

Program Guide: Applied Behavioral Analysis with Children Diagnosed with Autism Spectrum Disorder

Physicians and other qualified health professionals should use their own expertise in evaluating members for treatment options. The program guidelines included in this document are not intended to be required treatment protocols and may include comments developed by the MDwise's behavioral health team. Sources listed are for reference only and may look different in context of the program guideline. The program guide is not intended to replace policy regarding prior authorization, claims submission, or treatment protocol. MDwise has developed this program guideline based upon the current available information as of the most recent effective date. If there is a discrepancy between IHCP claims administration information, provider billing issues and MDwise policy, please notify MDwise immediately.

Program Guide Purpose

Taking care of a member's behavioral health is an integral part of their health care. Understanding the options for treatment is part of that care. MDwise offers coverage for a continuum of care related to behavioral health and addictions treatment. MDwise believes that integrated physical and behavioral health services are an integral part of health care. Our mission is to deliver consistent, high quality care while focusing on compassion, excellence, and leadership.

This program guide will outline the covered benefit for Applied Behavioral Analysis (ABA) treatment services for members diagnosed with Autism Spectrum Disorder (ASD) and to be implemented in accordance with MDwise Medical Management and Behavioral Health Policies and Procedures, IHCP program requirements, and expert guidelines.

ABA Background

Applied Behavioral Analysis (ABA) or behavioral treatment is the only treatment that has been determined to be well-established and efficacious in the treatment of children diagnosed with autism spectrum disorders according to Chambliss Criteria, which are used to evaluate the degree of published empirical support for psychosocial interventions (LeBlanc & Gillis, 2012). ABA involves discrete trial teaching, breaking skills down into their most basic components, rewarding the demonstration of appropriate behavior with praise and positive reinforcement and then "generalizing" skills in a naturalistic setting (LeBlanc & Gillis, 2012). ABA is the design, implementation and evaluation of environmental modifications to produce socially significant improvement in human behavior (BACB 2012). Generalization to the setting where behaviors naturally occur is an essential component of ABA (BACB 2012). The National Standards Project of the National Autism Center has determined that eleven (11) behavioral interventions meet criteria for established treatment. These eleven (11) behavioral interventions are also components of ABA (National Autism Center, 2009).

ABA is typically referred to as Early Intensive Behavioral Intervention (EIBI). Clinical research indicates EIBI should be started before age 5 and ideally before age 3 if possible, and typically lasts two (2) to three (3) years (LeBlanc & Gillis, 2012). ABA services should be provided as soon as possible after diagnosis, which typically occurs between the ages of 2-3. Thus, by age 8 (if ABA was started at age 5), this form of behavioral treatment may no longer be appropriate for initiation. Information from providers and stakeholders in Indiana indicates that oftentimes, a child is not diagnosed with ASD prior to age 8 so beginning ABA therapy may not be possible within the age range cited in this literature. More rigorous research is needed to extend the findings from the research on young children (AACAP 2013). Empirical support is lacking for the EIBI approach in older children and adolescents.

Focused ABA for targeted maladaptive behavior or specific functional skills that are lacking may be appropriate for older children (BACB 2012). Per the BACB, 10 to 25 hours per week of services are typical and can be used with older children or with younger children who are transitioning out of comprehensive ABA services.

EIBI is the treatment that has the strongest empirical support. At very young ages, 40 hours per week resulted in 47% of participants achieving the best outcome when compared with only 2% in the control group (Lovaas, 1987). The definition of best outcome is IQ in the normal range and a full-inclusion first grade placement with symptoms so mild that these children were indistinguishable from their peers. In the past 10 years, this study has been replicated by many others (Eikeseth, Smith & Jahr, 2002; Howard, Sparkman, Cohen, et al, 2005; Smith, Groen, & Wynn, 2000; Sallows & Graupner, 2005).

ABA/EIBI is an expensive treatment when delivered at the level that achieves optimal results, although savings will likely be obtained in the future through the avoidance of higher levels of care and/or custodial services for older children, adolescents and adults. Thus, a long-term view of overall health and functional ability requires consideration of this approach for appropriate candidates.

