

ABA Addendum Form Updates

Quick Reference Guide

Effective August 17, 2024, changes will be implemented to the Applied Behavior Analysis (ABA) Addendum Form in the Incedo Provider Portal (IPP). Please see the information below for a detailed description of the updates to, and use of, the form. If you have questions regarding these forms, please contact Optum Maryland Provider Relations at marylandproviderrelations@optum.com.

Providers are required to submit addendum requests via the IPP. Providers requesting to increase the intensity of currently authorized ABA services and/or requesting to add service(s) to a current authorization must follow the process described below. Once an addendum request is submitted through the IPP, Optum Maryland has up to 14 calendar days to make a determination on the addendum request.

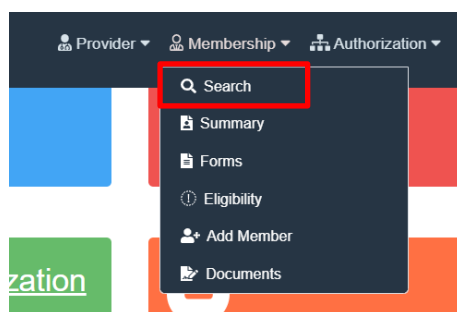
- As a reminder, addendum requests **cannot be backdated more than 20 days** from the date the Service Request Addendum Form is submitted.

Prior to submitting an addendum request, providers should obtain all necessary clinical information and objective data to support the request, to avoid delays in processing the request. The system does not allow for attachments to this form. Please do not upload or send in attachments to be reviewed. All information must be contained in the form.

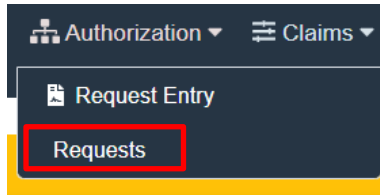
Below is a detailed outline of the new ABA Service Request Addendum Form and its use:

1. Locating the Participant

- a. In the IPP, locate the participant that the addendum is being requested for by selecting **“Search”** under the **“Membership”** menu.



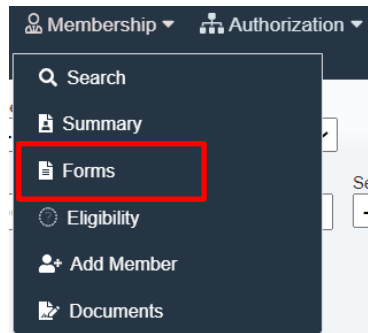
- b. Locate the **current authorization** that the addendum is being requested on by selecting **"Requests"** from the **"Authorization"** menu.



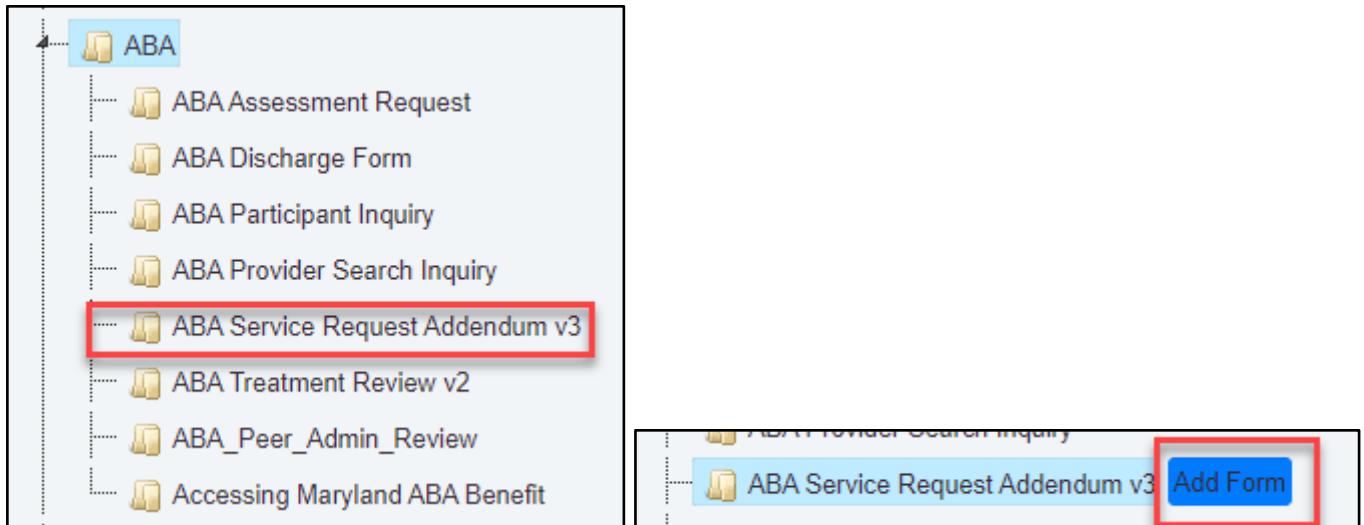
- c. Once authorization is located, select **one** of the lines within the authorization (will show highlighted in yellow).

