Virginia Medicaid: Applied Behavior Analysis FAQs

VIRGINIA'S MEDICAID PROGRAM
DMAS

Topic	Question	Response
General	Where can I find copies of the training?	A recordings and powerpoints can be found here: https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/ Recordings can also be found here: Virginia Medicaid, You Tube channel at: https://www.youtube.com/channel/UCbE_bPvIPQTJfCS2MfCmVHA/videos
Terms	QHP is a new term used by DMAS. Who can provide services and bill as a Qualified Healthcare Professional (QHP)?	CPT codes requiring a qualified healthcare professional (QHP) must be provided by a Licensed Behavior Analyst (LBA) or Licensed Mental Health Professional (LMHP). A Licensed Assistant Behavior Analyst (LABA) may also act as a Qualified Healthcare Professional as determined by the supervising LBA in accordance with 18VAC85-150-120. An LMHP-R, LMHP-RP or LMHP-S who has completed education and training in ABA may provide these services under the supervising LMHP.
Assessment	Do assessments require all 15 components of the Comprehensive Needs Assessment?	Yes, these are located in Chapter IV of the Mental Health Services Manual.
Assessment	Can the assessment be completed by a LMHP-R, LMHP-RP or LMHP-S?	ABA requires an assessment completed by a Licensed Behavior Analyst (LBA), Licensed Assistant Behavior Analyst (LABA) or Licensed Mental Health Professional (LMHP) acting within their scope of practice. An LMHP-R, LMHP-RP or LMHP-S who has completed education and training in ABA may complete the assessment under the supervising LMHP.
Assessment	Can the initial assessment be conducted through telehealth?	Initial assessments must be conducted in-person. During the federal Public Health Emergency (PHE), the initial assessment may be conducted through telemedicine (see the Telehealth supplement to the Mental Health Services Manual for the definition of telemedicine). After the PHE ends, the assessment will be required in-person.
Assessment	Can the Comprehensive Needs Assessment be used across programs?	Yes, a Comprehensive Needs Assessment can be used across programs if it meets the requirements in Chapter 4. If the assessment is completed by a LABA, however, it cannot be used as a Comprehensive Needs Assessment for other services as a LABA is not a LMHP.

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Assessment	Does the LBA have to be present when a technician is providing 97152 under their direction?	97152 only requires that the technician be face-to-face with the youth. If the LBA is present and administering any part of the assessment, providers may bill 97151 for the LBA, in addition to the technician billing 97152.
Assessment	Is there a list of approved functional assessments?	No. The QHP may use their clinical judgement to choose the best assessments for the youth.
Assessment	How long is a provisional psychiatric diagnosis allowed?	There is no timeframe for the use of a provisional psychiatric diagnosis. The LBA should follow up with the youth's physician or other LMHPs as more information is gathered.
Assessment	What is the maximum amount of units allowed for 97151, 97152 & 0362T?	There is no limit or authorization required for assessment codes; however, these codes can only be billed for initial assessments and reassessments.
Assessment	When can we bill 97151?	97151 can be used to bill for assessments, data analysis, treatment plan preparation activities and care coordination as part of the initial assessment or reassessment.
Assessment	When can we bill for reassessments?	Time for reassessments can be billed when a reassessment is required for a continued stay authorization and when a full reassessment is required due to the clinical needs of the youth. For example, a formal reassessment may be needed when a youth was tapered from treatment and has regressed or significant new behaviors are exhibited and a new treatment plan is needed. Justification for billing a reassessment is required in the youth's medical record.
Assessment	How do I bill for ongoing assessment, data analysis and time spent adjusting the treatment plan?	These activities along with care coordination can be billed as part of 97155 with or without the youth present. 97155 must involve face-to-face time with the youth. Time spent in these activities preparing for a face to face with the youth or after the face to face with the youth, is billable under 97155.
Assessment	Is there a separate code for Care Coordination?	At this time, there is no separate code for care coordination. Care coordination activities by the QHP can be billed under 97151 at the time of the initial assessment or reassessment or as part of 97155 as part of ongoing assessment and treatment.
Assessment	Is telephonic Care Coordination billable?	Care coordination activities billed under 97151 or 97155 do not have to be provided face to face.

