

Maryland Medical Assistance Program Applied Behavior Analysis (ABA) Provider Manual



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Table of Contents

ABA Overview	3
Regulatory Authority	3
Purpose	4
HIPAA	4
National Provider Identifier (NPI)	4
Provider Enrollment and Registration	5
➤ Enrollment of Behavior Technicians	5
Background Checks	6
Screening for Excluded Individuals	6
Requirements to Access ABA Services	7
Preauthorization of Services	7
Medical Assistance Payments	8
Documentation of Services	8
Telehealth Readiness Checklist	9
Treatment Plan Requirements	9
Covered Services	9
Limitations	10
Guidelines for Clinic-Based ABA Services	11
Sentinel Events	12
Contact Information	13
ABA Fee Schedule (Effective July 1, 2024)	14

ABA Overview

Effective January 1, 2017, the Maryland Department of Health (MDH) began covering medically necessary Applied Behavior Analysis (ABA) therapy services for Medicaid enrolled participants under the age of 21.

In order for a child/adolescent to receive ABA therapy services, he/she must be diagnosed with an Autism Spectrum Disorder (ASD) by a qualified health care professional (QHCP);

- A developmental pediatrician;
- A pediatric neurologist;
- A child psychiatrist;
- A clinical psychologist;
- A neuropsychologist;
- A pediatrician; or
- A nurse practitioner.

The QHCP must have training and experience to diagnose ASD through the use of a comprehensive diagnostic evaluation (CDE) and with the help of validated instruments, resulting in a referral for ABA therapy services.

ABA services are only available under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The EPSDT program offers comprehensive and preventive health care services for individuals under age 21 who are enrolled in the Maryland Medical Assistance Program (The Program). ABA services will be covered and reimbursed by the Medical Assistance fee-for-service program through its Behavioral Health Administrative Service Organization (BHASO), Optum Maryland.

Regulatory Authority

This manual derives its legal authority from the following Code of Maryland Regulations (COMAR).

Governing COMAR Regulations	Title
10.09.28	Applied Behavioral Analysis Services
10.09.36	General Medical Assistance Provider Participation Criteria
10.09.49	Telehealth Services

The regulations may be viewed in their entirety online at the Maryland Division of State Documents website: <https://dsd.maryland.gov/Pages/COMARSearch.aspx>

Purpose

The purpose of this manual is to provide policy and billing instructions for providers who render ABA services. ABA providers will bill on the CMS-1500 claim form if billing on paper or, if billing electronically, bill on the CMS 837P (professional) claim format. Providers of ABA services are reimbursed in accordance with the *ABA Fee Schedule* that can be found at the end of this manual or on the [ABA webpage](#).

HIPAA

The Administrative Simplification provisions of the **Health Insurance Portability and Accountability Act (HIPAA)** of 1996 require that standard electronic health transactions be used by health plans including private, commercial, Medical Assistance (Medicaid), Medicare, health care clearinghouses and health care providers. A major intent of the law is to allow providers to meet the data needs of every insurer electronically, with one billing format, using health care industry standard sets of data and codes.

In January 2009, the Federal government mandated the implementation of HIPAA-compliant 5010 transaction standards to support the mandated upgrade to the ICD-10-CM classification system. 5010 compliance allows for improved technical coordination, accommodation for evolving business needs, and consistency in reporting requirements. The 5010 compliance was implemented on July 1, 2012.

Any questions regarding 5010 compliance should be directed to [Optum Maryland](#).

More information on HIPAA may be obtained from:
<https://www.hhs.gov/hipaa/for-professionals/index.html>.

National Provider Identifier (NPI)

All health care providers that render ABA services must have a NPI. The NPI is a unique, 10-digit, numeric identifier that does not expire or change. NPI's are assigned to improve the efficiency and effectiveness of the electronic transmission of health information. Implementation of the NPI impacts all practice, office, or institutional functions including billing, reporting and payment.

