

# Indiana Medicaid Applied Behavioral Analysis UM Guideline

**Subject:** Indiana Medicaid Applied Behavioral Analysis UM Guideline

**Current Effective Date:**

**Status:** Active

**Last Review Date:** 5/24/18

| Description |
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Indiana Medicaid members 20 years and younger with autism spectrum disorder (ASD) acquired coverage for Applied Behavioral Analysis (ABA) on February 6, 2016. This document summarizes coverage requirements. The summary is based on state of Indiana regulations and documentation promulgated by the Indiana Office of the Secretary of Family and Social Services.

Per Indiana regulation, applied behavioral analysis therapy services or ABA therapy services means the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior.

Member's symptoms or condition should meet the diagnostic criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) diagnosis of autism spectrum disorder. The diagnosis should be made by a qualified provider such as a:

- Licensed physician
- Licensed Health Service Provider in Psychology (HSPP)
- Other behavioral health specialist with training and experience in the diagnosis and treatment of ASD and acting within the scope of licensure and expertise

ABA therapy assessments and reassessments do not require Prior Authorization (PA).

PA requests for ABA therapy will not be approved for longer than six months. Generally, ABA therapy is limited to a period of 3 years and should not exceed 40 hours per week. Services beyond these limitations may be approved with PA when the services are medically necessary.

ABA services may be provided by a:

- Health Services Provider in Psychology (HSPP) or
- Licensed or Board Certified Behavior Analyst or
- Credentialed registered behavior technician (RBT)\*
- Licensed or board-certified behavior analyst includes bachelor-level (BCaBA), master-level (BCBA) and doctoral-level (BCBA-D) providers.

Effective 3/1/18, per Indiana Health Coverage Program Bulletin BT201774, BCBA's will be able to bill for ABA services:

Reimbursement of ABA services will be made only to enrolled ABA therapists. New providers that want to provide ABA services, or providers already enrolled that want to continue being reimbursed for ABA services for dates of service (DOS) on or after March 1, 2018, must do one of the following:

- 1) Enroll as a mental health provider with an ABA therapist specialty (provider type 11/provider specialty 615) to obtain an IHCP Provider ID for billing purposes.

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- 2) Providers already enrolled as a licensed HSPP (provider type 11/provider specialty 114) must add the new ABA specialty to their enrollment profile. This update must be made before March 1, 2018, to be reimbursed for DOS beginning March 1, 2018.
- 3) Providers already enrolled as one of the identified group provider types and specialties listed in this bulletin, must have an enrolled ABA therapist linked to the service locations providing the ABA services before March 1, 2018, to be reimbursed for DOS beginning March 1, 2018.

\* RBT's must have certification from the Behavior Analyst Certification Board (BACB).

## Clinical Indications

### Indiana Medicaid Applied Behavioral Analysis (ABA)

#### Initial Course of ABA Therapy

ABA is considered covered when **all** the following are met:

- 1) Diagnostic evaluation is performed by a qualified provider that
  - a. Determines the member has ASD based on a standardized assessment; **AND**
  - b. Includes a recommended treatment referral for ABA therapy services with a projected length of treatment.
- 2) A person-specific individual treatment plan developed by a licensed or certified behavior analyst based on all the following:
  - a. Age of 20 years or less;
  - b. Needs;
  - c. School attendance when applicable\*;
  - d. Daily activities

Treatment plan documentation justifying and supporting the numbers of hours should include:

- 1) Behavioral, psychological, family, and medical concerns
- 2) Measures specific to language skills, communication skills, social skills and adaptive functioning
- 3) Measurable short-term, intermediate, and long-term goals that are:
  - a. Appropriate for the individual's age and impairment;
  - b. Address the behaviors and impairments for which the intervention is to be applied†;
  - c. Based on standardized assessments relative to age-expected norms; and
- 4) Plans for parent/guardian training and, when applicable, school transition
- 5) Delivery of ABA services by an appropriate provider licensed or certified as a behavior analyst

#### Continued Courses of ABA Therapy

Continuation of ABA therapy beyond the initial course is considered approvable when **all** the following criteria are included in the documentation:

- 1) The individual has met the criteria for an initial course of ABA;
- 2) The individual treatment plan is updated and submitted;

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- 3) 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;
- 4) The updated individual treatment plan includes age- and impairment-appropriate goals and measures of clinical progress in social skills, communication skills, language skills, and adaptive functioning;
- 5) The updated individual treatment plan addresses:
  - a. Plans for parent/guardian training and, when applicable, school transition;
  - b. School attendance when applicable\*;
  - c. Daily activities;
  - d. Documentation that ABA services will be delivered by an appropriate provider licensed or certified as a behavior analyst;
- 6) For each updated goal† in the individual treatment plan, the following is documented:
  - a. Progress to date;
  - b. Anticipated time line for achievement of each goal based on both the initial assessment and subsequent interim assessments over the duration of the intervention.

\*In addition, coverage shall not be available for services that:

- 1) Focus solely on recreational outcomes;
- 2) Focus solely on educational outcomes;
- 3) Are duplicative, such as services rendered under an Individualized Educational Plan (IEP);
- 4) Provided by a registered behavior technician in the home or school setting.

†Note: The goals should include baseline measurements and an anticipated time line for achievement, based on both the initial assessment and subsequent interim assessments over the duration of the intervention.

ABA is considered **not approvable** when the above criteria are not met.

