Applied Behavior Analyst (ABA) 
Provider Frequently Asked Questions

This FAQ document will continue to be reviewed and updated frequently in order to provide the most current and pertinent information.

(For any client or account specific questions, please contact a Beacon Health Options’ representative by calling the toll free number located on the back of the member’s identification card)

ABA Codes and New AMA Codes

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

A. The AMA 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.
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Q: What if an active authorization is in place using the old coding system. Do I need
a new authorization?

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

Q: Has Beacon offered ABA providers training regarding these changes?

A: Yes. Training was offered for ABA Providers in second quarter, 2015. Slide deck and
webinar recordings are available on our ABA network specific page:
http://www.valueoptions.com/providers/Network/Applied_Behavior_Analysts.htm

General Questions

Q: Is Beacon accepting new ABA providers?

A. Yes. Beacon is recruiting and accepting ABA providers in all states.

Q: What provider type is Beacon accepting as part of its ABA network?

A. Beacon credentials the following certified ABA professionals:
   • BCBA-D®
   • BCBA®
   • BCaBA®
   **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 Beacon know what
paraprofessionals work in my office?

A. ABA providers can upload a paraprofessional staff roster directly to Beacon through our
   online portal, ProviderConnect.
Q: What are the credentialing requirements for joining the Beacon ABA network?

A: Beacon’s 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 Beacon ABA network.

Q: How do I request to join the Beacon ABA Network?

A: Call Beacon’s National Provider Services Line at 800.397.1630, 8 a.m. – 8 p.m. ET, Monday through Friday.

Q: What are the covered diagnoses for ABA services?

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

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

A: 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
     o 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.

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

A: 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 Beacon about applying to join the network.
Q: What if I work with a different company for a component of a particular ABA member’s plan (i.e., Blue Cross pays claims)?

A: We have a list of Network Specific websites, so you can find that information by finding the appropriate network here: [http://www.valueoptions.com/providers/Network.htm](http://www.valueoptions.com/providers/Network.htm).

**Clinical Questions**

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

A: No. All services actively authorized under the old codes by Beacon 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 Beacon by calling the dedicated toll-free number listed on the member’s insurance card. A Beacon 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](http://www.valueoptions.com/providers/Network.htm)
- [Concurrent Treatment Form](http://www.valueoptions.com/providers/Network.htm)
- For assistance, please see [ABA Provider Progress Report Guidelines](http://www.valueoptions.com/providers/Network.htm)
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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 Beacon through ProviderConnect.

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 Beacon 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 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.
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Online Services

Q: What online services does Beacon offer?
A: Beacon has online 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 Beacon 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
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”?

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 Beacon.

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 Beacon pay-to-vendor number. The provider needs three things to register:
- Their Beacon 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 Beacon supplies to providers for enrolling in PaySpan Health. If you do not have the letter with your unique registration code, please e-mail CorporateFinance@beaconhealthoptions.com and include the following information:
- Your Beacon 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 Beacon, 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

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@beaconhealthoptions.com

Please supply the following information:
- Pay-to-Vendor Number
- TIN or SSN
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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 Beacon for PSV assistance?  
A: For questions relative to PSVs, please contact a Beacon 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 Beacon/PaySpan be able to deduct money from my bank account?  
A: No. We only have permission to deposit.