The NPI is administered by the Centers of Medicare and Medicaid Services (CMS) and is required by HIPAA. Apply for an NPI by using the web-based application process via the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Provider Enrollment and Registration

All ABA providers must first enroll with Maryland Medicaid to receive a Medicaid provider number and then must register with the BHASO. ABA providers may enroll in the Program as an individual ABA provider and/or a group ABA provider.

To enroll with the Program, all ABA group practices and individual licensed psychologists, Board Certified Behavior Analysts-Doctorate (BCBA-D), Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analysts (BCaBA), Registered Behavior Technicians (RBT) and Behavior Technicians (BT) must enroll through the Maryland Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP) at <https://eprep.health.maryland.gov/>.

ePREP is the one-stop shop for provider enrollment, re-enrollment, revalidation, information updates and demographic changes. Licensed psychologists who provide ABA services to Maryland Medicaid participants must complete the *ABA Attestation Form* on the [ABA webpage](#).

It is highly recommended that newly enrolled ABA provider groups attend a virtual Meet and Greet with the managing ASO within the first three months of becoming an in-network provider to review specific expectations and requirements of the ABA benefit.

NOTE: ePREP applications are managed and reviewed by MDH. The ASO does not manage any aspect of ePREP.

Enrollment Requirements for Behavior Technicians

Behavior technicians (BT) can enroll with Maryland Medicaid prior to obtaining their RBT certification. This will allow BTs to provide ABA services to eligible participants while obtaining the training and experience necessary for RBT certification. BTs must meet all other Medicaid enrollment requirements in accordance with COMAR 10.09.28.02I.

Effective October 1, 2022, all enrolling BTs seeking to render ABA services to Medicaid participants must follow the instructions below when submitting their application in the electronic Provider Revalidation and Enrollment Portal (ePREP):

1. Select the specialty code 325 for BTs.
2. Enter "BT" for the license number.
3. Attach a copy of their high school diploma or a national equivalent.
4. Enter the application date for the issuance date.
5. Enter [*date of application + 90 days*] as the expiration date.

All BTs are required to submit proof of RBT certification via ePREP as a supplemental application within the 90-day grace period for continued Medicaid enrollment. The 90-day grace period does not apply to the other enrollment requirements outlined in COMAR 10.09.28.02I.

NOTE: The 90-day grace period is specific to the individual and not specific to the ABA company they are employed by. If the individual BT moves to another company, the 90-day period does not restart.

Background Checks

ABA providers must have a completed Criminal Justice Information System's (CJIS) criminal background check as part of enrollment in ePREP, and complete the CJIS Private Parity Petition form, which can be found on the [DPSCS website](#).

Screening for Excluded Individuals

All providers who participate in Maryland Medicaid and receive Medicaid payments for services rendered are responsible for checking the Department of Health and Human Services' Office of Inspector General's (DHHS-OIG) website to assure that they are not wrongfully contracting or employing an excluded individual. OIG has the authority to exclude individuals and entities from federally funded health care programs for a variety of reasons. The DHHS-OIG website is <https://www.oig.hhs.gov/exclusions/index.asp>.

It is every individual provider's and agency's responsibility to assure that all staff working with Medicaid programs, either through direct service or administrative support, are eligible to participate in programs receiving federal reimbursement.

Failure to screen employees and contractors, and maintaining documentation of the regular screening, can result in disciplinary action. To ensure compliance, each agency should complete this screening procedure for all employees every 30 days.

Guidelines for Educational Coursework and Supervisory Experience of Licensed Psychologists

Listed below are some guidelines on coursework and experience for psychologists who wish to provide ABA services to Maryland Medical Assistance Program participants:

- **Coursework:** Master's degree or doctoral degree in psychology that includes, at a minimum, 40 coursework hours in behavior analysis, behavior management theory, techniques, interventions and ethics, and autism spectrum disorders; *and*
- **Supervisory experience*:** At a minimum, one year (1,500 hours) of supervised clinical experience inclusive of:
 - a. Minimum one year direct care services to children; *and*
 - b. Minimum one year direct care utilizing applied behavior analysis, behavior techniques, interventions and monitoring of behavior plan implementation; *and*
 - c. Experience must have included work with individuals with ASD.

