ABA Training

Recent Changes to Forms

Billing Process

Common Billing Issues

Recent Changes to Forms

- ABA Intent to Initiate
- Additional Units of Service Form
- ABA Provider Transfer Request
- Telehealth Exception Form

ABA Intent to Initiate Treatment form

Providers must complete this form to notify the Department of the intent to initiate services.

DDP will also retroactively reimburse for services.

MONTANA DPHHS
Healthy People. Healthy Communities.

Applied Behavior Analysis (ABA) Services
Intent to Initiate Treatment

This form notifies DPHHS of the intent to initiate Applied Behavior Analysis (ABA) services for a member with a provisional qualifying diagnosis as delineated in the Eligibility Criteria and who meets Functional Impairment Criteria. DPHHS is unable to reimburse a provider for services rendered unless this form is completely and accurately filled out and submitted. Please send all required information and documentation to via the secure Montana File Transfer Service at https://transfer.mt.gov to DDPServiceRequest@mt.gov.

Provisional Qualifying Diagnosis

- ☐ Autism Spectrum Disorder*
- ☐ Serious Emotional Disturbance*
- ☐ DD Eligible**

*Any physician, licensed mental health professional, or qualified healthcare professional may refer a member for the initiation of ABA services under these provisional qualifying diagnoses. However, to be eligible for re-authorization of ABA services, the provisional qualifying diagnosis must have been established a qualified healthcare professional with expertise in the diagnostic area.

**Any member being served with a qualifying diagnosis of Developmental Disability must have been deemed eligible for the receipt of state-sponsored developmental disabilities services.

Date of Submission _____

Member Name _____

Date of Birth _____

Medicaid Card ID _____

Parent or Guardian/Caregiver Name _____

Parent or Guardian/Caregiver Contact Information _____

Provider Name _____

Provider Contact Information _____

Provider NPI _____

Provider License Number _____

Start Date for Services _____

Enter the first date of service, which may pre-date the Date of Submission

ABA Intent to Initiate Form

When you submit the Intent to Initiate Treatment form at https://transfer.mt.gov to DDPServiceRequest@mt.gov, you can expect to hear back via email after the form is processed. In this email, you will receive the begin and end date of the billing span. No PA will be required during this billing span.

Hello,

This email is to confirm that your request to initiate ABA services for member####### was received. For the initial 180 days, 01/02/2023 – 07/01/2023, services can be billed without a prior authorization number. To continue services after 07/01/2023, you will need to submit a request for continuation of services through Qualitrac.
https://www.mpqhf.org/corporate/medicaid-portal-home/

Review manuals, fee schedules and more at https://medicaidprovider.mt.gov/76.

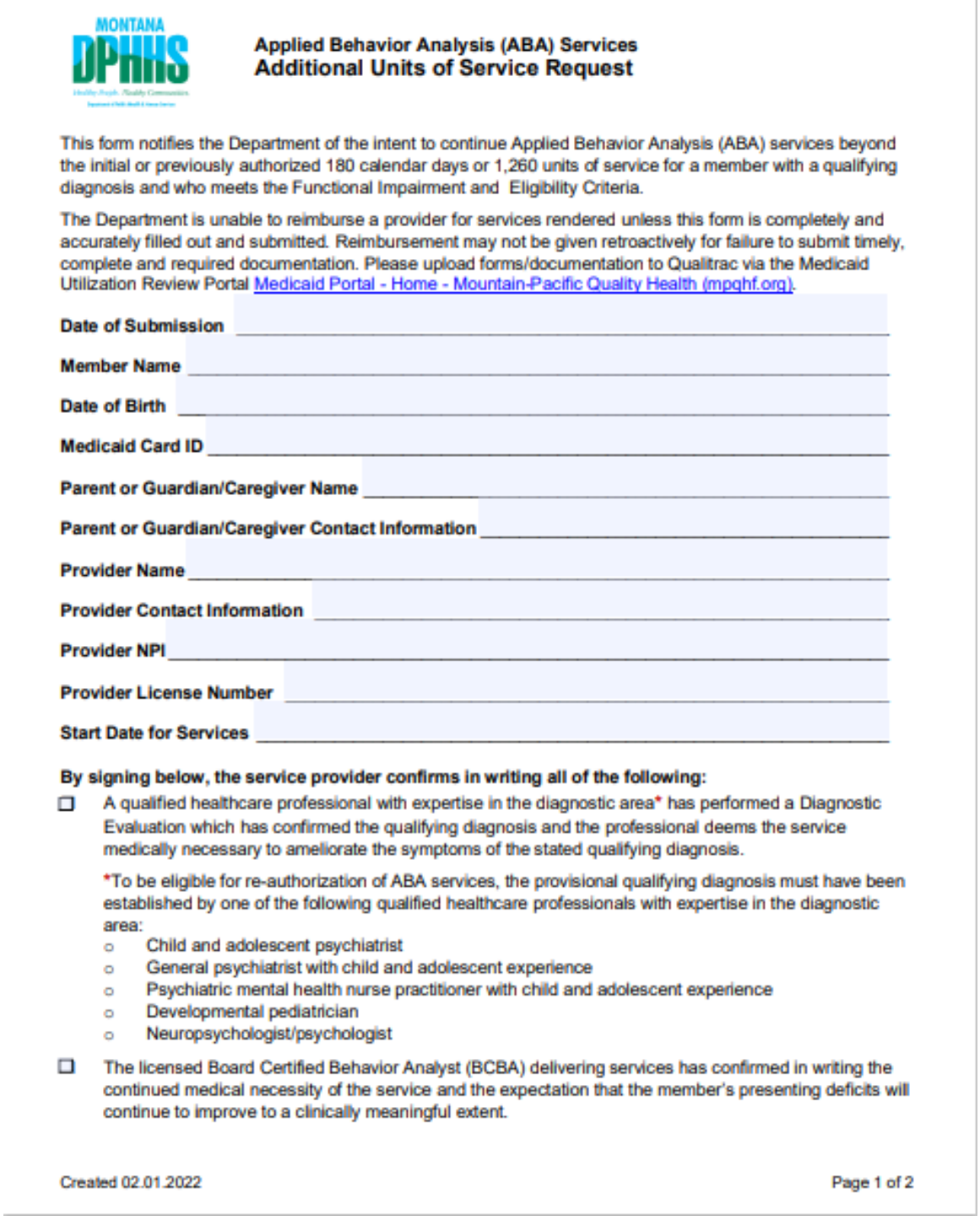
Please let me know if you have any questions or concerns,

Thank you

ABA Additional Units Request form

This form must be submitted with:

- The Treatment Plan
- Behavior Identification Assessment, and
- One of the following:
  - A Diagnostic Evaluation (for members with an ASD or SED Provisional Diagnosis), or
  - Proof of DD Eligibility, or
  - An annual Clinical Re-Assessment (Only for members with SED)



MONTANA DPHHS

Applied Behavior Analysis (ABA) Services
Additional Units of Service Request

This form notifies the Department of the intent to continue Applied Behavior Analysis (ABA) services beyond the initial or previously authorized 180 calendar days or 1,260 units of service for a member with a qualifying diagnosis and who meets the Functional Impairment and Eligibility Criteria.

The Department is unable to reimburse a provider for services rendered unless this form is completely and accurately filled out and submitted. Reimbursement may not be given retroactively for failure to submit timely, complete and required documentation. Please upload forms/documentation to Qualitrac via the Medicaid Utilization Review Portal Medicaid Portal - Home - Mountain-Pacific Quality Health (mpqhf.org).

Date of Submission _____

Member Name _____

Date of Birth _____

Medicaid Card ID _____

Parent or Guardian/Caregiver Name _____

Parent or Guardian/Caregiver Contact Information _____

Provider Name _____

Provider Contact Information _____

Provider NPI _____

Provider License Number _____

Start Date for Services _____

By signing below, the service provider confirms in writing all of the following:

☐ A qualified healthcare professional with expertise in the diagnostic area* has performed a Diagnostic Evaluation which has confirmed the qualifying diagnosis and the professional deems the service medically necessary to ameliorate the symptoms of the stated qualifying diagnosis.