Impairment due to ASD must be documented through structured assessment and limit the child's ability to perform functional activities of daily living or participate in public school-based educational systems. All children must have baseline structured assessments (e.g. ADOS or STAT) with follow-up assessments completed for concurrent review. The treatment plan must include goals specific to observed behaviors. **The following information is required for all initial and concurrent reviews and must be related to the individual needs of the member:**

- Selection of interfering behavior or behavioral skill deficit.
- Identification of goals and objectives.
- Establishment of a method of measuring target behaviors.
- Evaluation of the current levels of performance (baseline).
- Design and implementation of the interventions that teach new skills and/or reduce interfering behaviors.
- Continuous measurement of target behaviors to determine the effectiveness of the intervention, **and**
- Ongoing evaluation of the effectiveness of the intervention, with modifications made as necessary to maintain and/or increase both the effectiveness and the efficiency of the intervention.

Providers and Prior Authorization

While research distinguishes between functional and comprehensive ABA and age limits appropriate for each, MDwise does not differentiate between these services. Prior authorization is required for all ABA services. Providers are required to notify the appropriate Medical Management department staff with request for certification of proposed or continued (concurrent request) ABA services. Authorization process may also occur as an emergency admission or level of service assessment/transition during concurrent review and discharge planning for an inpatient stay.

All components that focus on educational outcomes are not covered by the Indiana Healthcare Program (IHCP) and are not covered under this policy. Each case is reviewed individually for medical necessity and may extend beyond the typical three (3) years per 405 IAC 5-22-12(h). ABA therapy services extending beyond 40 hours a week must be medically necessary and will require additional prior authorization.

The provider must submit the treatment plan with the prior authorization request. The treatment plan must account for the time requested. The treatment plan must also include suggested length in treatment and be based on the member's need, age, school attendance and daily activities. Providers should submit all supporting documentation with the treatment plan and prior authorization request. When submitting a prior authorization request, providers should include the number of hours being requested as well. MDwise may approve an initial course of treatment for up to six (6) months.

If continued treatment is recommended, providers should submit a prior authorization for concurrent review. The request should include an updated treatment plan that includes documentation supporting medical necessity for continued treatment.

Providers may request short term, adjunctive hours outside the previously approved prior authorization if the member has sudden increase in aggression, self-injurious behaviors or elopement behaviors. Additional hours may be authorized if a member has a sudden decrease in ability to care for themselves, a decrease in language activities, have an additional health crisis or have a major change in their home life.

Services provided without obtaining required prior authorization will be denied for lack of authorization according to MDwise policy, IAC Rules, IHCP policies and bulletins. Covered emergency services as defined by IC 12-15-12-0.7, are excluded from the requirement of prior authorization.

Benefit and medical necessity criteria are utilized in determining medical appropriateness of services and care setting, which includes criteria obtained from current nationally recognized commercial resources.

Treatment that is determined to be medically necessary will be authorized every 6 months. The provider is responsible for submitting a prior authorization request before a current authorization expires so that treatment is not disrupted. The provider must submit all required documents for the medical necessity review.

The InterQual Care Guidelines for behavioral health are utilized for medical necessity determinations applied to individual cases. The member's age, comorbidities, complications, progress of treatment, psychosocial situation and home environment, when applicable, are considered when applying criteria to the care requested, along with available services of the local delivery system. Children with psychiatric disturbances that meet the criteria for inpatient admission are considered when able to maintain safely in a reliable housing situation.

MDwise applies the InterQual criteria/clinical indications for the levels of care per disorder or condition to the clinical information and considerations available at the time of the review in accordance with IHCP guidelines (IHCP Bulletins BT201606, BT201620, BT201774, BT201687, BT201705, BT201867 and BT 201953). Every effort is made to ensure that all medical, behavioral health and related facts are considered during the review process. MDwise routinely contacts the requesting provider or other treating providers for additional information, when there is insufficient information to decide, documenting the attempts and information in the case file.

When the clinical information collected in support of the request does not meet the applicable criteria, the request is reviewed by the MDwise Medical Director, or Reviewer Designee, which is a psychiatrist or appropriate behavioral health professional. Any decision to not authorize the service as requested based on medical necessity is made by the Medical Director or Reviewer Designee.

Services provided without obtaining required prior authorization will be denied for lack of authorization according to MDwise policy, and IAC Rules and IHCP policies and bulletins.

Who is eligible?