*The Behavior Analyst Certification Board (BACB) outlines additional supervisory requirements including documentation, an 8-hour training course, and oversight by a Requirements Coordinator. For more information and to complete the *Non-certified RBT Supervisor Form*, please see the RBT Supervision and Supervisor Requirements at: <https://www.bacb.com/supervision-and-training/>.

Requirements to Access ABA Services

ABA Services are available to Maryland Medicaid recipients who are under the age of 21, reside in a home/community setting, have a confirmed diagnosis of Autism Spectrum Disorder (ASD), and have been referred for ABA services by a qualified health care professional. ABA services will be reviewed based on medical necessity for the services being requested.

Important Definitions		
<p>CDE <i>Comprehensive Diagnostic Evaluation</i></p> <p>The following components are required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent/caregiver interview <input type="checkbox"/> Description of participant’s development and psychosocial history <input type="checkbox"/> Direct observation of participant outlining behaviors consistent with DSM-V criteria for the diagnosis of ASD (mental status exam) <input type="checkbox"/> Description of current functioning across major domains of development <input type="checkbox"/> Statement identifying presenting diagnosis (F84.0, F84.5, F84.8, F84.9) 	<p>QHCP <i>Qualified Health Care Professional</i></p> <p>The following providers with training and experience to diagnose ASD:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Developmental pediatricians <input type="checkbox"/> Pediatricians <input type="checkbox"/> Pediatric Neurologists <input type="checkbox"/> Child Psychiatrists <input type="checkbox"/> Clinical Psychologists <input type="checkbox"/> Neuropsychologists <input type="checkbox"/> Nurse Practitioners 	<p>CCF <i>Clinical Confirmation Form</i></p> <p>A form to be completed by a QHCP to confirm a participant continues to meet the criteria for Autism Spectrum Disorder.</p> <p>Note: <i>The need for the form is dependent on age of participant at time of ASD diagnosis and amount of time since that diagnosis was given.</i></p>

Preauthorization of Services

All ABA services require prior authorization from the BHASO. The BHASO will only authorize ABA services if a QHCP completes a CDE and prescribes medically necessary ABA services. The CDE must include:

- A direct observation of the participant;
- Interviews with the participant’s parent or caregiver;
- Documentation of developmental history, psychosocial history, and current functioning across major domains of development; and
- A confirmed diagnosis of Autism Spectrum Disorder (ASD).

After a CDE has been completed, a psychologist, BCBA-D, or BCBA must complete an assessment of the child/adolescent and develop a detailed treatment plan.

Preauthorization for services from the BHASO are valid for a maximum of 180 days. Prior to the end of the authorization period, the psychologist, BCBA-D, or BCBA must administer a reassessment of the child/adolescent’s need for ABA services in order to determine if services continue to be medically necessary. A reassessment and subsequent preauthorization will be required every 180 days for the duration of the child/adolescent's treatment.

Medical Assistance Payments

All payments made by the BHASO to providers shall be considered payment in full for services rendered. Providers are prohibited from collecting additional payment from Program participants or participants' families for either covered or denied services. Such action constitutes an overpayment and is in violation of both Federal and State regulations.

The Program shall provide fee-for-service reimbursement for covered ABA services to the following ABA providers:

- An ABA group; and
- An individual ABA provider (psychologist, BCBA-D or BCBA).

BCaBAs, RBTs and BTs rendering ABA services cannot bill directly to the Maryland Medical Assistance Program and receive reimbursement.

Claims for all ABA services must be submitted to the BHASO for reimbursement.

