ABA Codes and New AMA Codes

Q: What are the new American Medical Association (AMA) codes?

A. The AMA recently published CPT Category III temporary codes, which became effective on July 1, 2014, for Adaptive Behavior Assessments & Treatments. These codes allow for data collection for emerging technology, services and procedures.

Q: What is the difference between the old AMA codes and the new AMA codes?

A. The new AMA codes provide more detail on the services provided to patients and identify the provider type who is delivering services. Under the old code and policy/process, ValueOptions provided coverage under the Autism Mandate for ABA services when provided by a BCBA. With the new detailed AMA codes, ValueOptions 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 billing codes with description?

A. A printable crosswalk is located at the end of this FAQ or on our ABA page here: http://www.valueoptions.com/providers/Network/Applied_Behavior_Analysts.htm

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 have been sent to providers.

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

A. ABA providers should now be using the new AMA ABA codes when requesting new or continued authorizations starting August 15, 2015.

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.
Attention practitioners who serve Group Health Incorporated (GHI) members: GHI will not be moving to the new codes; therefore, providers will need to continue to bill using the current HCPCS codes until further notice. The New York Provider Relations team is prepared to assist if you have additional questions or concerns. You may email newyorkservicecenter@valueoptions.com and indicate that you want to discuss GHI and the new ABA codes.

Q: What if an active authorization is in place using the old coding system after August 15, 2015? Do I need a new authorization?

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

Q: Will ABA providers be offered training regarding these changes?


General Questions

Q: In what states are ValueOptions accepting ABA providers?

A. ValueOptions is recruiting and accepting ABA providers in all states.

Q: What provider types are ValueOptions accepting as part of its ABA network?

A. ValueOptions credentials the following certified ABA professionals:
   • BCBA-D®
   • BCBA®
   • BCaBA®

Certification provided by the Behavior Analyst Certification Board – www.bacb.com

**Paraprofessionals may render services as clinically appropriate under the supervision of a Licensed or Certified ABA provider.

Q: If paraprofessionals aren’t credentialed, how would ValueOptions know what paraprofessionals work in my office?
ABA providers can upload a paraprofessional staff roster directly to ValueOptions through our online portal, ProviderConnect.

What are the credentialing requirements for joining the ValueOptions ABA network?

ValueOptions ABA credentialing criteria can be viewed on our ABA provider Network specific site: http://www.valueoptions.com/providers/Network/Applied_Behavior_Analysts.htm. If you meet the credentialing criteria, you are encouraged to apply to join the ValueOptions ABA network.

How do I request to join the ValueOptions ABA Network?

Call ValueOptions Provider Services Line at 800.397.1630, 8 a.m. – 8 p.m. ET, Monday through Friday.

What are the covered diagnoses for ABA services?

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

How do I verify a member’s eligibility, benefits, copay or coinsurance?

There are two options for verifying eligibility, benefits, co-pay and/or co-insurance:

- Call the number listed on the member’s insurance card identified for providers or identified for benefits and eligibility information.
- You may also access our online provider self-service application called ProviderConnect: http://www.valueoptions.com/providers/Providers.htm
- Upon obtaining a login and password through the registration process, you may use ProviderConnect to verify a member’s eligibility as well as submit authorizations and claims.

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

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 ValueOptions about applying to join the network.

What if I work with a different company for a component of a particular ABA member’s plan (i.e., Blue Cross pays claims)?
Applied Behavior Analyst (ABA) Provider
Frequently Asked Questions

**Clinical Questions**

**Q:** What if an active authorization is in place using the old coding system after August 15, 2015? Do I need a new authorization?

**A:** No. At this time, all services actively authorized under the old codes by ValueOptions 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 ProviderConnect. If necessary, for questions regarding an initial authorization for ABA services, contact ValueOptions by calling the dedicated toll-free number listed on the member’s insurance card. A ValueOptions 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:** While we strongly encourage providers to submit authorization requests through ProviderConnect, if paper forms are needed, they are available in the Clinical Form section of the ValueOptions.com Provider homepage, or you can click on the following hyperlinks:
- Initial Treatment Form
- Concurrent Treatment Form
- For assistance, please see ABA Provider Progress Report Guidelines

**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 request and providing an authorization is 15 calendar days. We suggest submitting authorization requests directly to ValueOptions through ProviderConnect.
Applied Behavior Analyst (ABA) Provider
Frequently Asked Questions

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 ProviderConnect 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 ValueOptions 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 AMA ABA codes as referenced in the earlier code crosswalk should now be used.

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 is the billing and claims submission process for ABA services?
A: We encourage providers to submit claims electronically via ProviderConnect; 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 ValueOptions offer?
A: ValueOptions has on-line services to provide added convenience for our providers and members.

