

NM Medicaid - Proposed ABA Pricing – Available for Public Comment to be Effective 5/1/15

Service Title	CPT Code	Billing Unit	Modifier 1st	Modifier 2nd	Max Units	PA Req	Psychiatrist	Psychologist (U5)	BCBA-D (Doctorate) (U4)	BCBA (Masters) (U3)	BT – Bachelors (U2)	BT w/o Bachelors (U1)	Comments & Prior Authorization
STAGE 1 - Diagnostic evaluation & Treatment Plan Development													
Mental Health Assessment – Comprehensive Diagnostic Evaluation	T1026	Per hour	TG			Y	\$130.00 per hour	\$130.00 per hour					<ul style="list-style-type: none"> • Prior authorization is required • A new assessment must be performed every 3 years • The service may be provided over several days • Bill the # of hours or partial hours using decimal points for the hours or partial hours provided each day. • The total assessment must not exceed 10 hours
Mental Health Assessment – Targeted Diagnostic Evaluation	T1026	Per hour	HK			Y	\$130.00 per hour	\$130.00 per hour					<ul style="list-style-type: none"> • Prior authorization is required. • Request hours needed as interim assessments become medically necessary
Treatment Plan development ISP Initial	T1026	Per hour	TG	HI		Y	\$110.00 per hour	\$110.00 Per hour					<ul style="list-style-type: none"> • Prior authorization is needed • Request estimated hours needed
Treatment Plan development ISP update	T1026	Per hour	HK	HI		N	\$110.00 per hour	\$110.00 per hour					<ul style="list-style-type: none"> • No prior authorization is needed
STAGE 2 – Behavioral Assessment													
Behavior Identification Assessment	0359T	Per service	U5			Y		\$330 for the complete service	Note: When the unit is “1” for the complete service, if the service is provided over more than one day, the unit of service billed each day must be a decimal point representing the fraction of the service provided each day, such that the total decimal units equal 1 unit			Includes a detailed behavioral history, patient observation, administration of standardized and non-standardized tests, and structured guardian/caregiver interview to identify and describe deficient adaptive e or maladaptive behaviors. Includes interpretation of results and development of plan of care & discussion of findings and recommendations with the primary guardian/caregiver, and preparation of report.	
Behavior Identification Assessment	0359T	Per service	U4			Y		\$330 for the complete service					Prior Authorization: ABA Autism Provider (AP) must submit a request for a Prior Authorization to conduct the Behavior Assessment stating the anticipated number of hours and which codes to be used during the Behavior Assessment (0359T and 0360T) the number of hours to prepare the Treatment Plan, and the amount of time to present and discuss with primary guardian/caregiver the Behavior Assessment and
Behavior Identification Assessment	0359T	Per service	U3			Y			\$283 for the com-				

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										plete service			Treatment Plan. There is only one PA for all elements of the Behavior Assessment process. The request must include the level of the practitioner(s) rendering the service. An eligible recipient must receive a Behavior Assessment annually.
Observational behavioral follow up assessment (1 st 30 min)	0360T	30 min	U5			Y		\$82.50 1 unit is billed for the 1 st 30 minutes					Administered by technician under the direction of a physician/qualified professional (p/qhp), who may or may not be on site during the f2f assessment process. Includes the p/qhp interpretation of results, discussion of findings and recommendations with the primary caregivers, and preparation of report.
"	0360T	30 min	U4			Y		\$82.50 1 unit is billed for the 1 st 30 minutes					These services are provided to patients w specific destructive behaviors or behavioral problems secondary to repetitive behaviors or deficits in communication or social relatedness.
"	0360T	30 min	U3			Y				\$73.50 1 unit is billed for the 1 st 30 minutes			Includes use of structured observation and/or tests to determine levels of adaptive behavior. Specific destructive behaviors assessments include structured observational testing to examine events, cues, responses, and associated consequences. <u>Prior Authorization:</u> In the Prior Authorization request for the Behavior Assessment, the AP must state the anticipated number of hours and which amounts to be utilization of 0360T and +0361T, the number of hours to prepare the Treatment Plan, and the amount of time to present and discuss with primary guardian/caregiver the Behavior Assessment and Treatment Plan. The AP is to use the approved Behavior Assessment Prior Authorization number when billing 0360T and +0361T codes.
Observational behavioral follow up (additional 30")	+0361T	30 min	U5			Y		\$82.50 1 unit is billed for each additional 30 minutes					
"	+0361T	30 min	U4			Y		\$82.50 1 unit is billed for each additional 30					

