



Answers to Frequently Asked Questions (FAQs) on the Applied Behavior Analysis (ABA) QI-Memorandum updates



Med-QUEST Division

State of Hawaii

Department of Human Services

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State of Hawai'i Department of Human Services Med-QUEST Division
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A. Concurrent Billing

1. Would MQD consider allowing concurrent billing for the following CPT codes to align with AMA guidance:
 - a. 97151 (non-face-to-face activities) with 97153, 97154, 97156, 97157, 97158, 0373T
 - b. 97153 with 97155, 97156 (without the patient present), 97157
 - c. 97154 with 97155, 97156 (without the patient present), 97157

Thank you for submitting your feedback regarding the ABA QI-Memo policy and rate changes. MQD will adhere to the legislatively approved funding changes. However, your feedback will be considered during future legislative funding requests.

B. 97152 Definition

2. Would MQD modify the allowable rendering providers for code 97152 (currently consisting of BCaBAs) to include Registered Behavior Technicians (RBTs)? Alternatively, there were requests to:
 - a. Remove the use of code 97152 altogether and allow all assessment and reassessment activities to occur under code 97151.
 - b. Maintain the current 97152 LBA rate of \$31.25 per 15-minute unit.

Thank you for submitting your feedback regarding the ABA QI-Memo policy and rate changes. MQD will adhere to the legislatively approved funding changes. However, your feedback will be considered during future legislative funding requests.

C. 97153 Modifiers

3. Would MQD include the BCaBA and LBA modifiers (in addition to the RBT modifier) to the procedure code 97153? If an increase for LBAs/BCaBAs is not possible due to budget appropriation limitations, would MQD consider allowing BCaBAs and LBAs to bill at the RBT rate?

MQD will allow LBAs and BCaBAs to bill for the 97153-procedure code at the RBT rate. This decision was made with respect to prudent purchasing concepts and expected service resource requirements.

D. 97151 Rate Reduction

4. Would MQD consider maintaining the current LBA rate of \$31.25 for 97151 (proposed rate in draft QI-memo reflects a reduction to this rate)? ABA providers commented that there are challenges with the limited number of billable units/hours the Plans allow for

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assessments and reassessments compared to CASP practice guidelines (which state it may take up to 20 hours).

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Additionally, MQD will follow-up with the Plans regarding any unit limitations for assessments.

E. 0373T

5. Would MQD consider adjusting the 0373T rate to reflect two RBTs and one QHP? If an increased rate is not possible (due to budget appropriation limitations), request for the use of the BCBA rate (and the removal of the RBT and BCaBA modifiers for this code).

Thank you for submitting your feedback regarding the ABA QI-Memo policy and rate changes. MQD will adhere to the legislatively approved funding changes. However, your feedback will be considered during future legislative funding requests.

F. Other

6. A request to add additional policy language to the QI-Memo to state that services, which have been prior authorized, continue to be paid when all authorization requirements have been met within two weeks of the reauthorization deadline; however, the MCO does not issue an approval or denial prior to the current authorization ending. Changing this policy will allow services to continue without interruption to a member.

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7. TB Testing and Background Checks: request to add specific policy language for TB testing and background checks for ABA providers.

Thank you for submitting your feedback regarding the ABA QI-Memo policy and rate changes. MQD encourages all Medicaid providers, including ABA service delivery members of the team to follow [Chapter 164.2 of Title 11, Hawaii Administrative Rules \(HAR\) for Tuberculosis 11-164.2-2](#). Additional information can be found [here](#).

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8. Challenges with Social Skills Groups: Providing social skills groups for participants is challenging. It requires a highly skilled provider capable of teaching a curriculum, adapting to participants' needs, and collecting data. Due to current rates, it is difficult to attract and retain skilled providers to run these groups. We recommend that these rates be reviewed for possible adjustments in the future.

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