Applied Behavioral Analysis is a covered service for members that have been diagnosed as having an autism spectrum disorder by a qualified provider that completed an evaluation using the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time of the evaluation and includes a recommended treatment referral for ABA therapy services. MDwise covers ABA services for eligible members from time of initial diagnosis through twenty years old. Services are not covered for purposes of education or recreational outcomes and those that are duplicative to other services member is receiving.

Who can provide ABA services?

Subject to prior authorization and eligibility, MDwise will reimburse ABA treatment providers that have the provider type 11 – *Mental Health Provider* and provider specialty 615 – *Applied Behavior Analysis (ABA) Therapist*.

To enroll with IHCP under the ABA provider specialty, the ABA therapist must have a National Provider Identifier (NPI) and hold a valid professional license as a Health Service Provider in Psychology (HSPP), as defined in *Indiana Code IC 25-*

33, hold a valid board certification from the Behavior Analyst Certification Board (BACB) as a Board-Certified Behavior Analyst (BCBA) or Board-Certified Behavior Analyst-Doctoral (BCBA-D). The BCaBA (bachelor's level) is eligible to provide ABA services to members and must be directly supervised on a regular basis by the BCBA (master's level). It should be noted in the treatment plan that is overseen by the HSPP. The Credentialed Registered Behavior Technician (RBT) can perform services but must be under the direct supervision of a BCBA, BCBA-D or an HSPP. The RBT may provide services in the home, school or office setting (405 IAC 5-22-12(k)).

Specific Program Guidelines

An initial course of ABA therapy is subject to PA and is covered when all the following criteria are met:

- A diagnosis of ASD has been made by a qualified provider.
- The individual has completed a comprehensive diagnostic evaluation performed by a qualified provider.
- The individual is 20 years and 11 months of age or younger.
- The goals of the interventions are appropriate for the individual's age and impairment.
- **Documentation is provided that describes an individual treatment plan developed by a licensed or certified behavior analyst and includes all the following:**
 - The identified behavioral, psychological, family, and medical concerns.
 - Treatment plans must be focused on addressing specific behavioral issues and community integration. All treatment plans must include a projected length of therapy (405 IAC 5-22-12(e)).
 - School attendance includes any homeschooling.
- Measurable short-term, intermediate and long-term goals that are based on standardized assessments relative to age-expected norms that address the behaviors and impairments for which the intervention is to be applied.
***Note:** The goals should include baseline measurements, progress to date, and an anticipated time line for achievement, based on both the initial assessment and subsequent interim assessments over the duration of the intervention.
- Plans for parent/guardian training and school transition.
- Documentation that ABA services will be delivered by an appropriate provider licensed or certified as a behavior analyst (see provider requirements above).

Providers completing the comprehensive diagnostic evaluation must use a standardized assessment tool. Additionally, the evaluation must include a recommended treatment.

PA for the initial course of therapy may be approved for up to six (6) months. To continue providing ABA therapy beyond the initial authorized time frame, providers must submit a new PA request and receive approval.

Continuation of ABA therapy beyond the initial course is subject to PA and may be approved if *all* the following criteria are met:

- The individual has met the criteria for an initial course of ABA.
- The individual treatment plan is updated and submitted, as required.
- Developmental testing was conducted no later than two months after the initial course of ABA treatment began to establish a baseline in the areas of social skills, communications skills, language skills and adaptive functioning.
- The individual treatment plan includes age- and impairment-appropriate goals and measures of progress in social skills, communication skills, language skills and adaptive functioning.
- **For each goal in the individual treatment plan, the following is documented:**
 - Progress to date.

- o Anticipated time line for achievement of each goal based on both the initial assessment and subsequent interim assessments over the duration of the intervention.
- o Clinically significant progress in social skills, communication skills, language skills, and adaptive functioning is documented.

Determinations for hours and duration will not be based upon other therapies that do not address the specific behaviors being targeted, or on any standardized formulas used to deduct hours based upon daily living activities (405 IAC 5-22-12(i)). Short-term, adjunctive hours may be requested outside the standard therapy Prior Authorization if any of the following special conditions occur (405 IAC 5-22-12(j)):

- Sudden increase in self-injurious behaviors.
- Sudden increase in aggression or aggressive behaviors.
- Increase in elopement behaviors.
- Regression in major self-care or language activities.
- A shift in family or home dynamic.
- Development of a non-mental health related comorbidity or health crisis with the patient.