*To be eligible for re-authorization of ABA services, the provisional qualifying diagnosis must have been established by one of the following qualified healthcare professionals with expertise in the diagnostic area:

- Child and adolescent psychiatrist
- General psychiatrist with child and adolescent experience
- Psychiatric mental health nurse practitioner with child and adolescent experience
- Developmental pediatrician
- Neuropsychologist/psychologist

☐ The licensed Board Certified Behavior Analyst (BCBA) delivering services has confirmed in writing the continued medical necessity of the service and the expectation that the member's presenting deficits will continue to improve to a clinically meaningful extent.

Created 02.01.2022

Page 1 of 2

Qualified Diagnosis

Page two of the Required Document Components checklist gives examples of what counts as a qualified diagnosis.

Diagnostic Evaluation

Applies only to Autism Spectrum Disorder **(ASD)** and Serious Emotional Disturbance **(SED)** provisional qualifying diagnoses.

- ☐ 1. Performed by qualified health care professional with expertise in the diagnostic area
- ☐ 2. Establishes qualifying diagnosis
- ☐ 3. Indicates medical necessity of ABA services to ameliorate symptoms of the qualifying diagnosis
- ☐ 4. Documents the Functional Impairment Criteria met by the member at the time of evaluation

Clinical Re-Assessment

Required annually and applies only to SED.

- ☐ 1. Confirms qualifying diagnosis from Diagnostic Evaluation
- ☐ 2. Indicates medical necessity of continued ABA services to ameliorate symptoms of the qualifying diagnosis
- ☐ 3. Documents the Functional Impairment Criteria met by the member at the time of re-assessment

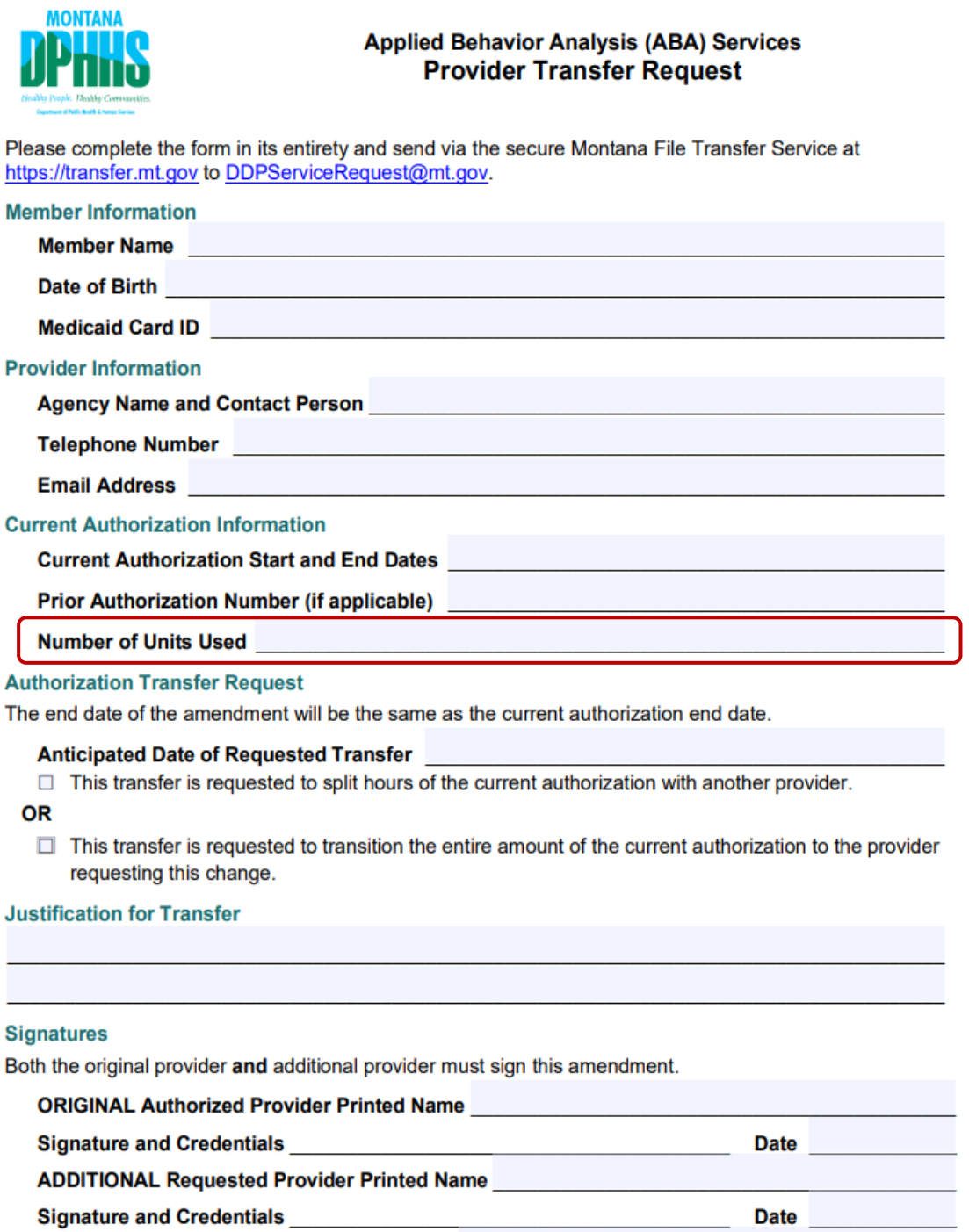
DD Eligibility

Applies only to individuals being served under a Developmentally Disabled (DD) Eligible category.

- ☐ 1. DD eligibility letter confirming the individual has been determined eligible; or
- ☐ 2. Evaluation Determination Stand-Alone document from Care Management System with state review section affirming person is eligible for Montana Milestones Part C or Family Education and Support Services, dated within 365 days.

ABA Provider Transfer Request Form

When you submit the Provider Transfer Request form, enter the total number of units used so that providers know how many units are remaining.



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Applied Behavior Analysis (ABA) Services
Provider Transfer Request

Please complete the form in its entirety and send via the secure Montana File Transfer Service at https://transfer.mt.gov to DDPServiceRequest@mt.gov.

Member Information

Member Name _____

Date of Birth _____

Medicaid Card ID _____

Provider Information

Agency Name and Contact Person _____

Telephone Number _____

Email Address _____

Current Authorization Information

Current Authorization Start and End Dates _____

Prior Authorization Number (if applicable) _____

Number of Units Used _____

Authorization Transfer Request

The end date of the amendment will be the same as the current authorization end date.

Anticipated Date of Requested Transfer _____

☐ This transfer is requested to split hours of the current authorization with another provider.

OR

☐ This transfer is requested to transition the entire amount of the current authorization to the provider requesting this change.

Justification for Transfer

_____

_____

Signatures

Both the original provider **and** additional provider must sign this amendment.

