



Applied Behavioral Analysis (ABA)-Medicaid

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| State(s): <input type="checkbox"/> Idaho <input type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington <input type="checkbox"/> Other: | LOB(s): <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> PSA |
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Medicaid Policy

BACKGROUND

Applied Behavioral Analysis (ABA) is the design, implementation, and evaluation of environmental modification to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. The specific intervention is Early Intensive Behavioral Intervention (EIBI), line 313 on the Prioritized List of Health Services. ABA therapy is covered when there is an established diagnosis of Autism Spectrum Disorder (DSM-5 299.0; ICD-10 F84.0) or Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction (DSM-5 307.3; ICD-10 F98.4).

Essential elements of ABA include:

1. Description of specific levels of behavior at baseline
2. Establishing small units of behavior
3. Direct observational data
4. Understanding current function
5. Managing the treatment environment
6. Carefully constructed, individualized and detailed analytic treatment plan
7. Ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan
8. Treatment protocols that are implemented repeatedly, frequently, and consistently
9. Direct support and training of family members, caregivers, and other involved supports
10. Supervision and management by a Behavior Analyst

Service Intensity:

Based on medical necessity. Oregon's Health Evidence Review Commission 2014 guideline on ABA states: The evidence does not lead to a direct determination of optimal intensity.

Studies of EIBI ranged from 15-40 hours per week. Through Oregon's Senate Bill 365 other payers are mandated to cover a minimum of 25 hours per week of ABA. There is no evidence that increasing intensity of therapy yields improved outcomes.

EIBI includes intensive, less intensive, and targeted interventions. The following ABA Treatment options are available for authorization and are based on individual need:

Intensive ABA:

Intensive interventions include the therapies above that address multiple behaviors at once, are more comprehensive in nature, and start at an earlier age. Research indicates the optimal effectiveness for ABA is between 1-3 years. Intensive ABA is provided for PacificSource members ages 1-12.

Requests for ABA that exceed 40 hours per week for member's treatment are subject to MD medical review and must demonstrate compelling medically appropriate criteria as evidenced by documentation of:

- A diagnosis of Autism Spectrum Disorder or Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction by an appropriately licensed provider as detailed in OAR 410-172-0760 and under preauthorization section of this policy.
- Severity
- Depth and breadth of previous treatment
- How recently the diagnosis has been made. For example, if the diagnosis has been made after the child turned 13, intensive treatment shall be considered
- Comorbidities such as psychiatric disorders, developmental delays, and intellectual disability may make it harder to treat ASD and may require more intensity of treatment to be effective.
- Factors that would be contrary to the efficacy of ABA or increased intensity of ABA services.
- Documentation of developmental status using validated assessments or a combination of such assessments, such as the Vineland. This information may be provided by a licensed ABA provider.
- Behavior that is injurious to themselves or others and that interferes with everyday functions or activities.
- Treatment history that indicates that less intensive treatment or other therapy has been tried or considered and found insufficient.
- Other developmental or intellectual disabilities or other medical conditions have been ruled out.
- Hours requested are supported by the medical evidence and are not primarily for the convenience of the family, caregivers, or others.

Less Intensive ABA:

EIBI includes intensive, less intensive, and targeted interventions. Less intensive interventions focus on a few targeted behaviors, are generally used with older children, and are of shorter duration. Research indicates an optimal effectiveness of several months for Less Intensive ABA Treatment with older children. Less Intensive ABA Service Intensity: Based on medical appropriateness, requests in excess of 16 hours per person per week are subject to MD medical review. Less intensive ABA is provided for members ages 1-12.

Targeted ABA:

Targeted ABA Interventions may be provided for members 13 years or older if they have been diagnosed with an Autism Spectrum Disorder and their behaviors place the member at serious risk for harm or create significant daily issues related to care, education, or other important functions. Research indicates an optimal effectiveness of several months for Targeted ABA-based Treatment with older children. Targeted ABA-based Treatment Service Intensity: Based on medical necessity and not to exceed 16 hours per week. To align and reduce redundancies in care, involvement in services with other systems (i.e. Developmental Disability Services, Special Education, etc.) will be considered. Targeted ABA-based Treatment is provided for members without age restrictions, but generally ages 13 and older.

PROVIDERS PAYMENT ELIGIBILITY

Direct Payment

Providers of ABA services who hold the following license, registration, or declaration of practice are eligible for direct payment:

- (a) Licensed Behavior Analyst as described in OAR 824-030-0010;
- (b) Licensed health care professional as defined in 2015 Oregon Laws Chapter 674, section 1 who is registered with the Oregon Behavior Analyst Certification Board as described in ORS 676.802 (2)(a-h);
- (c) Individual holding a declaration of practice through the Oregon Behavior Analysis Regulatory Board as described in OAR 824-010-0005(10).