ID	SR ID	SR Auth #	Auth Approval #	Auth Status	P	Procedure	Start Date	End Date	Units
2126	928	A2020261404	202000300262	Approved	B 44	90791 - MH-OP-A-90791-Psychiatric Diagnostic Interview	7/30/2020	1/25/2021	75
1961	841	A2020261393	202000300145	Approved	B 44	90837 - MH-OP-A-90837-Individual Psychotherapy (60 Minutes)	7/6/2020	1/1/2021	3

- d. Select **"Forms"** from the **"Membership"** menu.



- e. Select **"ABA"** and then **"Add Form ABA – Service Request Addendum v3"**. This will allow you to complete the addendum request form for the specific participant on the current open authorization.



2. Back-dating and End-dating Limits

Please note the bolded items listed under the title of the form. These items are intended to alert the provider of backdating limitations and end date limitations.

- a. The start date of the requested updates to the active authorization can be **no more than 20 days**.
- b. Requested end dates must align with the end date of the active authorization.

ABA Service Request Addendum v3 Details

ABA Service Request Addendum

a. Addendum requests follow the same rules as treatment and assessment. Start date cannot be more than 20 days from the date of submission of this form.

b. Requested end date should align with end date of active authorization.

3. Provider Information

- a. All required areas are red and have an asterisk (*). The provider is required to fill out **ALL** the areas in red. If the provider fails to input the information, the form will not save.

Provider Information

Submitter's Name:*

Submitter's Contact#*

Submitter's Extension

Submitter's E-mail Address*

Clinician Supervising Treatment*

Contact #*

Extension

E-mail Address*

License Label*

Provider Group Name*

Provider Tax ID*

Provider NPI*

Provider Address

4. Service Request Addendum Information

- Provide the start date of the new or updated service, keeping in mind it can be backdated no more than 20 days from the submission date.
- Provide the end date of the new or updated services. This cannot exceed the end date of the current active authorization.

Service Request Addendum Information	
Addendum requests follow the same rules as treatment and assessment. Start date cannot be more than 20 days from the date of submission of this form.	
Requested Start Date of New/Updated Services*	a.
<input type="text"/>	
Requested end date should align with end date of active authorization.	
Requested End Date of New/Updated Services*	b.
<input type="text"/>	
Type of Addendum Requested:	
(check all that apply)	
<input type="checkbox"/> Increased Intensity Request of one or more currently authorized services.	
<input type="checkbox"/> Add one or more services which are not currently authorized.	

- Indicate the type of addendum being requested by selecting one or both options below **"Type of Addendum Requested."** Please note that additional information will be requested based on the selections made.

Service Request Addendum Information

Addendum requests follow the same rules as treatment and assessment. Start date cannot be more than 20 days from the date of submission of this form.

Requested Start Date of New/Updated Services*

Requested end date should align with end date of active authorization.

Requested End Date of New/Updated Services*

Type of Addendum Requested:



(check all that apply)

Increased Intensity Request of one or more currently authorized services.

Add one or more services which are not currently authorized.

Option 1

Option 2

- d. When selecting **“Increase Intensity Request of one or more currently authorized services”** additional drop downs will appear. Providers will be required to select **“yes”** or **“no”** to indicate if they are currently using 100% of the authorized intensity for the service(s) they are requesting to increase.
- i. If **‘no’** is selected, the provider will be required to describe the barriers to full utilization. Please note the box can be expanded by placing your mouse cursor on the lined area at the bottom right-hand corner of the text box.

Type of Addendum Requested:

(check all that apply)

Increased Intensity Request of one or more currently authorized services.

Are you utilizing 100% of the authorized intensity for the service(s) you are requesting an increase for?*

Yes

No

Please describe the barriers to achieving full utilization of authorized intensity for the services you are requesting an increase for:*

- ii. An additional area will appear after selecting **“Increase Intensity Request of one or more currently authorized services”** which will contain a list of all service codes. Please select all service codes where an increase in intensity is being requested.