ORIGINAL Authorized Provider Printed Name _____

Signature and Credentials _____ **Date** _____

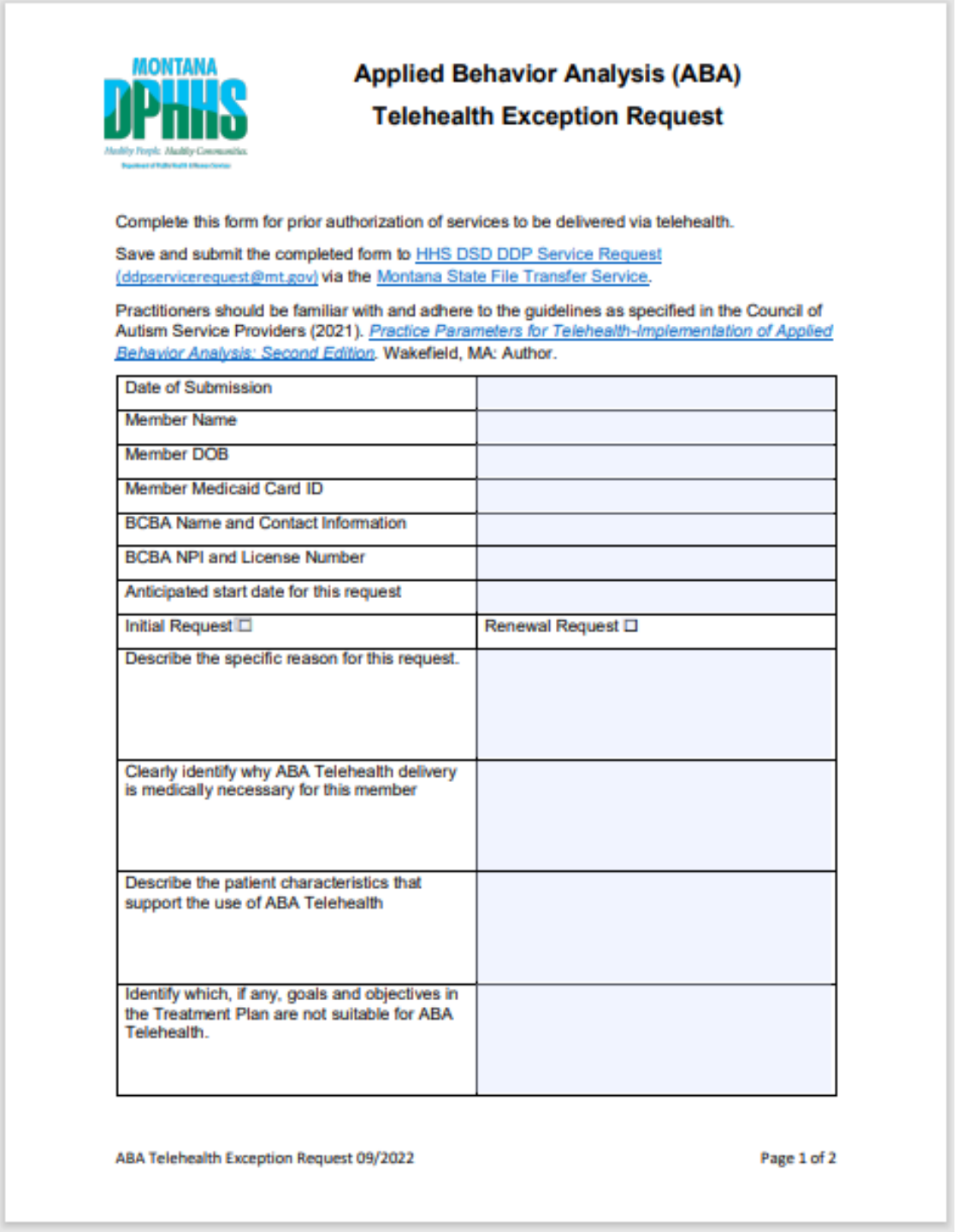
ADDITIONAL Requested Provider Printed Name _____

Signature and Credentials _____ **Date** _____

ABA Telehealth Exception Request Form

The Public Health Emergency is set to end May 11th, 2023.

After that time, providers must complete this form for prior authorization of services to be delivered via Telehealth.



MONTANA DPHHS

Applied Behavior Analysis (ABA)
Telehealth Exception Request

Complete this form for prior authorization of services to be delivered via telehealth.

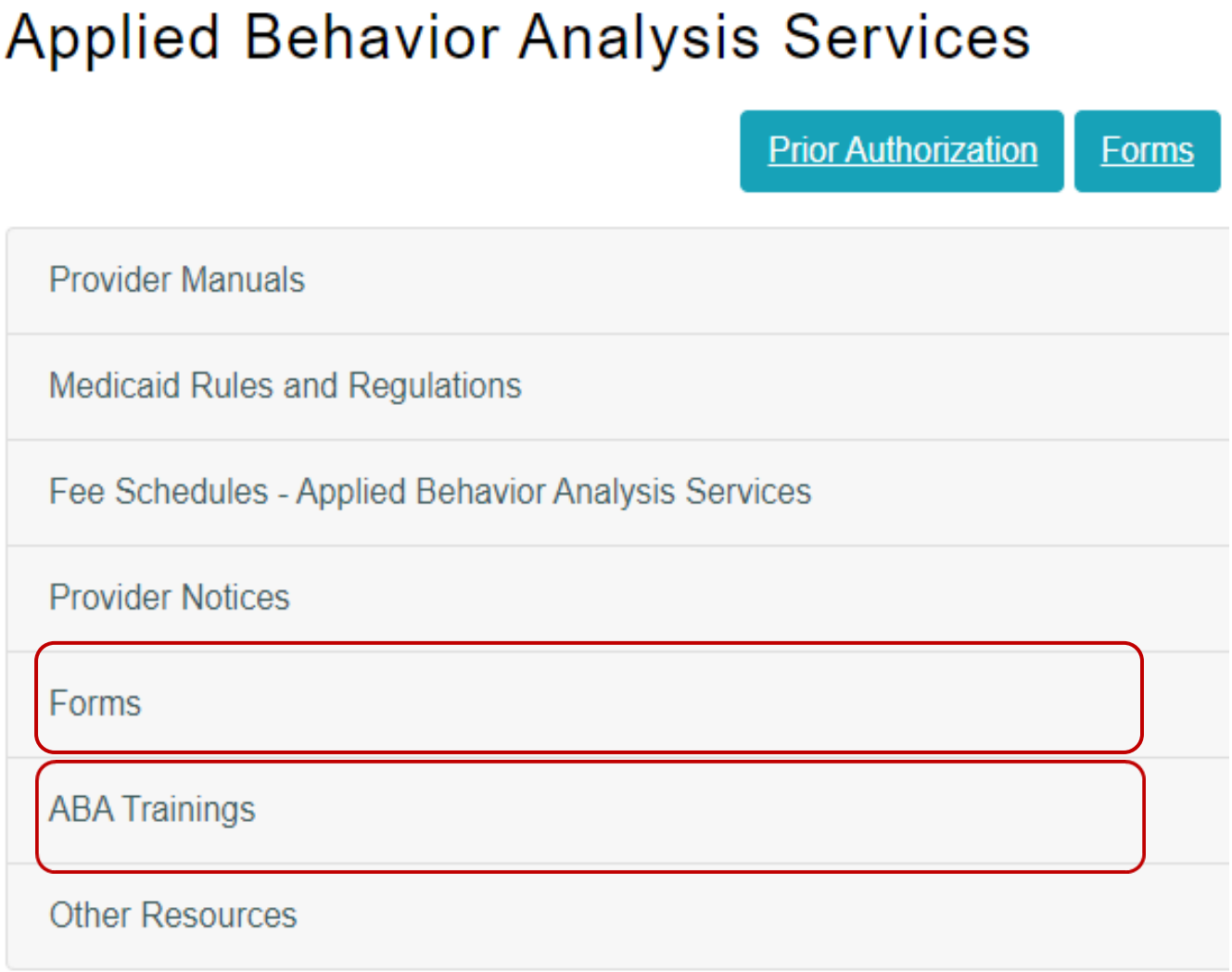
Save and submit the completed form to HHS DSD DDP Service Request (ddpservicerequest@mt.gov) via the Montana State File Transfer Service.

Practitioners should be familiar with and adhere to the guidelines as specified in the Council of Autism Service Providers (2021). *Practice Parameters for Telehealth-Implementation of Applied Behavior Analysis: Second Edition*. Wakefield, MA: Author.

Date of Submission	
Member Name	
Member DOB	
Member Medicaid Card ID	
BCBA Name and Contact Information	
BCBA NPI and License Number	
Anticipated start date for this request	
Initial Request ☐	Renewal Request ☐
Describe the specific reason for this request.	
Clearly identify why ABA Telehealth delivery is medically necessary for this member	
Describe the patient characteristics that support the use of ABA Telehealth	
Identify which, if any, goals and objectives in the Treatment Plan are not suitable for ABA Telehealth.	

All ABA forms can be found at https://medicaidprovider.mt.gov/76 as well as previous ABA trainings.

By clicking on the designated buttons on the right, a drop-down menu will appear with all the forms or trainings.



Billing Process

- Creating Templates in MPATH
- Submitting Claims in MPATH

Claim Submission Templates

This function is a time saving tool for reoccurring claims.