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Assessment	May 97151 be billed for required ISP reviews?	No, 97155 can be used by the QHP for time spent reviewing treatment plans and making modifications as needed.
Individual Service Plan (ISP)	Are ISPs required to be submitted with the initial service authorization request?	Yes Preliminary ISPs include: • All preliminary goals and objectives presented in a way that summarizes and defines the overall approach to the child's treatment based on the clinical needs and target behaviors as defined in the assessment summary; • Prioritization of the treatment focus defined according to the severity of need; • Description of how the provider will measure progress; • Baseline status (as identified during the assessment and parent interviews) describing the intensity, frequency and duration of each behavior that is targeted for therapy;
Individual Service Plan (ISP)	Are ISPs required for a continued stay?	Yes, an updated ISP is required to be submitted with a continued stay authorization request.
Individual Service Plan (ISP)	Do we have to do a 30-day ISP review and a quarterly review?	Yes, from Chapter IV of the Mental Health Services Manual: For services that require a 30 calendar day ISP review, the 30 calendar day ISP review requirements can be met through a progress note that clearly documents the following: • the treatment plan, including goals and progress towards them has been discussed with the team and the individual; • any alterations to the ISP; • the review and any necessary changes have been discussed with the individual and the individual's response. The individual's signature is not required. During months where a quarterly review or annual ISP update is conducted, no additional documentation is necessary to meet 30-day ISP review requirements.
Individual Service Plan (ISP)	Do we have to submit the 30-day ISP review or is it held in case of audit?	Providers do not need to submit the 30-day ISP review but it must be included in the individual's medical record.

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Individual Service Plan (ISP)	Where is the ISP template located?	https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/ File Name: Enhanced Services ISP Template
Individual Service Plan (ISP)	Can technician level staff complete the ISP and do the necessary reviews and updates?	Technician level staff can provide input, but ISP development, reviews and updates must be completed by a LBA, LABA, LMHP, LMHP-R, LMHP-RP or LMHP-S.
Family Involvement	Is there a required ratio of time that a youth must be part of family training?	There are no DMAS requirements for how often the youth must be present during family training. Centers for Medicare and Medicaid Services (CMS) requires that all family training without the youth present must be for the direct benefit of the youth.
Family Involvement	Does weekly family involvement mean that 97156 has to be billed weekly?	No, direct family involvement is required at a minimum of weekly but the amount of direct interaction with the treatment provider will vary according to the clinical necessity and the youth and family goals in the ISP. Family involvement includes but is not limited to assessment, family training, family observation during treatment, updating family members on the youth's progress and involving the family in updating treatment goals.
Family Involvement	How often is structured family training required?	There is no requirement for how often structured family training should occur. It should be based on the needs of the youth and family as documented in the ISP.
Family Involvement	Can the person present during 97153 be a hired caregiver if family cannot be present?	DMAS does not have a requirement that the family be present for every session.
Supervision	Is supervision of unlicensed staff required with the youth present? Can it happen virtually?	DMAS defers to the applicable Department of Health Professions health regulatory board and the Behavior Analyst Certification Board for guidance on the nature of supervision.
Supervision	Is supervision time billable?	Supervision time without the individual present is not billable. The technician rates were built to include required supervision by the QHP. 97155 and 97153 may be billed together for supervision activities when the QHP is directing the technician in delivering treatment and when the QHP, technician and the youth are all present.

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School Services	What about school settings?	ABA in the school setting may only be provided when the purpose is for observation and collaboration related to behavior and skill acquisition (not direct therapy) and services have been authorized by the school, parent and provider and included in the ISP. QHPs may provide services in a classroom setting or as part of an IEP meeting for treatment planning. Providers may not bill technician level codes for observation and collaboration in the school setting. DMAS interprets "school" as any type of education setting, private or public. The CPT code used in the school setting will vary depending on whether the service provided is an assessment and consultation as part of an initial assessment or reassessment (97151), ongoing assessment and treatment plan development for a youth already receiving services (97155) or direct training with school staff (97156) on behavior strategies specific to the youth. DMAS will be issuing guidance on ABA covered under school health services effective 7/1/2022 when it is available. School health services are provided by the local education agency and DMAS anticipates that ABA provided under school health services will vary depending on the local education agency providing services. Local education agencies have the option to contract with private providers or use school staff to provide school health services.