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| <b>Coding</b> |
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Table 1 – Procedure codes covered for ABA therapy for DOS on or after February 6, 2016

| Code     | Description  |
|----------|--|
| 96150 U1 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment; ABA Therapy Assessment provided by BCBA, BCBA-D, or HSPP |
| 96150 U2 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment; ABA Therapy Assessment provided by BCaBA                 |

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| 96151 U1 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment; ABA Therapy Re-assessment provided by BCBA, BCBA-D, or HSPP |
| 96151 U2 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment; ABA Therapy Re-assessment provided by BCaBA                 |
| 96152 U1 | Health and behavior intervention, each 15 minutes, face-to-face; individual; ABA Therapy provided by BCBA, BCBA-D, or HSPP   |
| 96152 U2 | Health and behavior intervention, each 15 minutes, face-to-face; individual; ABA Therapy provided by BCaBA   |
| 96152 U3 | Health and behavior intervention, each 15 minutes, face-to-face; individual; ABA Therapy provided by RBT   |
| 96153 U1 | Health and behavior intervention, each 15 minutes, face-to-face; group; ABA Therapy pro-vided by BCBA, BCBA-D, or HSPP   |
| 96153 U2 | Health and behavior intervention, each 15 minutes, face-to-face; group; ABA Therapy pro-vided by BCaBA   |
| 96153 U3 | Health and behavior intervention, each 15 minutes, face-to-face; group; ABA Therapy pro-vided by RBT   |
| 96154 U1 | Health and behavior intervention, each 15 minutes, face-to-face; family with patient present; ABA Therapy provided by BCBA, BCBA-D, or HSPP  |
| 96154 U2 | Health and behavior intervention, each 15 minutes, face-to-face; family with patient present; ABA Therapy provided by BCaBA  |
| 96154 U3 | Health and behavior intervention, each 15 minutes, face-to-face; family with patient present; ABA Therapy provided by RBT  |
| 96155 U1 | Health and behavior intervention, each 15 minutes, face-to-face; family without patient present; ABA Therapy provided by BCBA, BCBA-D, or HSPP   |
| 96155 U2 | Health and behavior intervention, each 15 minutes, face-to-face; family without patient present; ABA Therapy provided by BCaBA   |
| 96155 U3 | Health and behavior intervention, each 15 minutes, face-to-face; family without patient present; ABA Therapy provided by RBT   |

ABA therapy assessments and reassessments do not require prior authorization.

Effective 3/1/18, per Indiana Health Coverage Program Bulletin BT201774, reimbursement of ABA services will be made only to enrolled ABA therapists and enrolled school corporations.

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| <b>Discussion/General Information</b> |
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This guideline is derived from Indiana regulations and documentation requirements specified by the Office of the Secretary for Family and Social Services in an IHCP bulletin (BT201606, dated 1-19-16).

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## Definitions

**ABA Therapy:** applied behavioral analysis therapy services or ABA therapy services means the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior.

**ABA Therapy Service Providers:** A health services provider in psychology (HSPP), licensed or board certified behavior analyst or a credentialed registered behavior technician (RBT). Behavior analysts may be doctoral level (BCBA-D), master-level (BCBA) or bachelor-level (BCaBA). Services performed by a BCaBA or a RBT must be under the direct supervision of a BCBA, BCBA-D, or an HSPP.

**Individualized Education Plan:** a written statement developed for a child by a group that includes:

- 1) A representative of the school corporation or public agency responsible for educating the child;
- 2) The child's teacher;
- 3) The child's parent, guardian, or custodian;
- 4) If appropriate, the child; **AND**
- 5) If the provision of services for a child with a serious emotional disability is considered, a mental health professional provided by:
  - a. The community mental health center (as described in IC 12-29); **OR**
  - b. A managed care provider (as defined in IC 12-7-2-127(b)) serving the community in which the child resides; **AND**
- 6) Describes the special education to be provided to the child.

**Qualified Provider for Making a Diagnosis of Autism Spectrum Disorder:** Licensed physician, licensed health service provider in psychology (HSPP), licensed pediatrician, licensed psychiatrist, or other behavioral health specialist as allowed by licensure and based on training and experience in the diagnosis and treatment of ASD.

## References

### Government Agency, Medical Society, and Other Authoritative Publications:

1. Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition. Arlington, VA. 2013. Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed on February 15, 2016.
2. Indiana Office of the Secretary and Family and Social Services; [405 IAC 5-22-12 Applied behavioral analysis therapy services, Authority: IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2, Affected: IC 12-13-7-3; IC 12-15](#). Accessed on March 9, 2016.
3. Indiana Office of the Secretary and Family and Social Services 405 IAC 5-3.

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4. [Indiana Health Coverage Programs IHCP bulletin BT201606](#) Accessed on March 1, 2017
5. [Indiana Health Coverage Programs IHCP bulletin BT201620](#) Accessed on March 1, 2017
6. Indiana IC 20-18-2 [http://iga.in.gov/static-documents/7/d/8/8/7d88099b/TITLE20\\_AR18\\_ch2.pdf](http://iga.in.gov/static-documents/7/d/8/8/7d88099b/TITLE20_AR18_ch2.pdf) Accessed on March 3, 2016.
7. [Indiana Health Coverage Programs IHCP bulletin BT201774](#) Accessed on August 17, 2018

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| <b>Websites for Additional Information</b> |
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None

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| <b>History</b> |
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