Example:

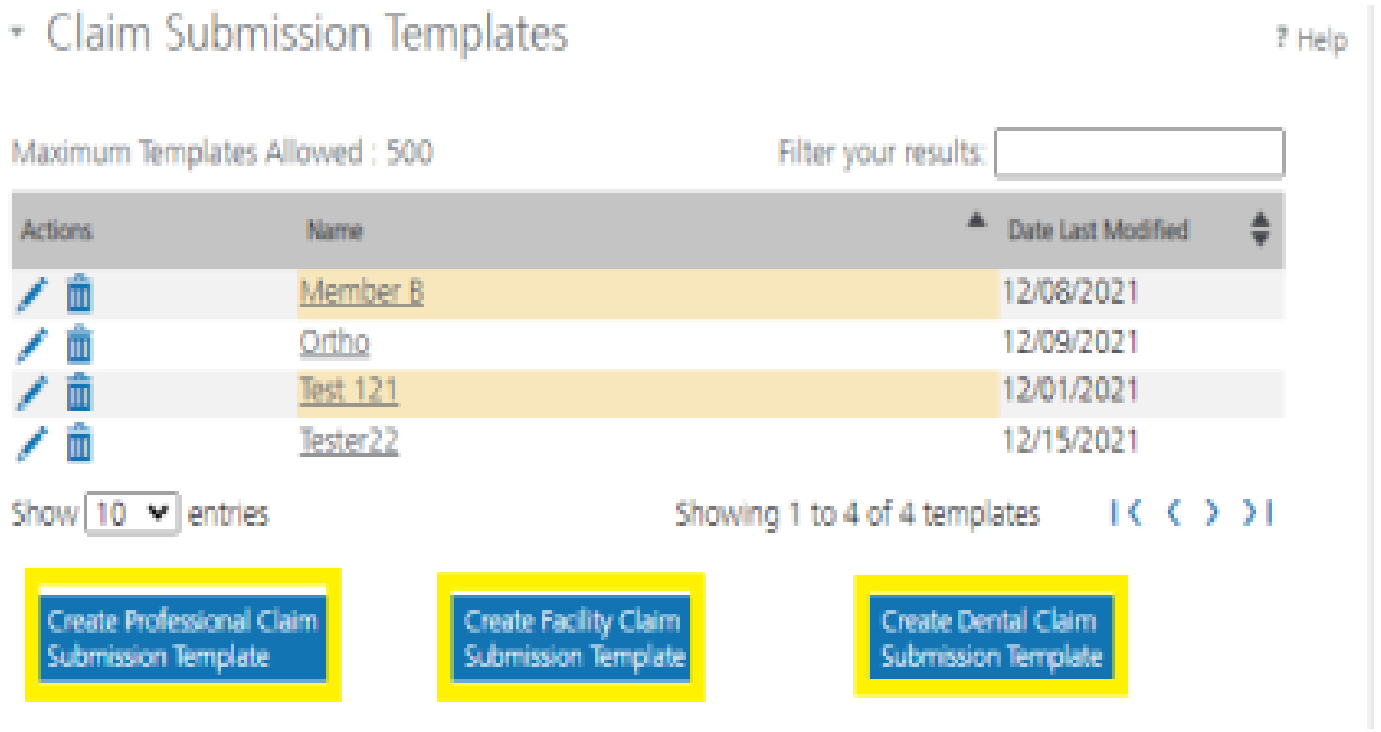
You see the same member for the same service on a consistent basis. You can create a template for that member with all the claim information that remains the same over time.

When it is time to submit their claim; select the billing provider NPI & Rendering Provider NPI (if applicable). Enter any additional required information on the Claim Information screen. Submit your claim.

Creating a Template

To create a template, select the **Claims Submission Templates** tab.

Click the **blue button** for the claim form required.

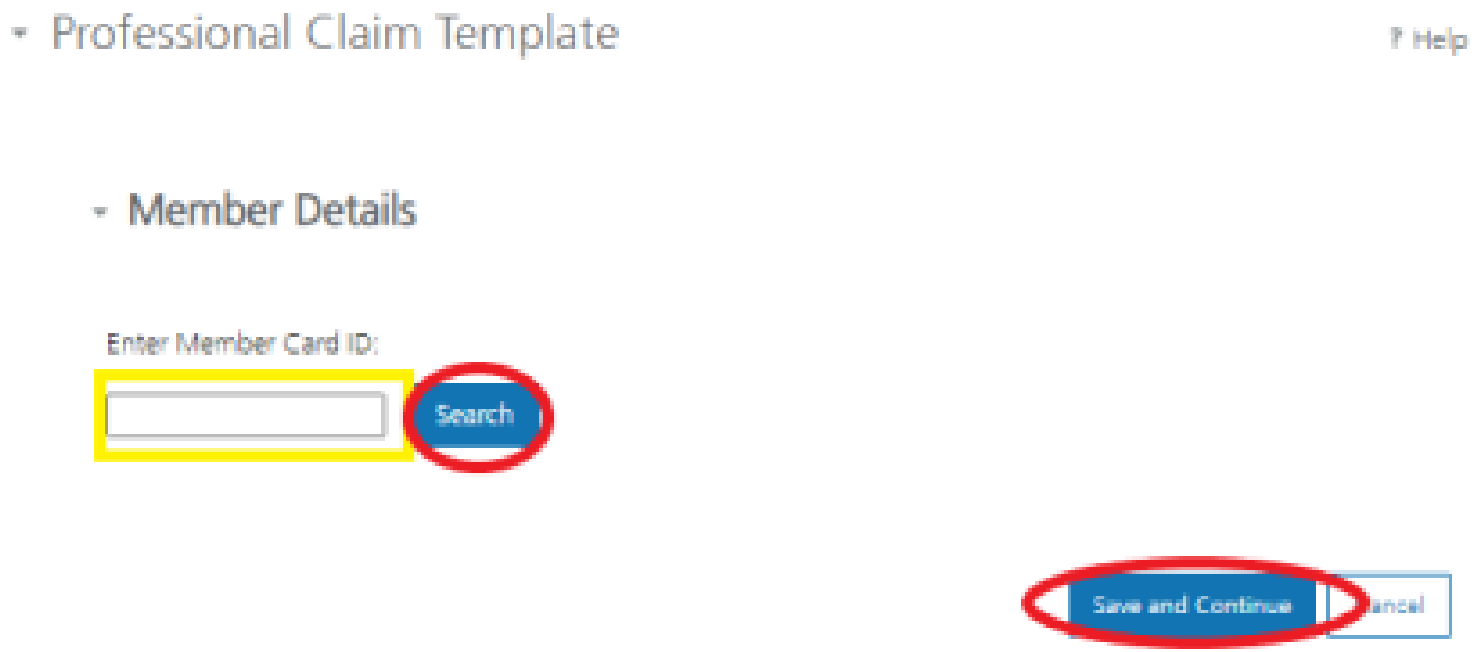


Creating a Template

Enter the member's MT Medicaid ID number.

Click **Search**.