Projected length of therapy, physical therapy, occupational therapy and speech/language therapy services may also be included as part of ABA therapy and be part of the treatment plan. These services are medical services and would follow medical policy and procedures.

Providers and Prior Authorization

Prior authorization is required for ABA services and must be submitted on an Outpatient Treatment Request (OTR) form prior to services starting. If there is not enough evidence to support medical necessity for admission, MDwise may pend the review and request additional information.

After a member has been approved for an initial treatment and you believe they warrant continued treatment, you may request a concurrent review. Clinical information supporting medical necessity for continued treatment must be sent in prior to the last covered day of treatment and not after. If all information required is submitted timely, MDwise will review and respond within seven (7) business days.

All information on the prior authorization form must be completed and the appropriate documentation submitted for the review to occur. You can find all prior authorization forms on MDwise's website under provider forms. When the clinical information collected in support of the request does not meet the applicable criteria, the request is reviewed by the MDwise Medical Director or Reviewer Designee. Any decision to not authorize the service as requested based on medical necessity is made by the Medical Director or Reviewer Designee. If you receive a denial of prior authorization, you have the right to appeal. Please see the MDwise website for the appeal process.

Billing/Reimbursement

Providers must bill one of the procedure codes listed in the table below on a professional claim (CMS-1500 claim form or 837P electronic transmission). ABA therapy procedure codes are subject to all National Correct Coding Initiative (NCCI) guidelines and edits; allowances to bypass the medically unlikely edits are not in effect as was the case with the previous State-defined procedure codes. For timeliness guidelines, see the IHCP provider manuals and modules for claims submission.

If you have obtained prior authorization and submitted your claim timely but receive inaccurate reimbursement, please follow the MDwise dispute process found on our website.

Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes.
97153	Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes.
97154	Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes.
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes.
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes.
97157	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes.
97158	Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes.
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior.
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior.

Documentation Guidelines

Providers must bill one of the procedure codes listed in the table above on a professional claim (CMS-1500 claim form or 837P electronic transmission). ABA therapy procedure codes are subject to all National Correct Coding Initiative (NCCI) guidelines and edits; allowances to bypass the medically unlikely edits are not in effect as was the case with the previous State-defined procedure codes. For timeliness guidelines, see the IHCP provider manuals and modules for claims submission.

Here are some tips to remember when documenting services, as all services are subject to post payment review and audit.

- Use the IHCP ABA Prior Authorization Checklist as a guide.
- Complete all information on the Universal PA form.
- Include the diagnostic assessment that was completed.
- Document symptoms over last year supporting ASD.
- Include the referral for ABA.
- Treatment requested matches the need and is the least restrictive form of treatment recommended.
- Treatment plan matches current symptoms and requested treatment.
- Treatment plan is individualized to the member.
- Authorization of services does not guarantee payment of services.

Here are some tips to remember when documenting services, as all services are subject to post payment review and audit.

The Treatment Plan should include:

- Specific, measurable goals with baseline listed.
- Methods of accomplishment and timeline.
- Measurement of goals.
- Behaviors to be targets.
- Psychological concerns.
- Medical concerns.
- Family issues affecting member or affected by member's condition.
- Location of service.
- Hours spent in school.
- Current therapies, including Occupational, Physical, Speech Therapy.
- Projected length of treatment.

The servicing provider must:

- Document when they modify goals and interventions if there is not progress.
- Provide clinical evidence for reason of hours requested.
- Show communication/coordination with other providers, including the family and school.
- Use a Progress Note.
 - **Examples:** DAP (Data, Assessment (Response), Plan) or SOAP (Subjective, Objective, Assessment and Plan).

All documentation must:

- Relate back to Individualized Treatment Plan.
- Be dated, signed, and legible and include credentials of the provider.
- Be sure to put client's name and individual identifier on each page.
- Document any referral information.
- Document any Coordination of Care.
- Use abbreviations that are standardized and consistent.
- Be able to demonstrate and fully explain what happened during the treatment session.
- Include any non-routine calls, missed sessions or professional consultations regarding the case.
- Document specific and accurate start and stop times for every service.

