

# Superior Medicaid Applied Behavioral Analysis (ABA) Provider Orientation

---

*For Providers Treating Members with Autism Spectrum Disorders*

December 2021

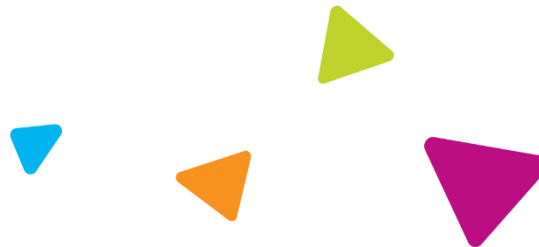
SHP\_20228754

# Agenda

- Requesting authorization

---

- Assessment and treatment planning
- Additional requirements and exclusions
- CPT codes and modifiers
- Resources



# Requesting authorization

**Purpose: To authorize care based on a thorough assessment of the member's unique needs, with services delivered at the least intensive, appropriate level of care.**

1

## Request

Requesting prior authorization is the responsibility of the LBA.



2

## Frequency

Frequency of authorization reviews may depend on federal and state requirements, clinical rationale of services being requested, and the member's clinical need for ABA services.



3

## Assessment

Initial assessment authorizations to perform a complete functional behavioral assessment may be authorized for up to 6 hours.



# Forms for requesting authorization



- Clinical documentation requirements may be located on Superior's [Medicaid and CHIP Prior Authorization](#) webpage.
- *ABA Initial Evaluation Template* and *Initial/Continued Treatment Plan Template* may be obtained under the *Prior Authorization Resources* section of Superior's [Prior Authorization Requirements](#) webpage.
- Alternately, you may use your own template. Please ensure all required components from [2.3 Autism Services of the Texas Medicaid Provider Procedures Manual](#) are included in your submissions.



# Authorization determinations



## Magellan will:

- ✓ **Make an authorization decision** based upon review of the clinical information submitted and any conversations with you.
- ✓ **Advise you** of the ABA service type and units authorized, number of sessions or days authorized, and a start and end date for authorized services.
- ✓ **Communicate authorization** decisions by telephone.
- ✓ **Offer the opportunity to discuss** the determination with a physician advisor if we are unable to authorize the requested service(s) due to lack of medical necessity.

# Agenda

- Requesting authorization
- **Assessment and treatment planning**
- Additional requirements and exclusions
- CPT codes and modifiers
- Resources



# Documentation required for authorization of an ABA Initial evaluation



The referral for ABA services must be submitted with the authorization request and must contain documentation from the diagnosing and/or prescribing provider of:

- Age of the child/youth and year of the initial ASD diagnosis.
- Any co-morbid behavioral health and/or physical conditions, including trauma history.
- Level of symptom severity as per DSM criteria under ASD.
- Diagnosis of ASD must have been made within the past 3 years (or reconfirmation of diagnostic criteria and symptom severity if the initial diagnosis of ASD was made more than 3 years ago).
- A signed and dated referral from the prescribing provider for an evaluation for ABA services:
  - This referral may originate from the primary care provider.
  - The referral may originate from the prescribing physician who is a physician, APRN, or PA.



# Documentation Required for Authorization of Initiation of Treatment with ABA



- A signed and dated referral from a physical outlining the frequency and duration of treatment based on recommendations made in the ABA evaluation as well as the prescribing provider's own clinical judgement.
  - The LBA must coordinate with the prescribing or other appropriate physician to document elements for initiation of ABA treatment which are not within the LBAs scope of practice.
- **Testing tools must be utilized for the diagnosis of ASD**

To document medical necessity for ABA, the following elements are required in the ABA assessment documentation:

- Relevant co-morbid conditions, including trauma history.
- Vision and hearing or audiologic screening, as age and clinically appropriate.
- One-on-one observations of the member, including at least one natural setting.
- Documentation of interviews with caregivers to further ID and define lack of adaptive behaviors and presence of maladaptive behaviors, to include any linguistic or cultural factors that may impact treatment.
- Family history.
- Primary language used by the child/youth with ASD and family.
- How long member has been receiving ABA services and information on responses to previous interventions.
- Prognosis based on evidence from the evaluation regarding the individual's capacity to make behavioral gains.
- Validated assessments of cognitive abilities and adaptive behaviors, such as the Vineland.