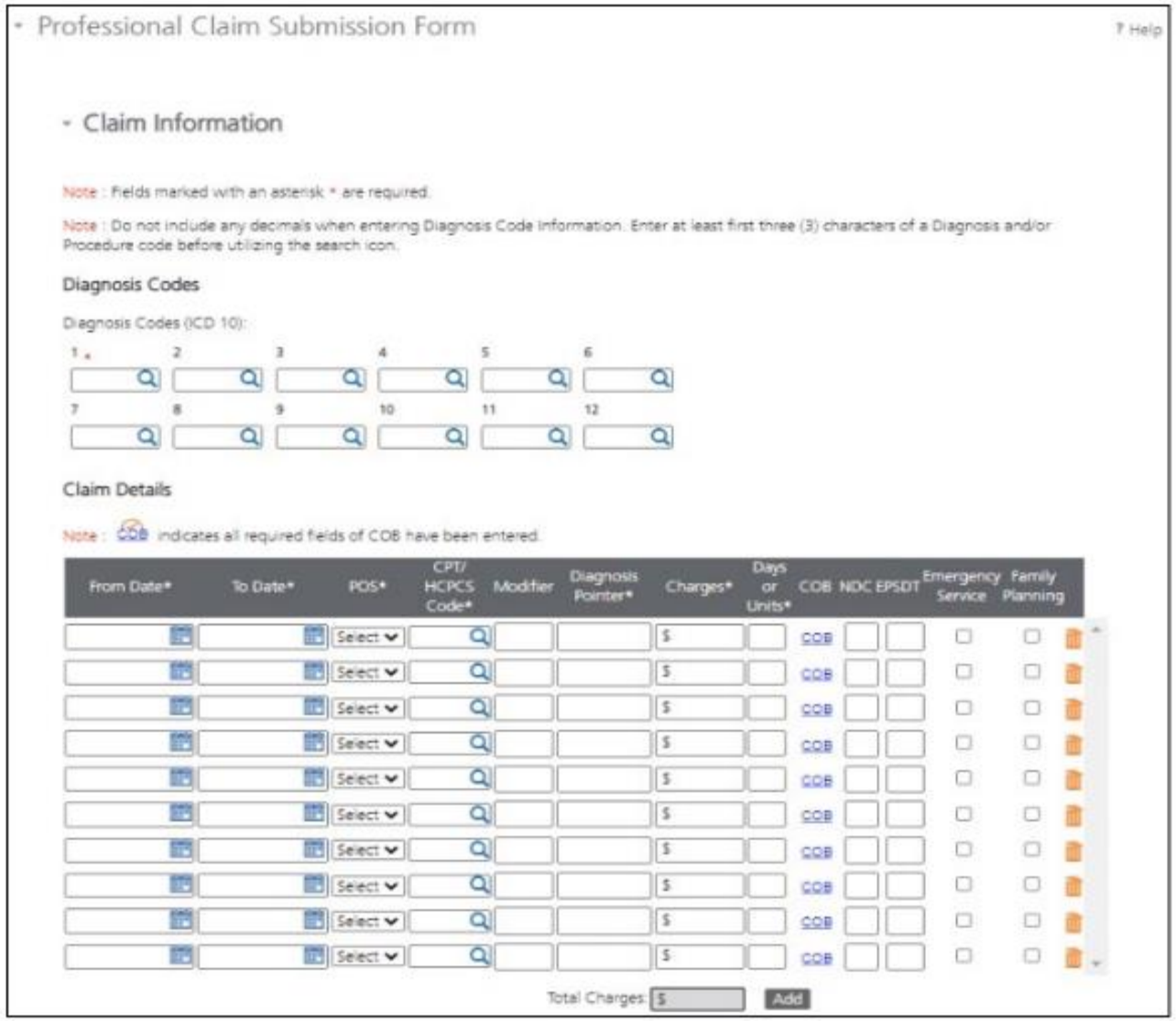
When the member information populates, verify and click **Save and Continue**.



Creating a Template

Complete the fields that will not change.

For instance, the diagnosis code, CPT code, modifier & diagnosis point fields will most likely not change for reoccurring visits.

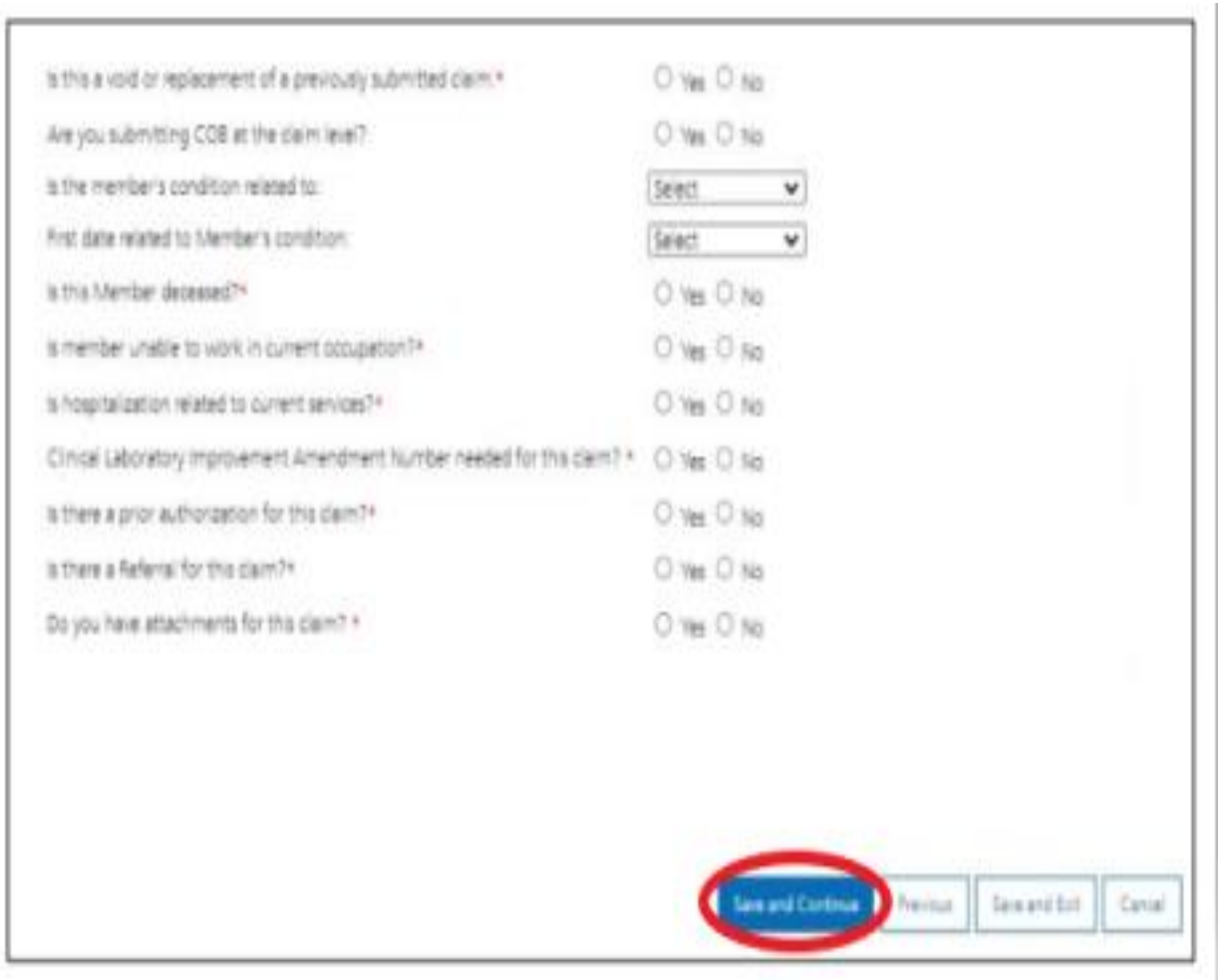


Creating a Template

Answer all the questions at the bottom of the screen.

If your claim requires a Prior Authorization, make sure you add that number to your template.

Click **Save and Continue**.



Creating a Template

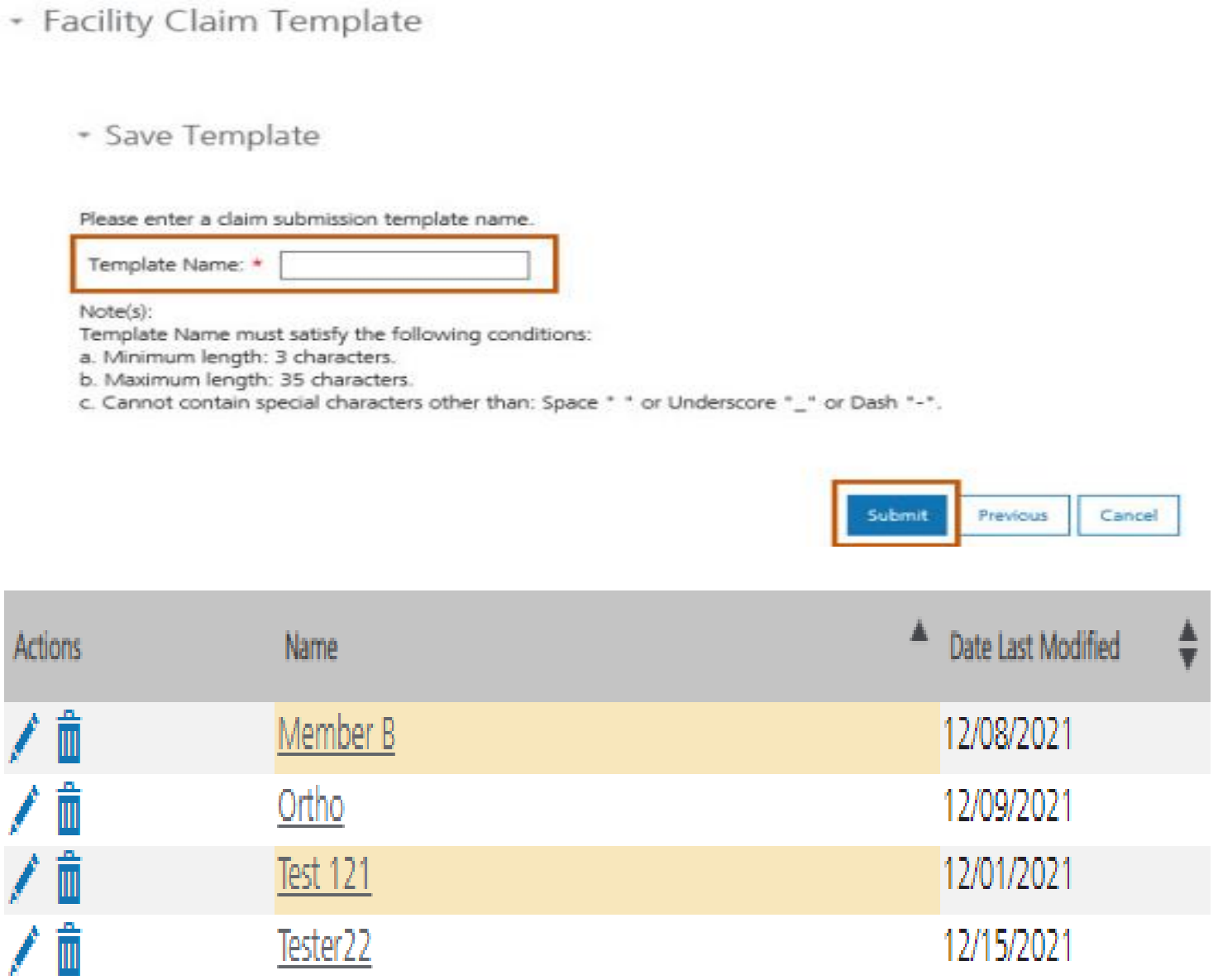
The last step is to name the template. Then click **Save**.