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									minutes				
	+0361T	30 min	U3			Y				\$73.50 1 unit is billed for each additional 30 minutes			
Exposure behavioral follow up assessment BT face to face (f2f) initial 30 min	0362T	30 min				Y		\$100 1 unit is billed for the 1 st 30 minutes	\$100 1 unit is billed for the 1 st 30 minutes				Administered by p/qhp w the assistance of 1 or more technicians. Includes p/qhp's interpretation of results, discussion of findings and recommendations with caregivers and preparation of report. These patients have more specific severe destructive behaviors and are assessed using structured testing to examine events, cues, responses, and associated consequences.
Exposure behavioral follow up assessment BT f2f, additional 30 min w 1 or more BTs present	+0363T	30 min				Y		\$100 1 unit is billed for the each additional 30 minutes	\$100 1 unit is billed for the each additional 30 minutes				Includes exposing patient to a series of social and environmental conditions associated w destructive behaviors. Must be conducted in a structured, safe environment. Prior Authorization: The AP is to use the approved Behavior Assessment Prior Authorization number when billing 0362T and +0363T codes.
Stage 3 – Treatment													
ABA Case Supervision – 2 staff	T1026	Per hour	UD	U5		N/Y		\$90.00 per hour					Prior Authorization: A Prior Authorization is not required when case supervision is between 1 up to 2 hours for every 10 hours of ABA services to an eligible recipient. If additional time is medically necessary, the AP must request and be approved for additional case supervision time. See the ABA Billing Instructions justification reasons for additional time.
	T1026	Per hour	UD	U4		N/Y			\$90.00 per hour				

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"	T1026	Per hour	UD	U3		N/Y				\$90.00 per hour			
ABA Clinical Management	T1026	Per hour	UC	U5		N/Y		\$70.00 per hour					<p>Prior Authorization: A Prior Authorization is not required when clinical management is between 1 and 2 hours for every 10 hours of ABA services to an eligible recipient. If additional time is medically necessary, the AP must request and be approved for additional clinical management time. See the ABA Billing Instructions justification reasons.</p>
"	T1026	Per hour	UC	U4		N/Y		\$70.00 per hour					
"	T1026	Per hour	UC	U3		N/Y			\$70.00 per hour				
Adaptive behavior treatment by protocol, f2f w 1 recipient 1 st 30 min	0364T	30 min	U5			Y		\$30.00 1 unit is billed for the 1 st 30 minutes					
"	0364T	30 min	U4			Y		\$30.00 1 unit is billed for the 1 st 30 minutes					
"	0364T	30 min	U3			Y			\$28.001 unit is billed for the 1 st 30 minutes				
"		30 min	U2			Y					\$25		

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	0364T										1 unit is billed for the 1 st 30 minutes		services continue to be medically necessary for the eligible recipient by submitting a request for a new Behavior Assessment. If ABA continues to be medically necessary for the eligible recipient, the AP must request a new Service Authorization which includes the initial 6 months of ABA services. See the ABA Billing Instructions for additional requirements.
"	0364T	30 min	U1			Y						\$25 1 unit is billed for the 1 st 30 minutes	
F2F additional 30 minutes	+0365T	30 min	U5			Y		\$30.00 1 unit is billed for the each additional 30 minutes					
"	+0365T	30 min	U4			Y			\$30.001 unit is billed for the each additional 30 minutes				
"	+0365T	30 min	U3			Y				\$28.00 1 unit is billed for the each additional 30 minutes			
"	+0365T	30 min	U2			Y					\$25 1 unit		

