Applied Behavior Analysis Authorization Tip Sheet

PSHP appreciates the services our providers deliver to enhance our members' lives. Through the authorization process, we have noticed some opportunities around authorization requests for ABA services. We would like to provide some helpful tips to expedite the authorization process to ensure our members are receiving the care they need when they need it.

The Appendix F is a cover sheet required per the DCH ASD Manual and must be included with every Authorization request submission. Appendix F can be found in the DCH ASD Manual as well as attached to this email for your convenience.

Family of Codes: Please note that PSHP Medicaid does not review ABA as a family of codes/bundled codes. Each request for assessment or treatment must include units requested for each code. (i.e., assessment codes cannot be bundled as 97151 together with 97152, treatment codes cannot be bundled together as 97153, 97154, and 97155.)

GAMMIS: Providers are required to use GAMMIS to an authorization for Autism Spectrum Disorder (ASD) Applied Behavioral Analysis (ABA) services.

Information that Must be Included: Please include contact information, NPI #, and TID # for the requesting BCBA.

The COMMENTS section of GAMMIS can be used for any issues with submission (e.g., GAMMIS would not allow for separate submission of 97155 units-please include 97155 x _units.)

The COMMENTS section can also be used to alert PSHP to any members with Coordination of Benefits or Continuity of Care (member transitioned from different health plan to PSHP Medicaid and date of change).

The following request should be submitted via fax: resubmitting after receiving a Problem Letter, requesting a change in authorization codes (e.g., adding additional units), and a discharge summary.

Cover Sheets: Updated cover sheets with legible signature, printed name, and NPI# are required for the request to be considered for review.

Please ensure that all codes are listed with units requested for each code.

All documents must show alignment between the authorization request (GAMMIS form), cover sheet and treatment plan (if requesting treatment codes).
Please only include the units you are currently requesting on the coversheet to match GAMMIS

submission. E.g., if you are not requesting assessment codes with treatment codes, please do not include assessment codes on the coversheet. Please note that per the Georgia Medicaid ASD manual, assessment codes and treatment codes are to be submitted separately.

Georgia Medicaid requires providers to be enrolled in Medicaid to render services to Georgia Medicaid members. Georgia Medicaid benefits require in-network BCBAs/providers to render services to Georgia Medicaid members unless an exception is noted in the PSHP provider manual or the Georgia Medicaid ASD Manual. If you are unsure of the credentialing status, please call the PSHP Provider Customer Services toll-free line at - 1-866-874-0633. If you are submitting a request for an Out of Network Provider (OON), Please note network status in the comments section of the request.

Requests for additional Units: PSHP is not able to add units to an existing authorization. A new authorization needs to be built for all CPT codes. The current authorization will be end dated and you will receive a new OP authorization number. To request additional units, please submit a coversheet and include Start and End date and exact units needed for each code requested. The start date should be the date the request is being made and the end date should be the end date of the current auth. Please include exact units needed for the remaining current authorization time period (total units, not just the additional units). Additionally, please include clinical justification for additional units requested.

Please see the Appendix F notes for specific graph requirements (ASD Manual updated 4/2023). (Note: progress MUST be indicated for each goal, but a qualitative statement can be utilized).