Providers meeting the above criteria must meet the following criteria in order to be considered for payment of claims submitted for their services:

1. be enrolled providers with the state Medicaid program,
2. complete a PacificSource credentialing process, and
3. be under contract with PacificSource to provide ABA services.

Payment using Incident to Billing

If the caregiver's profession is not licensable in the state where services are provided, then the caregiver must be working under the license and within the scope of practice of the licensed clinician under whom services are being billed as per the PacificSource Behavioral Health Incident To Billing Policy. The following ABA service providers are **not** eligible for direct payment. Payment for their services may only be made through billing incident to a provider who is eligible for direct payment:

(a) Assistant Behavior Analyst licensed by the Oregon Behavior Analysis Regulatory Board as described in OAR 824-030-0020;

(b) Behavior Analysis Interventionists registered by the Oregon Behavior Analysis Regulatory Board as described in OAR 824-030-0040.

PRIOR AUTHORIZATION

Prior to requesting ABA services for the assessment and treatment of autism spectrum disorder, a recommendation needs to be obtained by a licensed practitioner who has experience in the diagnosis and treatment of autism spectrum disorder and holds at least one of the following educational degrees and valid license: (a) Physician; (b) Psychologist; (c) Nurse practitioner specializing in developmental medicine, or; (d) Physician's assistant specializing in developmental medicine. For ABA services for the treatment of stereotyped movement disorder with self-injurious behavior due to neurodevelopmental disorder, a recommendation needs to be received by a licensed practitioner, practicing within the scope of their license, who has experience or training in the diagnosis and treatment of this disorder.

Prior authorization is not needed to be paid for the Initial Assessment for ABA services if CPT code 97151 will be billed for 16 or fewer units.

For payment of an Initial Assessment for ABA services of over 16 units of 97151, prior authorization must be obtained.

Documentation to be submitted for Initial Assessment prior authorization:

- An established diagnosis of Autism Spectrum Disorder (DSM-5 299.0; ICD-10 F84.0) or Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction (DSM-5 307.3; ICD-10 F98.4) as determined by an appropriately licensed provider as detailed in OAR 410-172-0760 and under preauthorization section of this policy.
- ☐ Supporting clinical documentation as to the medical necessity to exceed 97151 of 16 units.

Prior Authorization for treatment:

Once the initial ABA assessment is completed and there is a recommended treatment plan for ABA services, a Prior Authorization request can be made for ongoing ABA Treatment. ABA Treatment Authorizations can be requested in increments up to **six months**, as medically appropriate.

All of the following must be submitted with the ABA PacificSource Prior Authorization form. CPT codes that are encompassed are 97152, 0362T, 97153, 0373T, 97155, 97154, 97158, 97156,

97157. Not all listed codes may be needed on each treatment plan. These codes are listed for guidance.

- An established diagnosis of Autism Spectrum Disorder (DSM-5 299.0; ICD-10 F84.0) or Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction (DSM-5 307.3; ICD-10 F98.4) as determined by a an appropriately licensed provider as detailed in OAR 410-172-0760 and under preauthorization section of this policy.
- Documentation of individual core features of autism as identified through a review of ASD diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM 5);
- Documentation that a parent or caregiver has been interviewed;
- Documentation that there was a review of relevant medical records;
- Documentation that the practitioner was able to observe the individual directly;
- Documentation of developmental status using validated assessments or a combination of such assessments, such as the Vineland. This information may be provided by a licensed ABA provider
- Documentation of a comprehensive medical exam. A physical exam from the most recent well child care visit may be submitted if within one year for children aged 1-6, or within two years for children 6-18. The physical exam must be completed before starting ABA but may not be allowed to delay or interrupt ABA services
- Documentation that an audiology or hearing test has been performed within one year for children aged 2 through 5, or within two years for children aged 6 through 18. The audiology or hearing test must be completed before starting ABA but may not be allowed to delay or interrupt ABA services: Newborn assessment is not sufficient after the age of 24 months; Hearing tests from primary care offices and schools are sufficient if there are no concerns regarding hearing
- Any other documentation, if available, that would substantiate the diagnosis of autism or stereotyped movement disorder with self-injurious behavior due to neurodevelopmental disorder including but not limited to the following: (A) Notes from well-child visits or other medical professionals; (B) Results from any additional assessments including but not limited to IQ, achievement tests, speech and language tests, and assessments of adaptive functioning. (C) A referral for ABA treatment with or without specification of hours or intensity that shall include: (D) A diagnosis of ASD or stereotyped movement disorder with self-injurious behavior due to neurodevelopmental disorder; (E) A copy of the evaluation described in 410-172-0770 (1); (F) A referral for ABA treatment with or without specification of hours or intensity.