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											is billed for the each additional 30 minutes		
"		30 min	U1			Y						\$25 1 unit is billed for the each additional 30 minutes	
Group adaptive behavior treatment by protocol w 2 - 4 recipients 1 st 30 minutes	0366T	30 min	U5	UA		Y		\$17.00 1 unit is billed for the 1 st 30 minutes for each recipient					Administered by technician f2f with 2 to 8 patients under the direction of p/qhp, utilizing a behavioral intervention protocol designed in advance by the p/qhp who may or may not provide direct supervision during the therapy. <i>(We priced assuming the group would not be on the larger end).</i>
"	0366T	30 min	U4	UA		Y		\$17.00 1 unit is billed for the 1 st 30 minutes for each recipient					Prior Authorization: The approved 6 month Prior Authorization details the approach (focus or comprehensive), the duration, intensity and level of the rendering practitioner for 0366T and +03367T codes. See ABA Billing Instructions for additional requirements.
"	0366T	30 min	U3	UA		Y				\$16.00 1 unit is billed for the 1 st 30 minute			

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										for each recipient			
"	0366T	30 min	U2	UA		Y					\$14.50 1 unit is billed for the 1 st 30 minutes for each recipient		
"	0366T	30 min	U1	UA		Y						\$14.50 1 unit is billed for the 1 st 30 minutes for each recipient	
F2F each additional 30 min – group 2-4 recipients	+0367T	30 min	U5	UA		Y		\$17.00 1 unit is billed for the each additional 30 minutes for each recipient					
"	+0367T	30 min	U4	UA		Y			\$17.00 1 unit is billed for the each				

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									additional 30 minutes for each recipient				
"	+0367T	30 min	U3	UA		Y				\$16.00 1 unit is billed for the each additional 30 minutes for each recipient			
"	+0367T	30 min	U2	UA		Y				\$14.50 1 unit is billed for the each additional 30 minutes			
"	+0367T	30 min	U1	UA		Y					\$14.50 1 unit is billed for the each additional 30 minutes for each recipient		
Group adaptive	0366T	30 min	U5	UB		Y		\$8.50					Administered by technician f2f with 2 to 8 patient

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behavior treatment by protocol w 5-8 recdplents 1 st 30 minutes								1 unit is billed for the 1 st 30 minutes for each recipient					s under the direction of p/qhp, utilizing a behavioral intervention protocol designed in advance by the p/qhp who may or may not provide direct supervision during the therapy. <i>(We priced assuming the group would not be on the larger end).</i>
"	0366T	30 min	U4	UB		Y			\$8.50 1 unit is billed for the 1 st 30 minutes for each recipient				Prior Authorization: The approved 6 month Prior Authorization details the approach (focus or comprehensive), the duration, intensity and level of the rendering practitioner for 0366T and +03367T codes. See ABA Billing Instructions for additional requirements.
"	0366T	30 min	U3	UB		Y				\$8.00 1 unit is billed for the 1 st 30 minutes for each recipient			
"	0366T	30 min	U2	UB		Y					\$7.250 1 unit is billed for the 1 st 30 minutes for each recipient		
"	0366T	30 min	U1	UB		Y						\$7.25 1 unit is billed for	

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												the 1 st 30 minutes for each recipient	
Group adaptive behavior treatment by protocol w 5-8 recipients additional 30 minutes	+0367T	30 min	U5	UB		Y		\$8.50 1 unit is billed for the each additional 30 minutes for each recipient					
"	+0367T	30 min	U4	UB		Y		\$8.50 1 unit is billed for the each additional 30 minutes for each recipient					
"	+0367T	30 min	U3	UB		Y			\$8.00 1 unit is billed for the each additional 30 minutes for each recipient				
"	+0367T	30 min	U2	UB		Y					\$7.250 1 unit is billed		

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											for the each additional 30 minutes for each recipient		
"	+0367T	30 min	U1	UB		Y						\$7.25 1 unit is billed for the each additional 30 minutes for each recipient	
Adaptive behavior treatment w protocol modification w 1 recipient f2f, first 30 min	<u>0368T</u>	30 min	U5			Y		\$70.00 1 unit is billed for the 1 st 30 minutes					Administered by p/qhp f2f with single patient. Resolves one or more problems with the protocol and may simultaneously instruct a technician or caregiver in administering the modified protocol. <u>Prior Authorization:</u> The approved 6 month Prior Authorization details the approach (focus or comprehensive), the duration, intensity and level of the rendering practitioner for 0368T and +0369T codes. See ABA Billing Instructions for additional requirements.
"	0368T	30 min	U4		1	Y		\$70.00 1 unit is billed for the 1 st 30 minutes					
"	0368T	30 min	U3		1	Y				\$50.00 1 unit is billed for the 1 st 30			