Documentation of Services

The provider must maintain documentation of each service delivered under the participant's treatment plan, which, at a minimum, includes:

- Consent to treatment from the participant or the participant's parent or guardian;
- The location, date, start time, and end time of the service;
- A brief description of the service provided, including reference to the treatment plan;
- A description of the participant's behaviors or symptoms in measurable terms;
- A description of the participant's parent or caregiver's participation in the ABA treatment sessions, including the parent or the caregiver's name and relationship to the participant, date and time of participation OR notification of the participant's parent or caregiver's consent to be absent and;
- A legible signature, along with the printed or typed name of the individual providing care, with the appropriate title.

Telehealth Readiness Checklist

Effective October 16, 2023, the [Telehealth Readiness Checklist](#) will be a required element to be added to treatment plans when requesting telehealth services for 97155, 97156 and 97157. Please ensure that all areas of the Telehealth Readiness Checklist are assessed and that the checklist is being utilized to determine if telehealth services are appropriate for the participant and the family. When billing for services that are rendered via two-way HIPAA compliant audio-visual telehealth, providers must bill using the GT modifier and Place of Service 11 to indicate telehealth delivery model.

Treatment Plan Requirements

To request prior approval for initial and/or concurrent ABA treatment, providers must use the [Treatment Plan Template](#), which contains the following sections:

- Biopsychosocial information
- Coordination with other behavioral health and medical providers
- Summary of direct observations related to core deficits of ASD
- Skill acquisition goals
- Behavioral Intervention Plan
- Behavior reduction goals
- Parent/caregiver goals
- Generalization plan
- Transition and fading plan
- Discharge criteria
- Crisis Plan
- Individualized Recommendation for ABA services

Covered Services

ABA services must be administered by a licensed psychologist, a BCBA-D, a BCBA, a BCaBA, RBT and/or a BT working within his/her scope of practice. When services are provided by a BCaBA, RBT or BT, they must be performed under the direction of a psychologist, BCBA-D, or BCBA.

The following ABA services are available to eligible children/adolescents with ASD when the ABA services are determined to be medically necessary:

- An ABA assessment by a psychologist, BCBA-D or BCBA;
- An ABA reassessment administered to a child/adolescent every 180 days by a psychologist, BCBA-D or BCBA;
- A behavior identification supporting assessment administered to a child/adolescent by a BCaBA, RBT, or BT under the direction of a psychologist, BCBA-D, or BCBA;
- A behavior identification supporting assessment and adaptive behavior treatment with four required components for specific, severe destructive behaviors conducted in a

structured and safe environment by two or more BCaBAs, RBTs, or BTs with the psychologist, BCBA-D, or BCBA onsite;

- ABA therapy that consists of individual, group and social skills therapies, which may be administered by various providers. To see which providers may provide which service, go to COMAR 10.09.28.04;
- ABA parent training that consists of individual training with or without the child present and multiple-family group training. To see which providers may provide which service, go to COMAR 10.09.28.04;
- Direction or remote direction* of a BCaBA, RBT, or BT, performed by a psychologist, BCBA-D, or BCBA. The direction must be performed on an ongoing basis, equal to at least 10 percent of the amount of hours that the BCaBA, RBT, or BT is providing direct ABA services to the participant, or group of participants.

*Please note that the provider must obtain approval by MDH or the BHASO for remote direction; and

- ABA treatment planning performed by a psychologist, BCBA-D or BCBA and consisting of the development and revision of treatment plan and goals, data analysis, and real-time, direct communication with the participant's other service providers. Treatment planning can be utilized for a maximum of four hours per month.
- The following services may be rendered via a two-way audio-visual telehealth delivery model:
 - Direct supervision of a BCaBA, RBT, or BT;
 - Parent training; and
 - Group parent training.

Limitations

ABA services must be delivered in a home or community setting, including a clinic, when medically necessary. See [Guidelines for Utilizing Clinic-Based ABA services](#).

The ABA provider may not bill the Program for the following services:

- Services rendered when measurable functional improvement or continued clinical benefit is not met, and treatment is not deemed medically necessary;
- Services not preauthorized by the BHASO;
- Services rendered that are beyond the provider's scope of practice;
- Services rendered but not documented in accordance with COMAR 10.09.28.04;
- Services rendered by mail or telephone;
- Services whose purpose is vocationally- or recreationally-based;

- Respite services;
- Services that duplicate a service that a participant is receiving under another medical care program; and
- Services provided in a 24-hour, 365-day residential program funded with federal, State, or local government funds.