Presence of deficits or behaviors that:

1. Significantly interfere with home or community activities; ***and***
2. Present a safety risk to self or others (such as self-injury, aggression toward others, destruction of property, stereotyped or repetitive behaviors, elopement, severe disruptive behavior) ***and***
3. Present a health risk to self where if untreated the member is at significant risk of an exacerbation of physical or behavioral health conditions.
4. Less-intensive behavior treatment or other therapy has been seriously considered or has been applied and has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behaviors.
5. The individual is medically stable and does not require the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.
6. Other developmental or intellectual disabilities or other medical conditions have been ruled out.

The following must be met by the provider:

- A reasonable expectation on the part of a qualified treating health care professional (Board Certified Behavioral Analyst, BCBA) who has completed an initial assessment and treatment plan of the individual, that the individual's behavior will improve significantly with ABA therapy

- The treatment plan is built upon individualized goals. The treatment plan must delineate both the frequency of baseline behaviors and the treatment development plan to address the behaviors. The treatment plan must include coordination of care involving parents or caregiver, school, physical health providers, state disability programs and others as applicable.
- Treatment plan objectives are measurable, based upon clinical observation, outcome measurement assessment and tailored to the individual.
- Parent or caregiver participation as defined in the ABA provider's treatment plan is required.

CONCURRENT REVIEW CRITERIA

Continued Treatment Authorization: Determined by progress toward meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

One of the following must be met:

- Admission criteria continues to be met.
- New problems or symptoms that meet admission criteria have appeared.

All of the following must be met:

- A reasonable expectation exists that the individual will benefit from the continuation of ABA services. Demonstrated gains exceed those expected to arise from maturation alone.
- The treatment plan including coordination of care and an expectation of parent/ caregiver participation as able in treatment is updated on a frequent basis.
- Progress demonstrated by use of a standardized, multimodal assessment at least every 6 months. Assessment can include Vineland, language measures, behavior checklists (CBCL, ABC), and autistic symptoms measures (SRS, ABAS, ADI-R).
- Behavior that is considered to have an adverse impact on the individual's development or is harmful to the individual or to others must have treatment goals that are specific, observable, and quantifiable and must relate to identified behavioral concerns.
- Treatment is not making the symptoms persistently worse.

TRANSITION/DISCHARGE CRITERIA

At least one of the following:

- The individual has achieved adequate stabilization of the deficits and behaviors and can be managed in a less intensive environment, with less intensive treatment, including less intensive ABA treatment.
- No meaningful, measurable improvement has been documented in the individual's behavior(s) for a period of at least six months of optimal treatment. In addition, the individual has reached their cognitive potential, and there is no reasonable expectation that termination of the current treatment would put the individual at risk for significant decompensation or the recurrence of signs and symptoms that necessitated treatment. For changes to be "meaningful," they must be durable over time beyond the end of the actual treatment session, and generalized and maintained outside of the treatment setting to the individual's residence and to the larger community within which the individual resides.
- Treatment is making the symptoms persistently worse.
- The individual would be better treated with a different service, or would be better served by a different system (e.g. Developmental Disabilities Services).
- The individual demonstrates an inability to maintain long-term gains from the proposed plan of treatment.

References

“Incident To” Billing for Behavioral Health PacificSource Policy

Oregon’s Health Evidence Review Commission, Guideline notes 75 and 126

MCG 23rd Guidelines for Applied Behavioral Analysis

American Psychiatric Association. (2013) Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition, DC: Author

ICD-10 codes - CM Expert for Physicians: The Complete Official Code Set, Optum360, LLC (2015)

OAR 410-172-0770

OAR 824-030-0010

OAR 824-010-0005(10)

OAR 824-030-0020

OAR 824-030-0040

OAR 410-172-0760

ORS 676.802 (2) (a-h)

ORS 413.042, 430.640

ORS 413.042, 414.025, 414.065, 430.640, 430.705, 430.715

Appendix

Policy Number: [Policy Number]

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Author(s): E. Littlejohn

Depts: Health Services - Medicaid

Applicable regulation(s): OAR 410-172-0770, OAR 824-030-0010, OAR 824-010-0005(10), OAR 824-030-0020

OAR 824-030-0040, OAR 410-172-0760,

ORS 676.802 (2) (a-h), ORS 413.042, 430.640, ORS 413.042, 414.025, 414.065, 430.640, 430.705, 430.715