Your template is now visible.

To submit a claim, click on the **Name**.

To edit a template, click on the **Pencil** icon.

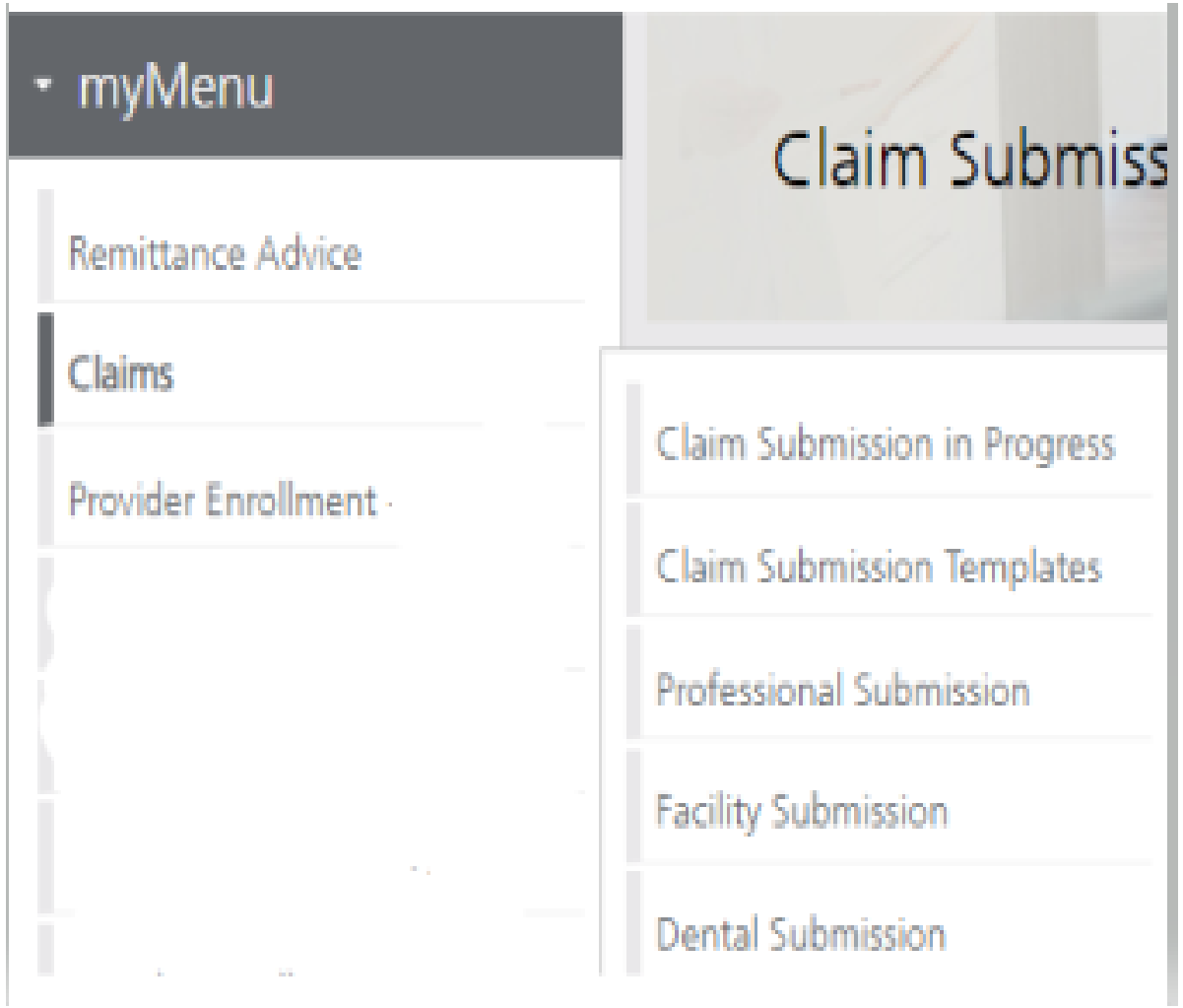
To delete a template, click on the **Garbage can** icon.



Submitting a Claim

To submit a claim using a template, place your curser on the **Claims** tab.

Select **Claim Submission** type for one-time claims or **Claim Submission Templates** to submit a claim from a template.



Submitting a Claim – Billing Provider Screen

Select the Billing Provider file.

If you have multiple NPIs listed under Manage Billing Providers, the NPI/API field will have a drop down.

Select NPI.

Select Program/Waiver.

Select Specialty.

Click **Save and Continue.**

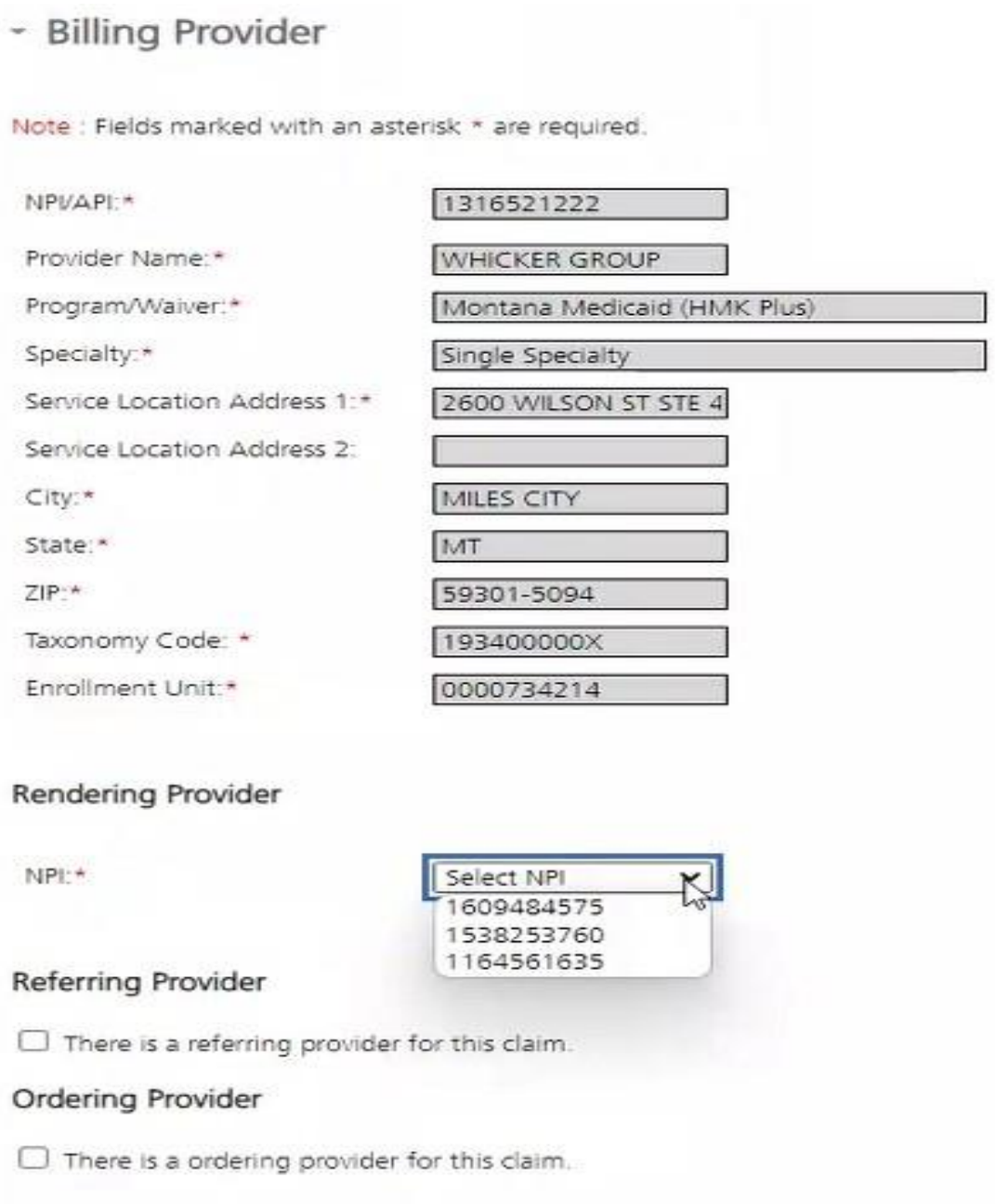
Submitting a Claim – Billing Provider Screen

