



Applied Behavior Analyst (ABA) Provider Frequently Asked Questions

This FAQ document will continue to be reviewed and updated frequently in order to provide the most current and pertinent information.

(For any client or account specific questions, please contact a Beacon Health Options' representative by calling the toll free number located on the back of the member's identification card)

ABA Codes and New AMA Codes

Q: What are the new American Medical Association (AMA) Current Procedural Terminology (CPT®) codes for Applied Behavior Analysis (ABA)?

A. Effective January 1, 2019, the AMA is moving to a new set of Category I codes for ABA services.

Q: What is the difference between the Category III codes and the new Category I codes?

A. The Category III codes provided more detail on the services provided to patients and identify the provider type who is delivering services, but they were not permanent. With the new detailed, permanent AMA codes, Beacon Health Options (Beacon) will begin honoring claims submitted for ABA services provided by qualified technicians for new treatment plans if they meet specific criteria.

Q: Where can I find a complete listing of the ABA CPT codes with description?

A. A printable crosswalk is located on our ABA page here: www.beaconhealthoptions.com/providers/beacon/network/applied-behavior-analysts/.

Q: Will we get new fee schedules with the new codes?

A. Yes, updated fee schedules with the new codes and rates for ABA services will be sent to providers.

Q: When will I be required to begin using the new AMA CPT codes?

A. ABA providers should now be using the new AMA CPT codes when requesting new or continued authorizations starting January 1, 2019.

CPT® is a registered trademark of the American Medical Association.

Exceptions: All providers will move to the new coding structure unless instructed differently based on contract requirements or by a Clinical Care Manager related to a specific authorization.

Q: What if an active authorization is in place using the old codes. Do I need a new authorization?

A: No. At this time, all services actively authorized under the old codes will be honored. The clinical team will follow up with providers as necessary if a new authorization is required.

Q: Is Beacon offering provider training regarding these changes?

A: Yes. Training is being offered for ABA providers through the beginning of the new year. More information is located on our ABA Network-Specific page: www.beaconhealthoptions.com/providers/beacon/network/applied-behavior-analysts/.

General Questions

Q: What are the covered diagnoses for ABA services?

A: The covered diagnosis is Autism Spectrum Disorder (ASD) F84.0.

Q: How do I verify a member's eligibility, benefits, copayment, or coinsurance?

A: There are two options for verifying eligibility, benefits, copayment, and/or coinsurance:

- Call the number listed on the member's insurance card identified for providers or identified for benefits and eligibility information.
- Access our provider portal, located on our website's provider dashboard: www.beaconhealthoptions.com/providers/beacon/.

Q: What is the Out-of-Network Coverage for ABA Providers?

A: Out-of-network coverage is determined by the benefit plan. If a family is already in treatment with an ABA provider who is not in network, the provider should contact Beacon about applying to join the network.

Q: What if I work with a different company for a component of a particular ABA member's plan (i.e., Blue Cross pays claims)?

A: That information is addressed on our list of Network-Specific websites, located here: www.beaconhealthoptions.com/providers/beacon/network/.

Clinical Questions

Q: What if an active authorization is in place using the old codes. Do I need a new authorization?

A: No. At this time, all services actively authorized under the old codes will be honored. The clinical team will follow up with providers as necessary if a new authorization is required.

Q: How do I obtain authorization to treat a member for ABA services?

A: We encourage all providers to submit requests for authorizations, either initial or concurrent, online via our provider portal. If necessary, for questions regarding an initial authorization for ABA services, contact Beacon by calling the dedicated toll-free number listed on the member's insurance card. A Beacon Customer Service Representative will connect you with a Clinical Care Manager. An authorization will be provided to a qualified ABA provider for the completion of an assessment and initial treatment plan.

Q: How do I obtain the ABA Treatment Forms?

A: We strongly encourage providers to submit authorization requests electronically through our provider portal. If paper forms are needed, they are located under Forms from our provider dashboard: www.beaconhealthoptions.com/providers/beacon/.

Q: I faxed in a paper treatment request form, how long does it take to get an authorization?

A: Unless specified by contract requirements, our average turn-around time for reviewing the treatment requests and providing an authorization is 15 calendar days. We suggest submitting authorization requests directly to Beacon through our provider portal.

Q: When do I submit my request for additional authorization?

A: Prior to exceeding the number or timeframe of the authorized services, you can enter a concurrent authorization request via our provider portal or submit the ABA Treatment Form-Concurrent for additional units.

Q: Who do I contact for questions concerning my authorization requests?

A: Administrative questions regarding your authorization are directed to the dedicated toll-free number listed on the member's insurance card. For clinical questions, a Beacon Customer Service Representative will connect you with a Clinical Care Manager.

Claims & Billing Questions

Q: What procedure codes should be billed for ABA services?

A: The new permanent AMA ABA codes as referenced in the code crosswalk should now be used.

Exceptions: All providers will move to the new permanent coding structure unless instructed differently based on contract requirements or by a Clinical Care Manager related to a specific authorization.

Q: What is the billing and claims submission process for ABA services?

A: We encourage providers to submit claims electronically via our provider portal; however, claims can also be submitted using a standard CMS 1500 claim form.

Please contact the number located on the back of the member's identification card to obtain the claims mailing address for your specific member if necessary.

Online Services

Q: What online services does Beacon offer?

A: Beacon's online provider portal is available 24/7 and allows ABA providers access to the following features depending on the member's benefit plan: eligibility/benefit search, direct claim submission, claim and authorization status, request for authorizations, and more. To learn more, visit our website's provider dashboard: www.beaconhealthoptions.com/providers/beacon/.

Q: What is Payspan®?

A: Payspan is a multi-payer adjudicated invoices settlement service that delivers electronic fund transfer (EFT) and electronic remittance advice based on your provider preferences. Once registered through Payspan, you stay in control of bank accounts, file formats, and accounting processes.

Q: Is EFT required?

A: Registration and participation with Payspan is strongly encouraged as Beacon will no longer be mailing paper remittance advice for all plans as of January 1, 2019.

Q: How do I access Payspan?

A: Payspan's website is www.payspanhealth.com. For questions about Payspan, call their Customer Service at 877-331-7154, Monday-Friday 7 a.m.-9 p.m. ET.