The ABA provider may also not bill Maryland Medical Assistance program for:

- Custodial care;
- Completion of forms and reports;
- Broken or missed appointments;
- Travel to and from site of service; and
- Telehealth services that don't meet the requirements in COMAR 10.09.49.

Services shall be discontinued if:

- No longer medically necessary;
- Long-term treatment goals and objectives are achieved; or
- The participant is not demonstrating progress towards treatment goals and objectives and measurable functional improvement is no longer expected.

Guidelines for Utilizing Clinic-Based ABA Services

The efficacy of providing ABA services in the home allows for the child's generalization of skills through an individualized treatment plan and the targeting of maladaptive behaviors, if any. It also allows for adequate parent training and observation; however, in certain instances, clinic-based services may also be authorized.

According to COMAR 10.09.28.05C ABA services shall be delivered in a home or community setting, including a clinic, when medically necessary.

Certain ABA services for members diagnosed with autism may be medically justified to be performed in a clinic-based setting. These include:

- A functional analysis in which scenarios will be tested that include a high probability for explosive, aggressive or self-injurious behavior;
- ABA treatment provided to members with severe behavior such that it may be unsafe for them to be treated in the home setting and may necessitate multiple staff to be present;
- ABA treatment provided to members whose home environments are considered not safe, as a current health hazard or environmental barrier is present that the provider demonstrates an inability to mitigate;

- ABA treatment provided in a group and/or targeting social skills with 2-8 members; and
- Multi-family group training.

A treatment plan in which clinic-based services are requested must be individualized, based on the medical necessity of the member and must indicate:

- Specific, individualized rationale as to why services are being recommended to be provided in a clinic-based setting;
- A detailed plan for transitioning care into the member’s home and/or community environment;
- Objectives that will be targeted in the clinic-based setting that are being recommended for treatment (if recommending more than one setting, include objectives that will be targeted in each setting where treatment is being proposed to occur); and

Please note that to be in compliance with COMAR 10.09.28.05D, the participant’s parent or caregiver shall be trained to reinforce ABA services for the participant in a clinically effective manner.

Sentinel Events

Maryland PBHS licensed providers are required to report sentinel events regarding participants receiving services in any level of care. Providers shall report Sentinel Events to Optum Maryland within 24 hours via its call center, or electronic fax a completed [Incident Report Form](#).

- Optum Call Center weekdays from 8 a.m. to 5 p.m. at 1-800-888-1965 or TTY at 711.
 - press Option 1 and then Option 4 to speak with the ABA department; or
- Send a Fax to (844-882-9917) or (855-818-9474)

A Sentinel Event also known as a ‘critical incident’ is defined as an unexpected occurrence that represents actual or the risk of serious harm of participants or to others by a participant who is in treatment. Sentinel Events are defined as any of the following:

- (a) Death (suicide or unexpected) of a program participant
- (b) A homicide that is attributed to a participant who, at the time of the homicide, was engaged in treatment at any level of care or was engaged in treatment within the previous 60 calendar days.
- (c) Any serious or life-threatening injury to a program participant when in a treatment setting resulting in urgent/emergent interventions. Serious injury specifically includes:
 - Loss of limb or function;
 - Non-consensual sexual activity, as prohibited in COMAR 10.01.18;
 - Any sexual activity between a staff member and a program participant;
 - Unexpected evacuation of a building under circumstances that threaten the life, health, or safety of participants;

- Serious adverse reaction to behavioral health treatment requiring urgent or emergent medical treatment;
- Injuries sustained during treatment, including accidental injuries;
- Human Rights Violations (e.g., neglect, exploitation);
- A serious physical assault of or by a participant, requiring urgent or emergent medical intervention that occurred on facility premises while the participant was receiving facility-based treatment.