ProviderConnect is a self-service tool available 24/7 that allows ABA providers access to the following features: eligibility/benefit search, direct claim submission, claim & authorization status, request for authorizations, and more. To learn more about Provider Connect, click here.
Q: **What are Payformance and PaySpan Health?**

A: **Payformance** is a vendor that partners with ValueOptions to deliver an electronic funds transfer (EFT) solution to our providers.

**PaySpan Health** is the software that Payformance uses for online registration for EFT. PaySpan Health is a multi-payer adjudicated invoices settlement service that delivers electronic payments and electronic remittance advices based on your provider preferences. Once registered through PaySpan Health, you stay in control of bank accounts, file formats, and accounting processes.

Q: **Is EFT required / available for all accounts?**

A: No, EFT is not required and yes, it is available for all active accounts once your service address is registered.

Q: **How do I access PaySpan/Payformance?**

A: [https://www.payspanhealth.com](https://www.payspanhealth.com)

Q: **Do I have to provide my bank account information to use PaySpan?**

A: A bank account will not be required for obtaining Provider Summary Vouchers (PSV) only electronically.

If a provider wants to receive Electronic Payments or ACH information they will need to provide bank account information.

Q: **Can I opt out of participation with PaySpan/Payformance and still receive paper PSVs?**

A: No. PSVs will not be mailed. While participation with PaySpan/Payformance is strongly recommended, PSVs can be retrieved through PaySpan, ProviderConnect or through our automated faxback services.

Q: **Can I obtain the same (i.e. PSVs) information on ProviderConnect?**

A: Yes. Printable versions of PSVs are available on ProviderConnect.

Q: **What is the difference between the “legacy code” and the “registration code”?**
Applied Behavior Analyst (ABA) Provider
Frequently Asked Questions

A: The registration code is different than the legacy code. The registration code is the code obtained from PaySpan. The legacy code is the provider’s pay to vendor number from ValueOptions.

Q: According to PaySpan, the NPI number and TIN can be used without the "legacy code" when in the system. However this code needs to be entered to register. Please clarify.

A: The Legacy number is the provider’s ValueOptions pay-to-vendor number. The provider needs three things to register:

- Their ValueOptions pay-to-vendor number (legacy/NPI number field on the PaySpan site)
- Their TIN
- Their registration code

Once they have registered with these three elements, they will use their email address as their log-on and the eight character/digit password that they set up during the registration process.

Q: What is the unique registration code number that PaySpan Health requests and how do I obtain it?

A: Your unique registration code is the registration number that ValueOptions supplies to providers for enrolling in PaySpan Health. If you do not have the letter with your unique registration code, please send an e-mail to CorporateFinance@valueoptions.com and include the following information:

- Your ValueOptions pay-to-vendor number (PIN)
- Your Tax Identification Number (TIN) or your Social Security Number (SSN)

You will receive an e-mail with your registration code letter within three business days of your request.

Note: If you recently received a payment from ValueOptions, your unique registration code will be located on the check stub after the marketing caption.

Additional questions about PaySpan can be addressed by calling Payformance Customer Service at 877.331.7154, Monday-Friday 7 a.m. – 9 p.m. ET.

For additional information on PaySpan Health, please visit: www.valueoptions.com/providers/Files/pdfs/PaySpan_General_Training_Information.pdf
Applied Behavior Analyst (ABA) Provider
Frequently Asked Questions

Q: I signed up for PaySpan, but not all my payments are arriving electronically. How can I correct this?

A: Contact the ValueOptions Corporate Finance Department:
CorporateFinance@valueoptions.com

Please supply the following information:
• Pay-to-Vendor Number
• TIN or SSN

Q: I don’t have a computer. May I still receive paper PSVs and checks?

A: You can receive paper checks but not paper PSVs. In order to obtain a faxed copy of your PSV, you must utilize our automated faxback service by dialing 866.409.5958.

Q: I don’t want to have to use multiple websites to obtain information. Can the information be available on one site for both payments and PSVs?

A: Yes. Both are available on www.payspanhealth.com

Q: Can I still receive a paper check?

A: Yes.

Q: How do I contact ValueOptions for PSV assistance?

A: For questions relative to PSVs, please contact a ValueOptions representative by calling the toll free number located on the back of the members identification card or submit your question via ProviderConnect at www.valueoptions.com. In order to obtain a faxed paper copy of your PSV, you must utilize our automated faxback service by dialing 866.409.5958.

Q: Will ValueOptions/PaySpan be able to deduct money from my bank account?

A: No. We only have permission to deposit.