Increased Intensity Request (select all codes that apply)

97151-Behavior Assessment

97152-Supporting Behavior Assessment

97153-Direct ABA Treatment

97154-Group ABA Treatment by a BCaBA/RBT

97155-Remote/In-Person Direction of Technician

97156-Parent training with or without child present

97157-Multi-Family Group Parent Training

97158-Group ABA Treatment by a BCBA/BCBA-D/Psychologist

0362T-Severe Behavior Assessment (Severe challenging behaviors warrant a functional analysis with 2 or more BCaBAs/RBTs with BCBA/BCBA-D/Psychologist on site)

0373T-Severe Behavior Treatment (Severe challenging behaviors warrant 2 or more BCaBAs/RBTs with BCBA/BCBA-D/Psychologist on site)

- iii. For each service code that is selected, an additional drop-down will appear which will require the provider to input the current hours authorized, the average hours utilized, and the additional hours being requested. With each numerical value input, clarify if the measurement is per week, per month, or total, by checking the appropriate selection under **“Current Hours Per.”**

97153-Direct ABA Treatment

Current Hours Authorized:*

Current Hours Per.*
 Week Month Total

Average Hours Utilized:*

Average Hours Per.*
 Week Month Total

Additional Hours Requested:*

Additional Hours Per.*
 Week Month Total

- e. When selecting **“Add one or more services which are not currently authorized”**, no new drop down will appear. However, an additional area with a list of service codes will appear.

Type of Addendum Requested:

(check all that apply)

Increased Intensity Request of one or more currently authorized services.

Add one or more services which are not currently authorized.

Additional Services Requested (select all codes that apply)

97151-Behavior Assessment

97152-Supporting Behavior Assessment

97153-Direct ABA Treatment

97154-Group ABA Treatment by a BCaBA/RBT

97155-Remote/In-Person Direction of Technician

97156-Parent training with or without child present

97157-Multi-Family Group Parent Training

97158-Group ABA Treatment by a BCBA/BCBA-D/Psychologist

0362T-Severe Behavior Assessment (Severe challenging behaviors warrant a functional analysis with 2 or more BCaBAs/RBTs with BCBA/BCBA-D/Psychologist on site)

0373T-Severe Behavior Treatment (Severe challenging behaviors warrant 2 or more BCaBAs/RBTs with BCBA/BCBA-D/Psychologist on site)

- i. Select all service codes not currently authorized that you're requesting be added to the active authorization.
- ii. Once selected, the service code will expand to allow the provider to enter the number of hours being requested. Please note, the provider will also be asked to indicate the frequency of the hours (per week, per month, total).

97153-Direct ABA Treatment

Hours Requested

Per*
 Week Month Total

- iii. If requesting service code 97152, the provider will be required to acknowledge the maximum allowable for each assessment type and that the BCBA must be involved in the assessment. After this acknowledgement, the provider must input how to split the maximum allowable units between 97151 and 97152.

97152-Supporting Behavior Assessment

Acknowledgements

I understand that 97151 and 97152 are complementary codes. They share the limited hours of 8 hours for initial assessment (32 units) and 3 hours (12 units) for reassessment.*

I understand the BCBA must be involved in the assessment process. I have included at least 0.5-1 hours (2-4 units) of 97151.*

I want to redistribute hours approved in the following way:

97151 Hours Requested:*

97152 Hours Requested:*

5. Reason for Requesting an Addendum to Treatment

- a. The first item providers can select is “**New or increased intensity of challenging behaviors**” which has 3 options:
- i. NA- No behavioral challenges impacting treatment
 - ii. Emergence of new challenging behaviors, or;
 - iii. Change in current challenging behaviors.

Depending on which option is selected, additional areas will appear for additional information.

Reason for Requesting an Addendum to Treatment

Across the current authorization period, which areas of need have changes to warrant this request at this time?

1. New or increased intensity of challenging behaviors

Are there emerging of new or changes in current challenging behaviors?*

N/A - No behavioral challenges impacting treatment
 Emergence of new challenging behaviors
 Changes in current challenging behaviors

Option 1

Option 2

Option 3

- b. When selecting “**N/A- No behavioral challenges impacting treatment**”, no additional information will be needed.

- c. When selecting “**Emergence of new challenging behaviors**”, additional information will appear. The provider should select which behaviors are new and provide the baseline, measurement type, and frequency of measurement, as well as the current data with the measurement and frequency of measurement.

Reason for Requesting an Addendum to Treatment

Across the current authorization period, which areas of need have changes to warrant this request at this time?