ABA related sentinel events shall be investigated by Optum Maryland. Optum Maryland shall submit recommendations to Medicaid and Maryland Division of Children Services. Following their review, a letter of determination will be sent to the Provider indicating the Quality of Care concern(s), if any, that contributed to the occurrence of the sentinel event.

Contact Information

For additional information about the ABA program, e-mail your inquiries to:
MDH.ABA@maryland.gov.

ABA resources including the ABA fee schedule, provider manual, and FAQs can be viewed on the MDH ABA webpage at: <https://mmcp.health.maryland.gov/epsdt/ABA/Pages/Home.aspx>.

For questions regarding billing, preauthorization or provider registration, please contact Optum Maryland at 800-888-1965.

ABA Fee Schedule (Effective July 1, 2024)

CPT Code	Description	Provider	Rate	Time	Daily Max	Limitations
97151	Behavior Identification Assessment	Psychologist/ BCBA-D/BCBA	\$38.34	15 minutes	32 units	
97152	Behavior Identification Supporting Assessment	BCaBA/RBT/BT	\$19.17	15 minutes	32 units	
H2012	Adaptive Behavior Treatment Planning	Psychologist/ BCBA-D/BCBA	\$38.34	15 minutes	16 units	Maximum of 4 hours per month
0362T	Exposure Behavior Identification Supporting Assessment	2 or more BCaBAs/RBTs/BTs with Psychologists/ BCBA-D/BCBA on site	\$52.28	15 minutes	32 units	Psychologist/BCBA-D/BCBA must be onsite, defined as immediately available and interruptible to provide assistance and direction
97153	Adaptive Behavior Treatment by protocol	Psychologist/ BCBA-D/BCBA/BCaB A/RBT/BT	\$24.41 for Psychologist/BCBA-D/ BCBA \$20.91 for BCaBA \$19.17 for RBT/BT	15 minutes	32 units	
97154	Group Adaptive Behavior Treatment by protocol	Psychologist/ BCBA-D/BCBA BCaBA/RBT/BT	\$10.45 per ABA participant for Psychologist/BCBA-D/ BCBA \$8.36 per ABA participant for BCaBA \$6.96 per ABA participant for RBT/BT	15 minutes	16 units	Group limited to 2-8 ABA participants

CPT Code	Description	Provider	Rate	Time	Daily Max	Limitations
97155*/ 97155 (GT)	Adaptive behavior treatment by protocol modification/ Direction	Psychologist/BCBA-D/ BCBA	\$38.34	15 minutes	24 units	GT modifier signifies remote direction of technician
97156*	Family Adaptive Behavior Treatment guidance without the child present	Psychologist/BCBA-D/ BCBA/BCaBA	\$20.91 for Psychologist/BCBA-D/ BCBA \$12.21 for BCaBA	15 minutes	16 units	
97156** (U2)	Family Adaptive Behavior Treatment guidance with the child present	Psychologist/BCBA-D/ BCBA/BCaBA	\$38.34 for Psychologist/BCBA-D/ BCBA \$20.91 for BCaBA	15 minutes	16 units	
97157*	Multiple-Family group Adaptive Behavior Treatment guidance	Psychologist/BCBA-D/ BCBA	\$12.91 per family	15 minutes	10 units	Group limited to 2-8 families
97158	Group Adaptive Behavior Treatment with protocol modification	Psychologist/BCBA-D/ BCBA	\$10.45 per ABA participant	15 minutes	10 units	Group limited to 2-8 ABA participants
0373T	Exposure Adaptive Behavior with protocol modification	2 or more BCaBAs/RBTs/BTs with Psychologists/ BCBA-D/BCBA on site	\$52.28	15 minutes	24 units	Psychologist/BCBA-D/BCBA must be onsite, defined as immediately available and interruptible to provide assistance and direction

*Service can be provided via telehealth using the GT modifier

**Service provided with the child present should use the U2 modifier.