *What supporting documentation is required when submitting an authorization request for ABA treatment?***

Please refer to the [Medicaid Autism Services Policy](#) for the required elements of the authorization request.

**8. How will I know when services have been authorized?**

Molina's Prior Authorization Department will contact you by FAX when the authorization has been approved or denied or if additional information is required to make a medical necessity determination. The authorization status can also be found on the Molina Provider Portal. For routine requests, the provider will receive a response in the form of an approval or denial within 3 business days.

**9. What is the standard authorized amount of provider hours for ABA treatment?**

Treatment intensity will vary with each member and should reflect medical necessity. Please refer to the [Medicaid Autism Services Policy](#) for additional information.

**10. How long are authorizations effective?**

The timeframe for each authorization will be included in the approval documentation supplied by Molina.

**11. When is re-authorization required?**

Re-authorization is required when the provider identifies the need to continue services and should be submitted accordingly. Please refer to the [Medicaid Autism Services Policy](#) for additional information.

**12. When and how should the authorization request for continued treatment be submitted?**

The **Behavioral Health Service Request Form**, along with the Attendance Log and Progress Summary and any other pertinent clinical information necessary, must be submitted to Molina **no more than 1-month before the current authorization expires**. The required information should be submitted via fax to the Molina fax line: **1-866-617-4967**.

**13. What training is available on authorization procedures?**

Molina staff are available to provide orientations and trainings to all contracted providers. Please contact your Provider Services representative for more information.

#### 14. What procedure codes should ABA providers utilize?

The chart below illustrates which service codes (CPT) may be utilized for ABA services. Providers utilizing CPT codes not found in the below chart will result in a denial of the service requested. Providers should refer to the [Medicaid Autism Services Policy](#) and the TMPPM for additional information.

Service	Service Type
97151	Behavior Identification Assessment
97153	Adaptive Behavior Treatment by Protocol, administered by technician under the direction of a QHP, face-to-face with one patient
97154	Group Adaptive Behavior Treatment by Protocol, administered by technician under direction of QHP, face-to-face with 2+ patients
97155	Adaptive Behavior Treatment with Protocol Modification, administered by QHP, which may include simultaneous direction of technician, face-to-face with one patient
97156	Family Adaptive Behavior Treatment Guidance, administered by QHP (with or without patient present), face-to-face with guardian(s)/ caregiver(s)
97158	Group Adaptive Behavior Treatment with Protocol Modification, administered by QHP face-to-face with multiple patients
99366	Interdisciplinary Team Meeting

#### 15. Where can services be rendered?

According to the TMPPM, services can be delivered in the home, community and clinics. Services are not permitted at the member's school or related settings (i.e. field trips, school bus, daycare, after school programs and recess).

For additional information, please refer to the [Texas Medicaid Provider Procedures Manual](#).