# Checklist to begin Medicaid ABA Services



Clinical Requirement	Do you have it?
Age of child/youth and year of initial ASD diagnosis	
Any co-morbid behavioral health and/or physical conditions, including trauma history	
Level of symptom severity as per DSM criteria under ASD	
Diagnosis of ASD must have been made within the past 3 years (or reconfirmation of diagnostic criteria and symptom severity of the initial diagnosis of ASD was made more than 3 years ago)	
A signed and dated referral from the prescribing provider for an evaluation of ABA services	
Vision and hearing or audiological screening, as age and clinically appropriate	
One-on-one observations of the child/youth, including at least one natural setting	
Documentation of interviews with parents/caregivers to further ID and define lack of adaptive behaviors and presence of maladaptive behaviors, to include any linguistic or cultural factors that may impact treatment	
Family history	
Primary language used by the child/youth with ASD and family	
How long the child/youth has been receiving ABA services, if applicable, and information on responses to those previous interventions	
Prognosis based on evidence from the evaluation regarding the individual's capacity to make behavioral gains	
Validated assessments of cognitive abilities (i.e. Vineland Adaptive Behavior Scales)	

# Treatment planning

1

You will develop the autism treatment plan based on the findings of an assessment and evaluation.

---

2

A Magellan ABA care manager will review your plan.

---

3

You must submit a new treatment plan each time you request additional sessions, along with a new Vineland or ABAS evaluation every 6 months.

---

4

The autism treatment plan includes the following domains of focus:

- Speech/Language/Communication, Sociability, Sensory/Cognitive Awareness and Health/Physical Behavior
- Specific interventions and measurable goals developed from concerns identified during assessment and evaluation, and family priorities.

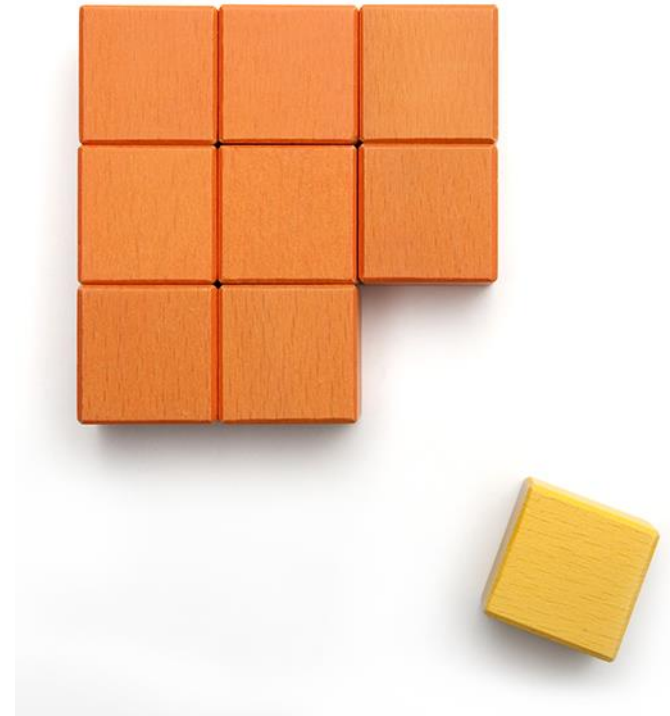


# Required components of the treatment plan



The Behavior Plan section of the report should include:

- At least two behaviors targeted for reduction (e.g., aggression, stereotype, SIB, elopement, property destruction, PICA, etc.).
- Detailed definition, topography, and proposed function of each behavior.
- Interventions.
- Baseline data.
- Mastery criteria.
- Current frequency/graph of progress.
- Replacement behavior/skill acquisition goals.
- Caregiver training goals with progress information.
- The following as relevant to treatment: background, current services, as well as treatment hour recommendation and duration.