If the Billing file you chose requires a Rendering Provider, the Rendering Provider drop down will appear.

Select your rendering NPI from the dropdown.

*Rendering providers must be affiliated to the billing NPI, to appear in the dropdown

Click **Save and Continue**.



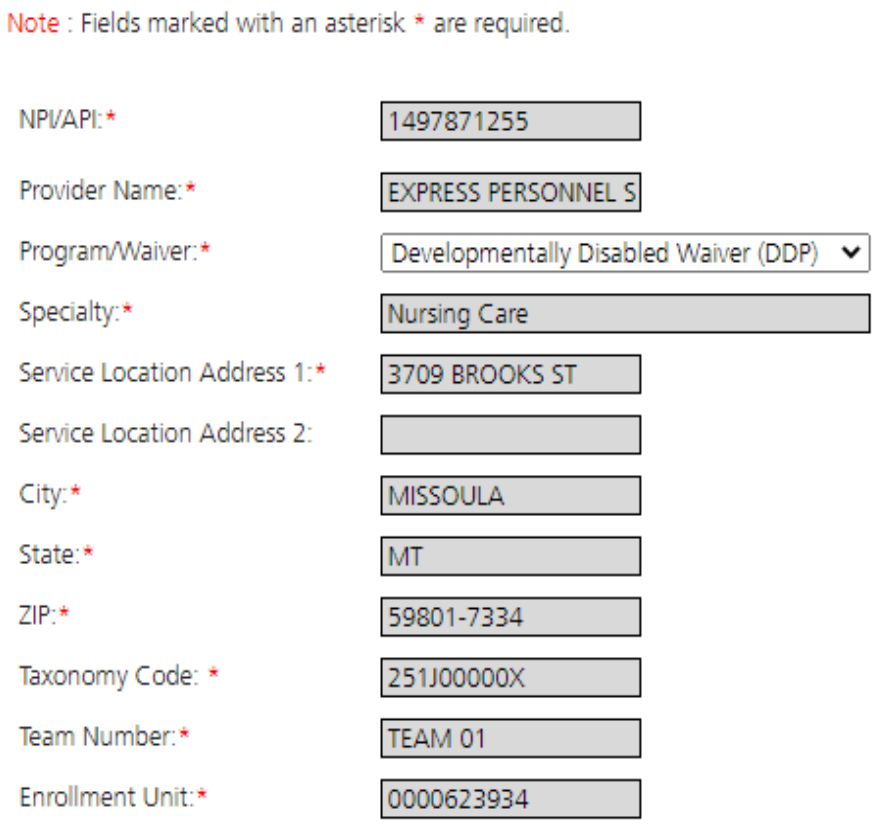
Submitting a Claim

If the Billing file you chose, requires a Team number.

(CSCTs & some waiver programs)

Select Team number.

Click **Save and Continue**.



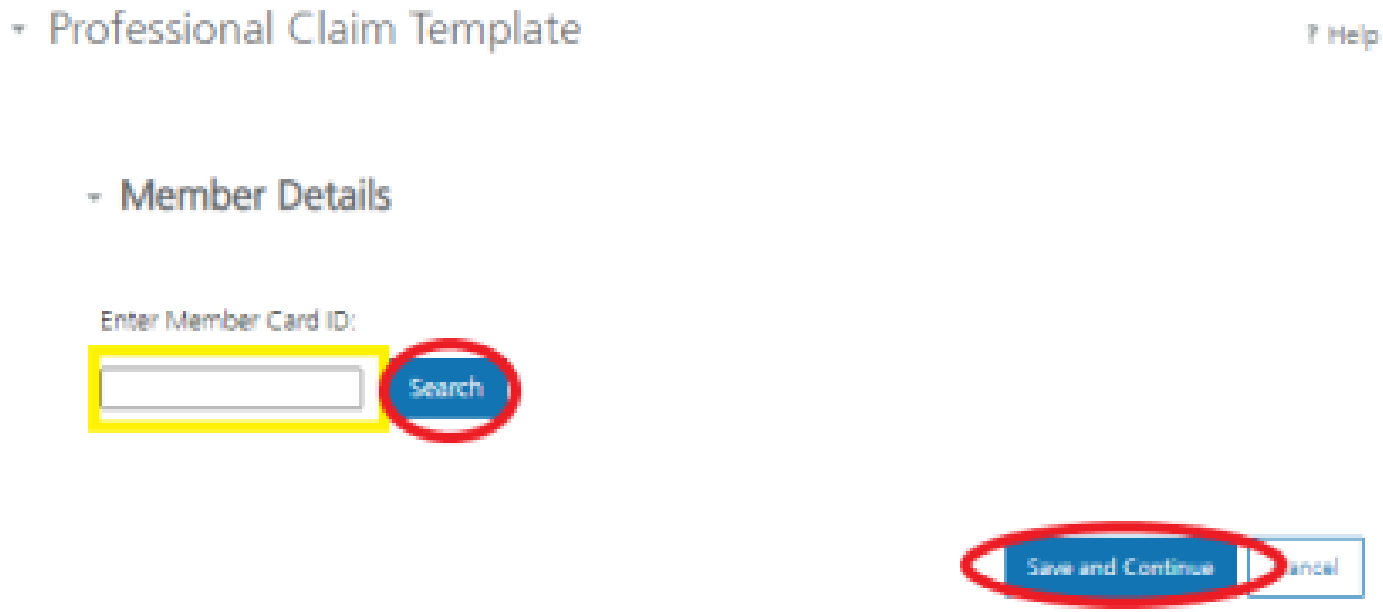
Submitting a Claim

Enter the member's MT Medicaid ID number.

Click **Search**.

When the member information populates, verify you have the correct member.