1. New or increased intensity of challenging behaviors

Are there emerging of new or changes in current challenging behaviors?*

N/A - No behavioral challenges impacting treatment Emergence of new challenging behaviors Changes in current challenging behaviors

(check all that apply)

Aggression

Quantitative baseline*	Measurement*	Per*	Current Data*	Measurement*	Per*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- i. Additional behaviors, not listed, can be added by selecting “**Other.**” Additional information will appear. The provider should fill in the “**Behavior name**”, give the definition of the behavior under “**Topography**”, then supply the relevant data described above. Up to four (4) additional behaviors can be added by selecting “**yes**” to the question “**Would you like to report more challenging behaviors?**”

Reason for Requesting an Addendum to Treatment

Across the current authorization period, which areas of need have changes to warrant this request at this time?

1. New or increased intensity of challenging behaviors

Are there emerging of new or changes in current challenging behaviors?*

N/A - No behavioral challenges impacting treatment Emergence of new challenging behaviors Changes in current challenging behaviors

(check all that apply)

Aggression

Self-Injury

Property Destruction

Elopement posing a safety risk

Other challenging behavior

Behavior name*

Topography*

Quantitative baseline*	Measurement*	Per*	Current Data*	Measurement*	Per*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like to report more challenging behaviors?*

Yes No

- d. When selecting “**Changes in current challenging behaviors**” additional information will appear. This information will be the same as the section above.
 - i. Select the behaviors that have changed.
 - ii. Input the corresponding data
 - iii. Behaviors not listed can be provided by selecting other and filling in all relevant information.

Reason for Requesting an Addendum to Treatment

Across the current authorization period, which areas of need have changes to warrant this request at this time?

1. New or increased intensity of challenging behaviors

Are there emerging of new or changes in current challenging behaviors?*

N/A - No behavioral challenges impacting treatment
 Emergence of new challenging behaviors
 Changes in current challenging behaviors

(check all that apply)

Aggression

Quantitative baseline*	Measurement*	Per*	Current Data*	Measurement*	Per*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Self-Injury
 Property Destruction
 Elopement posing a safety risk

Other challenging behavior

Behavior name*
 Topography*

Quantitative baseline*	Measurement*	Per*	Current Data*	Measurement*	Per*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like to report more challenging behaviors?*

Yes No

- e. Providers should also check the relevant selections in the “**Change to progress requiring**

modifications to treatment” section of the form.

2. Change to progress requiring modification to treatment

Minimal to no progress on skill acquisition goals

Parent/caregiver requires increased level of support

Transitioning to parent/caregiver training model

Participant's progress supports generalization to group ABA treatment

N/A

- i Providers can make a single selection or multiple selections. When selecting “**Minimal to no progress on skill acquisition goals**” additional information will be required. The provider should explain what current barriers have impacted the ability to address this area of need within the currently authorized services. This area can be expanded by placing the mouse cursor at the bottom right-hand corner, clicking, and dragging the box.

2. Change to progress requiring modification to treatment

Minimal to no progress on skill acquisition goals

Please explain what current barriers have impacted the ability to address this area of need within the currently authorized services.*

Parent/caregiver requires increased level of support

Transitioning to parent/caregiver training model

Participant's progress supports generalization to group ABA treatment

N/A

6. Proposed Changes to Treatment

- a. This section will require the provider to input the modifications/additions that will occur to the skill acquisition goals, parent training goals, reductions goals, and behavior intervention plan. Providers will select the appropriate items. Multiple selections can be made. **Providers must make at least 1 selection in this area.** With each area selected, additional information will be required.

Proposed Changes to Treatment

How will the treatment be modified to address the change in clinical presentation? * Minimum of one item must be selected/populated.

Modify/add skill acquisition goals
 Modify/add parent training goals
 Modify/add behavior reduction goals
 Modify behavior intervention plan

Other

- b. When the provider selects one or more of the items listed, a text box will appear. The provider must list the new goal being implemented, the baseline data for the goal, and/or new strategies to teach the goal. To expand the text box, click the bottom right-hand corner of the text box and drag the cursor down to the desired size.

Proposed Changes to Treatment

How will the treatment be modified to address the change in clinical presentation? * Minimum of one item must be selected/populated.

