
CHAPTER 4: APPLIED BEHAVIOR ANALYSIS

SECTION 4.5: REIMBURSEMENT**PAGE(S) 1**

REIMBURSEMENT

Reimbursement shall only be made for services authorized by the beneficiary's managed care organization (MCO). Services must be prior authorized, except in cases of retroactive member enrollment in which case services may be post authorized.

It is the responsibility of the provider to verify the beneficiary's Medicaid eligibility prior to providing services.

Reimbursement shall be made for ABA based therapy services to providers contracted with the member's MCO.

Reimbursement shall not be made for parents or guardians that are trained in ABA or acquire ABA skills to work with their own children (in place of registered line technicians). A parent or guardian employed by an ABA provider shall be reimbursed for providing services to their child.

In addition to providing a CPT code, providers must:

1. Indicate the appropriate place of service, either 02 (other than home) or 10 (home), based on the beneficiary's location at the time of service; and
2. Append modifier -95.

Services delivered via telehealth are to be coded as indicated in numbers 1 and 2 above.

MCO reimbursement rates shall be no less than the rates published at:

http://www.lamedicaid.com/provweb1/fee_schedules/ABA_FS_Current.pdf.