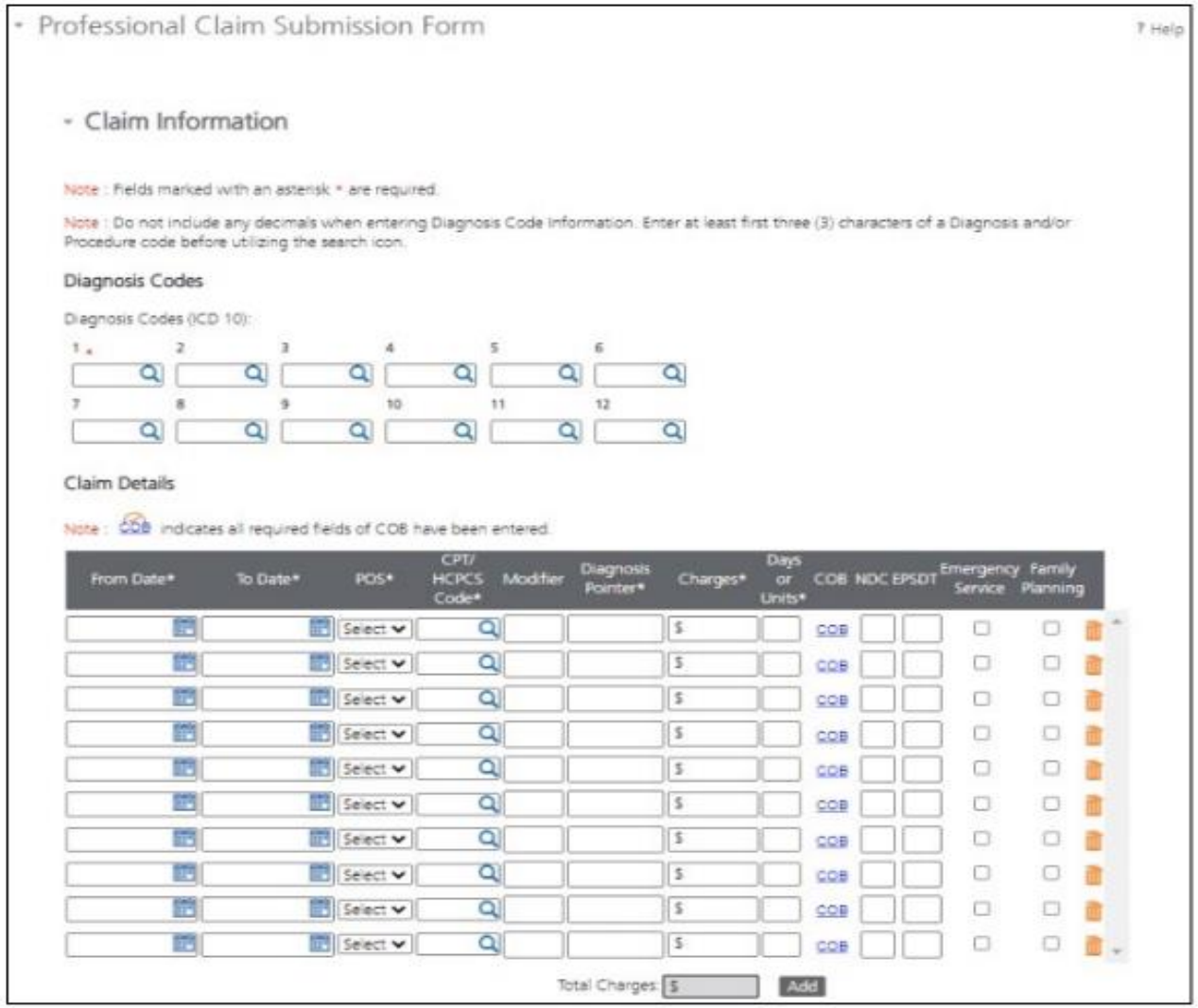
Click **Save and Continue**.



Submitting a Claim

Complete all required fields and questions.

Required information is denoted with a red asterisk *

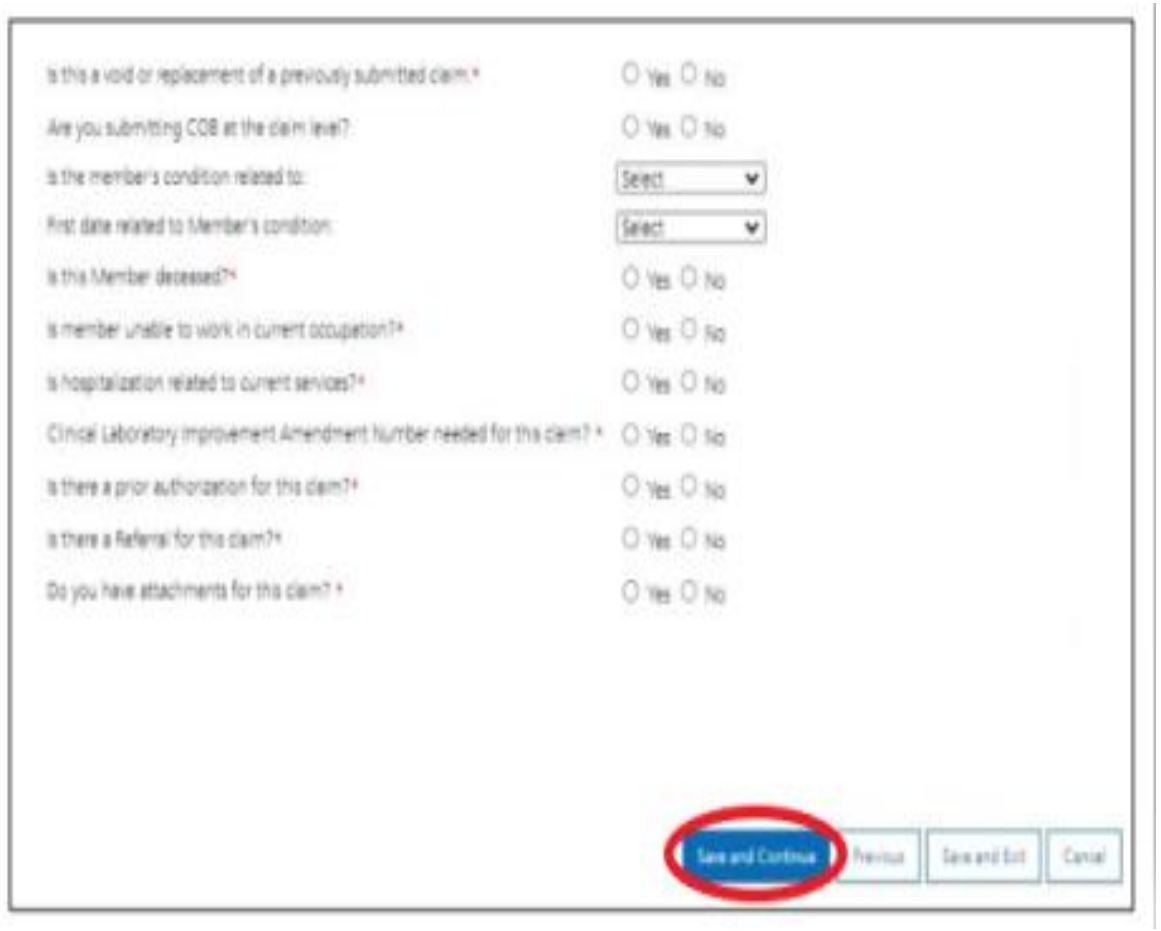


Submitting a Claim

Complete all required fields and questions.

Required information is denoted with a red asterisk *

Click **Save and Continue**.



Common Errors

- Common Billing Errors
- Common Documentation Errors

Common Billing Errors

- Intent to Initiate Treatment form not completed
- Billing past 180 days or 1260 units (whichever comes first) without a PA
- Billing more units per date of service than allowed
- Missing/Invalid information
- Prior Authorization number missing or invalid
- Exact duplicate
- Proc. Code not covered/not allowed for Provider Type
- Recipient not eligible DOS
- Using the incorrect modifier for a provider type

Common Documentation Issues

Non-Clinical Errors

- Personal Representative Panel not Completed
- Request for Additional Units of Service incomplete or not submitted
- Incorrect start date on Request for Additional Units of Service form (must be start date of requested span)
- Missing diagnostic evaluation for the initial Additional Units of Service request
- Requests that should be continued stay reviews (CSRs) are opened as new cases, rather than a CSR from a previously approved case.

Clinical Errors

- Lack of parent goals or parent goals written incorrectly
- Coordination of care is missing
- Missing baseline data
- Missing data/graphs/tables from assessments

Resources

For more training on billing, you may visit https://medicaidprovider.mt.gov/docs/training/2022Training/Billing101Training07212022.pdf.

For generic questions about billing, you may email MTPRhelpdesk@Conduent.com.

For specific questions about billing, you may email MTEnrollment@conduent.com.

You may also call Provider Relations at 1 (800) 624-3958 Opt. 7, Opt. 2

Note. Provider Relations cannot tell you what/how to bill. They can only explain required information and denial reasons.

You may also visit https://medicaidprovider.mt.gov/76 for additional ABA trainings.

Questions?