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										minutes			
Above, each additional 30 min	+0369T	30 min	U5		3	Y		\$70.00 1 unit is billed for the each additional 30 minutes					
"	+0369T	30 min	U4		3	Y		\$70.00 1 unit is billed for the each additional 30 minutes					
"	+0369T	30 min	U3		3	Y				\$50.00 1 unit is billed for the each additional 30 minutes			
Family adaptive behavior treatment guidance w/o recipient present	0370T	Per session	U5		1	Y		\$90.00					Administered by p/qhp f2f w caregivers without the patient, and involves identifying problem behaviors and deficits and teaching caregivers of one patient to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits. The system should limit the service for up to 2x per week. The Prior Authorization will detail the intensity and frequency of this service. Prior Authorization: The approved 6 month Prior Authorization details the duration, intensity and level of the rendering practitioner for this code. See ABA Billing Instructions for additional requirements.
"	0370T	Per session	U4		1	Y			\$90.00				
"	0370T	Per	U3		1	Y				\$65.00			

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Multiple family group adaptive behavior treatment guidance w/o recipient present	0371T	session Per session	U5		1	Y		\$45.00 per family group					<p>Administered by p/qhp f2f w multiple family caregivers without the patient, and involves identifying problem behaviors and deficits and teaching caregivers of multiple patients to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits. The system should limit the service for up to 2x per week. The Prior Authorization will detail the intensity and frequency of this service.</p> <p><i>(We priced assuming the group would not be on the larger end, though it can go up to 8 families).</i></p> <p>Prior Authorization: The approved 6 month Prior Authorization details the duration, intensity and level of the rendering practitioner for this code. See ABA Billing Instructions for additional requirements.</p>
"	0371T	Per session	U4			Y		\$45.00 per family group					
"	0371T	Per session	U3			Y			\$32.50 per family group				
Adaptive behavior treatment social skill group f2f w 2 – 4 recipients	0372T	Per session	UA	U5		Y		\$40.00 per recipient					<p>Is administered by p/qhp w 2-4 patients, focusing on social skills training and identifying and targeting individual patient social deficits and problem behaviors. The p/qhp monitors the needs of individual patients and adjusts the therapeutic techniques during the group, i.e. real time rather than after the fact as in the others.</p> <p>Prior Authorization: The approved 6 month Prior Authorization details the duration, intensity and level of the rendering practitioner for this code. See ABA Billing Instructions for additional requirements.</p> <p><i>Same as above, but we modified this code with the 1st modifier to designate a larger group with less \$/patient.</i></p>
"	0372T	Per session	UA	U4		Y		\$40.00 per recipient					
"	0372T	Per session	UA	U3		Y			\$32.00 per recipient				
Adaptive behavior treatment social skill group f2f w 5-8 recipients	0372T	Per session	UB	U5		Y		\$20.00 per recipient					
"	0372T	Per session	UB	U4		Y		\$20.00 per recipient					
"	0372T	Per session	UB	U3		Y			\$16.00 per				

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										recipient			
Exposure adaptive behavior treatment w protocol modification requiring 2 or more BTs f2f, 1 st 60 min	0373T	60 min	U5			Y		\$300.00 1 unit is billed for the 1 st 60 minutes					Reported based on a single technician's f2f time with recipient; not combined time of multiple technicians. <u>Prior Authorization:</u> The Specialty Care Provider when approached by the AP, either at the initiation of the ABA services or after ABA services have begun, requests a Prior Authorization to render Special Care services for 0373T and 0374T. See ABA Billing Instructions for additional requirements.
"			U4					\$300.00 1 unit is billed for the 1 st 60 minutes					
F2f each additional 30	+0374T	30 min	U5			Y		\$150.00 1 unit is billed for the each additional 30 minutes					
"			U4					\$150.00 1 unit is billed for the each additional 30 minutes					