

## Meeting Notes: ABA Services Unbundling - Open Provider Call

Date: 09/30/2025

Facilitators: Marques Singleton, Timothy Pace

### Purpose of Meeting

To inform ABA service providers about upcoming changes related to the unbundling of ABA services and the impact on existing service authorizations (SAs), particularly those using CPT code 97155.

### Key Updates & Action Items

#### 1. 1. Impacted Codes

- Assessment codes 97151, 97152, and 0362T are not affected by the unbundling and do not require service authorizations.
- All other ABA codes highlighted during the meeting will be impacted and must be submitted individually moving forward.

#### 2. 2. End Date for Existing Authorizations

- All existing authorizations under CPT code 97155 will end on October 14, 2025.
- This change allows claims to be paid under the new unbundled ABA mapping.

#### 3. 3. Provider Responsibilities

- Providers must allocate units for 97155 through 10/14/2025 on line one of the authorizations.
- For dates after 10/14/2025, providers must use additional lines with the correct ABA procedure codes.
- Alternatively, providers may submit a new case in Atrezzo (ANG).

#### 4. 4. Breakdown of Units

- Under the new structure, units will be distributed across multiple CPT codes rather than bundled under 97155.
- Providers must inform Acentra Health of the number of units needed for each code for the duration of the authorization.

## Support from Acentra Health

### 5. 1. Administrative Assistance

- Acentra Health will identify impacted authorizations and send individual emails to providers.
- Providers must return the requested unit breakdowns by end of next week.
- Original authorization end dates will not change, but units will be reallocated across procedure codes.

### 6. 2. Updating Existing Cases

- Upon receiving provider input, Acentra Health will:
  - o Update the existing case.
  - o Create new request lines for each procedure code.
  - o Ensure authorizations are available for billing and claims.

### 7. 3. Troubleshooting

- If billing activity exists on current authorizations, it will not be impacted.
- Acentra Health will work one-on-one with providers to resolve any complications.

## DMAS Guidance & MCO Coordination

- DMAS released a memo in mid-August regarding this initiative.
- Acentra Health handles fee-for-service authorizations only.
- Providers must contact individual MCOs to understand their processes and timelines.

## Questions & Clarifications

- Q: Will the spreadsheet be pre-filled?  
A: Yes, Acentra Health will provide data based on their system. Providers should notify if any clients are missing.
- Q: Should units in the new SA reflect only those remaining from 10/15 onward?  
A: Yes, units should cover the period from 10/15 to the end of the authorization.
- Q: Could clients lose services due to this change?  
A: No. This is an administrative update, not a clinical review. Existing authorizations will be honored.
- Q: Are MCOs following DMAS guidelines?  
A: Each MCO may handle the change differently. Providers should contact MCOs directly for updates.

### Next Steps & Timeline

- By Friday: Providers will receive emails from Acentra Health's Provider Outreach inbox.
- By end of next week: Providers must return updated unit breakdowns.
- PowerPoint presentation and Q&A will be posted on Acentra Health's website by close of business Friday.
- Providers should ensure Acentra Health has the correct point of contact for communications.

### Contact Information

- Customer Service Department
- VA Provider Inbox (source of upcoming emails)