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School Services	Can you share the budget language related to School Health Services?	2021 Special Session Acts of Assembly, Item 313, AAAAAA *AAAAAA. The Department shall amend the State Plan for Medical Assistance to allow payment of medical assistance services delivered to Medicaid-eligible students when such services qualify for reimbursement by the Virginia Medicaid program and may be provided by school divisions, regardless of whether the student receiving care has an individualized education program or whether the health care service is included in a student's individualized education program. Such services shall include those covered under the state plan for medical assistance services or by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit as specified in § 1905(r) of the federal Social Security Act, and shall include a provision for payment of medical assistance for health care services provided through telemedicine services, as defined in § 38.2-3418.16. No health care provider who provides health care services through telemedicine shall be required to use proprietary technology or applications in order to be reimbursed for providing telemedicine services.*
Concurrent Billing	Can a 1:1 technician be billed separately if the provider is billing 97154?	No Please see the *ARTS and MHS Doing Business with the MCOs Spreadsheet* for ABA concurrent billing rules. https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/
Concurrent Billing	Can 97153 and 97156 be billed concurrently if the child is not involved with the family training?	97153 and 97156 can be billed for the same time period if the services are provided by two different qualified staff members (one staff member working with the youth and one with the family).
Concurrent Billing	What services are not allowed concurrently with ABA?	Services cannot be authorized concurrently with o Intensive In-Home, o Mental Health Skill Building, o Psychosocial Rehabilitation, o Partial Hospitalization Program, o Assertive Community Treatment, o 14-calendar day service authorization overlap with these services is allowed as youth are being admitted or discharged from ABA to other behavioral health services

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Concurrent Billing	Can a youth receive both ABA and MST or FFT at the same time?	Yes, there is no restriction on ABA being authorized concurrently with MST or FFT.
Service Authorization	Do we still need to have an order or letter recommending services signed by a physician, nurse practitioner or physician assistant who is the child's primary care provider or another provider familiar with the developmental history and current status of the child?	The letter is no longer required but the QHP must notify the primary care physician that the child is receiving ABA services
Service Authorization	If a client becomes very destructive after beginning services but we were unaware of how severe it would be, would we need to submit a new auth to include the 0362T code or could we just ask for that code to be added to current auth?	No, 0362T is an assessment code that does not require service authorization. The provider would need to document justification for a reassessment using 0362T.
Service Authorization	When requesting units for authorizations, will we need to specify how many units are requested per code or just request an overall number of units?	The number of units per code is not necessary for the service authorization as all treatments codes are authorized under 97155 but the ISP should reflect the types and frequency of treatment. For all requests exceeding 20 hours (80 units) or more per week, the provider must submit with the service authorization request the schedule of activities used to structure the service sessions and describe how the activity will facilitate the implementation of the behavioral modification plan.
Service Authorization	Will the care coordination activities billed under 97151 be included in the authorized units?	No, 97151 does not require service authorization.
Service Authorization	Just to clarify, we will bill the appropriate codes when services are rendered but not to exceed the total number of 97155 units in the current authorization?	Yes, The 97155 code will be used on the service authorization to enter the total number of authorized treatment units but providers should bill using the adaptive behavior treatment CPT code appropriate for the service provided. The ISP must reflect the type and frequency of treatment interventions.
Billing for two technicians	Do all staff members always need to be present when billing team rates (0362T, 0373T)?	The QHP does not need to be present the entire time when billing team-based codes but must be on-site, immediately available and interruptible to provide assistance and direction.

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Billing for two technicians	Can 97153 be billed concurrently for 2 technicians? If two technicians are needed to work with an individual (there are some protocols like PECS, which take two people), can that be billed on a limited basis?	If two technicians are required for treatment and the QHP is not required to be on-site, the provider must document the reason why two technicians are required in the ISP and bill 97153 for each technician. The justification for two technicians and anticipated duration of treatment must be documented in the ISP and submitted to the MCO as part of the service authorization.
Billing	Are LBAs allowed to bill for direct service (97153)?	Yes, LBAs can bill for technician level CPT codes when they are providing that level of service. The LBA must use the appropriate billing modifier.
Billing	Can LMHP-Rs, LMHP-RPs and LMHP-S provide CPT codes that require a physician or other qualified healthcare professional?	LMHP-Rs, LMHP-RPs and LMHP-Ss who have completed education and training in ABA may provide these services under the supervising LMHP.
Billing	Where can we find the new rates?	https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2021.10.14.pdf
Billing	Is there any guidance when claims have to go to commercial plan as primary first, and they only pay a portion of what we are billing now, will MCOs process secondary claims?	All claims must first be submitted the youth's commercial plan before being submitted to the youth's Medicaid MCO for secondary coverage consideration.
Billing	Will the MCO reimburse 97156 if the primary does not permit this service via telehealth but it is permitted via telehealth under Virginia Medicaid?	All claims must first be submitted the youth's commercial plan before being submitted to the youth's MCO for secondary coverage consideration.