

Alabama Medicaid Agency
Applied Behavior Analysis (ABA) Therapy Prior Authorization Instructions
Updated 01/03/2019

Alabama Medicaid requires prior authorizations (PA) for ABA therapy except for the initial assessment code. Providers must submit initial assessment forms (CPT code 97151) and supporting documentation along with the Prior Authorization Form (Form 342) electronically via the provider portal for payment for ABA therapy services.

Where can a provider go to access the Initial Assessment Form?

The Initial Assessment form is located on the website at www.medicaid.alabama.gov, under the Resources tab/Prior Authorization Forms. You can also find the Initial Assessment form under the Programs tab under EPSDT.

How does the Provider upload and submit the forms to obtain a Prior Authorization?

The provider should submit an electronic PA request using DXC Provider Electronic Solutions software available at no charge. The provider may download the software from the internet. Please see the following link for information:

http://medicaid.alabama.gov/content/7.0_Providers/7.8_PES_Software.aspx

If the provider has the required software, he/she can follow the step by step instructions located in Ch. 4, Obtaining Prior Authorization, located in the Provider Billing Manual. This is found on the Alabama Medicaid website at www.medicaid.alabama.gov.

Where can a provider go to view additional information about ABA therapy?

A provider can visit the Alabama Medicaid Agency, Provider Billing Manual, Chapter 37, Therapy (Occupational, Physical, Speech, and Applied Behavior Analysis) at www.medicaid.alabama.gov for further information about ABA therapy. A provider may also review Chapter 4 in the Provider Billing Manual, Obtaining Prior Authorization to find additional information on submitting prior authorizations.

How are units calculated based on CPT procedure code descriptions?

97151, 97152, 0362T, 97153, 0373T, 97155, 97154, 97158, 97156, 97157, 0362T, and 0373T- All codes are per 15-minute intervals. 15 minutes= 1 unit. Providers should request 1 unit per 15 minutes of therapy.

**Examples: Provider requests a total of 2 hours and 30 minutes for Adaptive Behavior TX by Tech (97153). The provider should request 10 units. 10 units at 15 minutes each= 2hr 30min.

NOTE: For dates of service October 1-December 31, 2018, use CPT codes: 0359T,0360T-0369T, 0370T-0374T. For dates of service January 1, 2019 and after, use CPT codes: 97151-97158, 0362T, and 0373T.

For questions, regarding how to submit a prior authorization, please contact the DXC Provider Assistance Center at 1-800-688-7989.