- o **Note to remember:** A unit of time is reached when the mid-point is passed.
- Include if service was “face-to-face” time with patients and/or family.
 - o **Examples:** Observing, obtaining history, examining, counseling and providing interventions.
- Include if “non-face-to-face” time.
 - o **Examples:** Time spent before and after “face-to-face” time, i.e. reviewing records and tests, arranging for further services and communicating with other professionals.
- When another service is performed concurrently with a time-based service, the time associated with the concurrent service should not be included in the time used for reporting the time-based service.
- If the service is covered by alternate funding, e.g. a grant or waiver, then that specific service is not reimbursable by MDwise. This should be documented and not billed to MDwise.

Remember, IF IT IS NOT DOCUMENTED, IT DIDN'T HAPPEN.

Resources

If you would like more information regarding ABA treatment and Indiana Medicaid, please go to the IHCP bulletin search page. You can find specific guidance regarding documentation at:

- 405 IAC 1-5-1 through 1-5-3
- IHCP ABA Documentation Guidelines
 - o http://provider.indianamedicaid.com/ihcp/providertraining/BehavioralHealth/story_flash.html
- The latest CPT code books to make sure the documents match the description and rules in the CPT code books.
- CMS “Documentation Matters” toolkit
 - o [Medicaid Documentation for Behavioral Health Practitioners](#)
- [AHIMA's code of ethics](#)

REFERENCES:

- A. AACAP (2013) Practice Parameter for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder.
- B. Behavioral Analyst Certification Board, Inc: Guidelines: Health Plan Coverage of Applied Behavioral Analysis Treatment for Autistic Spectrum Disorder, 2012.
- C. Eikeseth S, Smith T, Jahr E, et al. Intensive behavioral treatment at school for 4-7-year-old children with autism: a 1-year comparison-controlled study. Behav Modif 2002;26:49-68.
- D. Howard JS, Sparkman CR, Cohen HG, et al. Comparison of intensive behavior analytic and eclectic treatments for young children with autism. Res Dev Disabil 2005;26:359-83.
- E. LeBlanc LA, Gillis JM. Behavioral interventions for children with autism spectrum disorders. Pediatr Clin N Am 2012; 59:147-64.
- F. Lovaas OI. Behavioral treatment and normal educational and intellectual functioning in young autistic children. J Consult Clin Psychol 1987; 55:3-9.

- G. National Autism Center. National Standards Report: The National Standards Project: addressing the need for evidence-based practice guidelines for autism spectrum disorders. National Autism Center website. November 2009.
- H. Sallows GO, Graupner TD. Intensive behavioral treatment for children with autism: four year outcome and predictors. Am J Ment Retard 2005;110:417-38.
- I. Smith T, Groen AD, Wynn JW. Randomized trial of intensive early intervention for children with pervasive developmental disorder. Am J Ment Retard 200;105:269-85.
- J. Indiana Laws & Regulations: IC 12-15-6 Prior Authorization, IC 12-15-11-8 - Use of provider identification number; Indiana Administrative Code: 405 IAC 1-10.5-2 Reimbursement Methodology, 405 IAC 5-20 Rule 20: Mental Health Services; Code of Federal Regulations 42 CFR 8.12; Indiana Administrative Code 440 IAC 10, 405 IAC 5-22-12
- K. RFS 10-40: Risk-Based Managed Care Services for Medicaid Beneficiaries (Hoosier Healthwise/HIP), HHW and HIP Scope of Work, Behavioral Health.
- L. IHCP Provider Manual: Chapter 2: Table 2-3, Hoosier Health Program Description & Covered Benefits; Chapter 6: Prior Authorization, Section 5: Outpatient Mental Health Prior Authorization Policy Requirements; Chapter 8: Billing Instructions, Section 2, UB-92 Billing Instructions - Inpatient Hospital Services & Outpatient Mental Health; Section 3, I500 and 837P Transaction Billing Instructions
- M. MCO Policy & Procedure Manual, Chapter 4, Managed Care Services
- N. Medicaid Rehabilitation Option (MRO) Provider Manual
- O. Federal Register; Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability, <http://federalregister.gov/a/2016-09581>
- P. IHCP Bulletins BT201606, BT201620, BT201774, BT201687, and BT201705; BT201866; BT201867; BT201953