

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202401    JANUARY 4, 2024

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## IHCP clarifies prior authorization requirements for ABA therapy services

The Indiana Health Coverage Programs (IHCP) would like to address concerns around the prior authorization (PA) process for applied behavior analysis (ABA) therapy services due to the recent rate and service changes. As announced in *IHCP Bulletin BT2023169*, changes have been made to the ABA service procedure codes with the addition of modifiers. There will be **no changes** to the PA process. PAs will be processed and sent to the provider with only the procedure code on the request. Modifiers are not required on the PA request.



However, providers **must** use modifiers on the billing claim to indicate the type of provider that delivered the service to the member. As a reminder to ABA therapy service providers, **effective for claims on or after Jan. 1, 2024**, any claim submitted **without** the new procedure code-modifier combination **will deny**. See *BT2023169* for the procedure code-modifier combinations.

Modifiers used on the billing claim are the following:

- U1 = Delivered by credentialed registered behavior technician (RBT)
- U2 = Delivered by bachelor-level board certified assistant behavior analyst (BCaBA)
- U3 = Delivered by physician, doctoral-level board certified behavior analyst-doctoral (BCBA-D), master's-level board certified behavior analyst (BCBA) or health service provider in psychology (HSPP)

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***Please note that the U modifiers were intentionally structured with other Medicaid service lines where U1 aligns with the lowest level of care.***

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If you have questions, please send them via email to [FSSA.IHCPReimbursement@fssa.in.gov](mailto:FSSA.IHCPReimbursement@fssa.in.gov). PA-related questions or concerns can be directed to Acentra Health Customer Service at 866-725-9991 or via email at [INPriorAuthIssues@acentra.com](mailto:INPriorAuthIssues@acentra.com).

**QUESTIONS?**

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