

ABA Billing:

Helping you get paid

By Medical Billing Management • Topsfield, MA • www.ababilling.com

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Missing authorizations: a major cause of denials

And what you can do about it

People who are new to the world of ABA billing often ask these questions about authorizations (“auths”):

- Why would an ABA practice ever have a claim denied because they weren’t authorized to provide the therapy? Isn’t it a no-brainer to be authorized before you see the patient?
- How big a deal is this? Are the monies involved significant?
- How many ABA practices have this problem? And has anyone found a useful solution?

You probably know the answers. Here are ours:

- Auths are complex and they’re a real pain to keep up with. Some payers will authorize up to 100 treatments, some will authorize for up to six months, etc. They don’t make it easy.
- It’s a big deal. Payers won’t pay you if you provide treatment without proper authorization. And many won’t back-date. That is, even if you have the auth but it’s filed improperly, they’ll say, “Too bad – we’re not paying that claim.” That revenue is lost forever. The money lost can be 10% of their annual billing, and that’s real money. But the real issue – your worst nightmare – is TAKE-BACKS. We’ve seen payers suddenly send invoices – or withhold reimbursements – of amounts approaching \$200,000. It can spoil your whole day.
- Every ABA practice we’ve seen has experienced this.

But the real issue – your worst nightmare – is TAKE-BACKS. We’ve seen situations where a payer sends an invoice – or withholds reimbursements – for as much as \$200,000.



Industry Updates

News you can use

Telehealth may not be here to stay! Don’t make the mistake of billing telehealth to an insurance company that is no longer accepting it as a payable location. Check the link below for a list of insurance companies and their published telehealth end dates. Make sure to check the individual insurance websites for any additional updates.

<https://bhcoe.org/resources/payors-authorizing-telehealth-aba/>

You may be able to get reimbursed for PPE during the pandemic. CPT code 99072 is a practice expense code for additional supplies & clinical time that providers use to provide safe in-person visits. It became effective 9/08/2020, and can be used once per in-person visit per provider during the pandemic.

Best practices

How the best firms handle this

We surveyed our most successful clients, and asked them how they are handling this issue of missing authorizations. Here's what they told us:

1. They get complete auths – accurately entered – before seeing the patient
2. They check auths – confirming valid dates and valid # of units – before every session.
3. Note: many therapists **hate** doing #2. Our best practices have instituted a policy where they don't pay their therapists for sessions that lack proper auths. That's harsh, but it surely improves compliance.
4. Someone on the administrative staff does a monthly audit: who's expiring soon, etc.
5. Here's a **hot tip** for those of you using CentralReach: it contains a utility that will track this for you and it will alert you to auths that are expiring soon. If you're using CentralReach and don't know about this, call your CentralReach rep for help. Or if you're our client, call us.



**A few
words
about us**

Medical Billing Management publishes this newsletter for our clients and friends. Our goal: “**We help you prosper.**” We've been providing billing services for more than three decades. Learn more about us at www.ababilling.com, or contact Bob Jones: bob.jones@medical-billings.com. We're located at 460 Boston Street, Topsfield, MA 01983

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