Modify/add skill acquisition goals
 Modify/add parent training goals
 Modify/add behavior reduction goals
 Modify behavior intervention plan

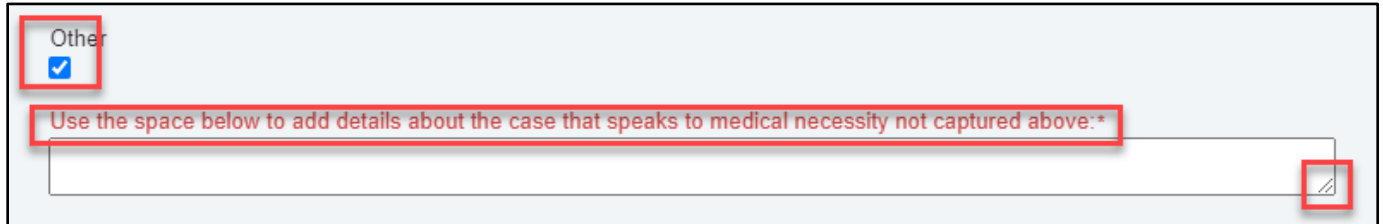
List new goals with baseline data and/or strategies below*

- c. Please note that if the provider has indicated a new challenging behavior has emerged or they are modifying reduction goals for existing behaviors, then the provider should include the modification or addition to the behavior intervention plan.

Modify/add behavior reduction goals
 Modify behavior intervention plan

List new goals with baseline data and/or strategies below*

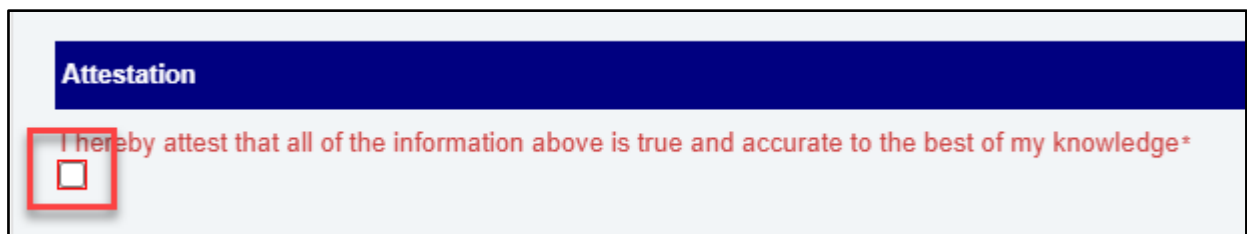
- d. If the provider has any additional information or medical necessity rationale that has not been shared through the other sections and drop downs, the provider can select other which is located under the area to input modifications/additions. A text box will appear that the provider can utilize to input any additional information.



The screenshot shows a form section with a light blue background. At the top left, there is a label "Other" with a blue checkmark icon next to it, both enclosed in a red rectangular box. Below this, a red-bordered text box contains the instruction: "Use the space below to add details about the case that speaks to medical necessity not captured above:*". Underneath the text box is a large, empty white text input area. In the bottom right corner of the input area, there is a small icon of a document with a pencil, also enclosed in a red rectangular box.

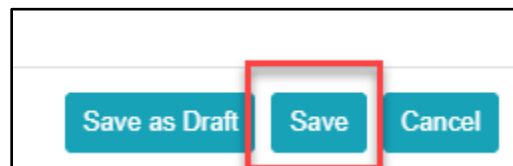
7. Attestation

- a. Before submitting the form, providers must attest that the information provided is accurate to the best of their knowledge.



The screenshot shows a section titled "Attestation" in a dark blue header. Below the header, the text "I hereby attest that all of the information above is true and accurate to the best of my knowledge*" is displayed in red. To the left of this text is a red-bordered checkbox, which is currently unchecked.

- b. Once complete, select "**Save**" in the right-hand corner. Please note that forms cannot be edited once they are saved. Turn-around times for these requests are 14 days.



The screenshot shows three buttons in a row: "Save as Draft", "Save", and "Cancel". The "Save" button is highlighted with a red rectangular box.

- c. If any required information is missing, a dialog box will appear with a warning and list the information that is missing. Select "**OK**" to return to the form to complete the required information.

Required Fields ✕

Warning, the following fields are required:

I hereby attest that all of the information above is true and accurate to the best of my knowledge

Are there emerging of new or changes in current challenging behaviors?

Requested End Date of New/Updated Services

Requested Start Date of New/Updated Services

Provider NPI

Provider Tax ID

Provider Group Name

License Label

E-mail Address

Contact #

Clinician Supervising Treatment

Submitter's E-mail Address

Submitter's Contact

Submitter's Name:

How will the treatment be modified to address the change in clinical presentation?