# Required components of the treatment plan (continued)



- The child/youth's name
- Date of birth
- Date the initial ABA evaluation and treatment plan was completed
- Name of the referring prescribing provider
- Signature with date by the LBA
- Signature with date by the parent/caregiver

*Initial requests for ABA may be authorized for 90 days and may be extended for an additional 90 days contingent upon submission of an attendance log and progress summary that support an extension of treatment.*

## **Documentation required for Authorization of 90-day extension of initial ABA authorization :**

- Attendance log for child/youth **and**
- Attendance log for parent/caregiver **and**
- Progress summary

# Requirements for Focus vs. Comprehensive Treatment



High frequency (IBI) (greater than 20 hr/week) may be considered when documentation shows two or more of the following:

- Six years of age or younger
- Autism Severity Level 2 or 3 (per DSM-V criteria)
- Goals related to elopement, aggression, or self-injury that are severely impairing
- Within the first 2 years of initiating ABA

Moderate frequency (6 to 20 hours/week) may be considered when documentation shows two or more of the following:

- Twelve years of age or younger
- Autism Severity Level 2 or 3 (per DSM-V criteria)
- Goals related to elopement, aggression, or self-injury that are severely impairing
- Within the first 4 years of initiating ABA

Targeted/focused frequency (5 hours or less/week or 20 hours or less/month) may be considered when documentation shows two or more of the following:

- Twenty years of age or younger
- Autism Severity Level 1, 2 or 3 (per DSM-V criteria)
- Focused on specific targeted clinical issues or goals related to specific targeted skills.

Maintenance/consultative level (2-4 hours per week or less) may be considered when documentation shows all of the following:

- Ages 1-20 year of age
- Autism Severity Level 1, 2 or 3 (per DSM-V criteria)
- Goals related to elopement, aggression, or self-injury that are severely impairing
- Within the first 4 years of initiating ABA

# Agenda

- Requesting authorization
- Assessment and treatment planning
- **Additional requirements and exclusions**
- CPT codes and modifiers
- Resources



# Requirements for Attendance Logs



1  
Attendance logs which include a calculation of the percentage of scheduled sessions successfully completed must be maintained for the child/youth receiving treatment and for the responsible parent/caregiver participation.

2  
If attendance falls below 85% of approved hours per auth period as outlined in the individualized treatment plan, additional documentation must be submitted by the LBA to substantiate need for continued ABA services.

3  
Attendance logs will record all scheduled and completed sessions and the percent of scheduled sessions attended by the child/youth and the parent/caregiver for their scheduled sessions.

4  
Attendance logs must be submitted after the first 90 days of initiating ABA treatment.

5  
Attendance logs must be submitted with each request for extension or recertification.



# 85%

*Participation by the parent(s)/caregiver(s) is expected, and continued authorization for ABA services will take consideration of their participation in at least 85% of planned sessions.*



# Discharge Requirements



- The member may be discharged from treatment or ABA prior authorizations when documentation submitted indicates one or more of the following:
  - The member has met ABA treatment plan goals and is no longer in need of ABA services.
  - The member has not made clinically significant progress towards meeting goals identified on the ABA treatment plan after successive progress review periods and repeated modifications to the treatment plan.
    - Healthcare services which do not demonstrate effectiveness as consistent with policy requirements must be modified or discontinued.
  - ABA treatment plan gains are not generalizable or durable over time and do not transfer to the larger community setting after successive progress review periods and repeated modifications to the treatment plan.
  - The member can no longer participate in ABA services (for example due to medical factors, family factors or other factors that prohibit participation).
  - Parent/caregiver opts to discontinue.
  - Attendance falls below 85% of scheduled sessions without documentation supporting the medical necessity of continued treatment.
  - The ABA provider(s) do not appropriately collect, track, and/or review progress or outcomes data, and/or make appropriate treatment plan modifications for effective service delivery.

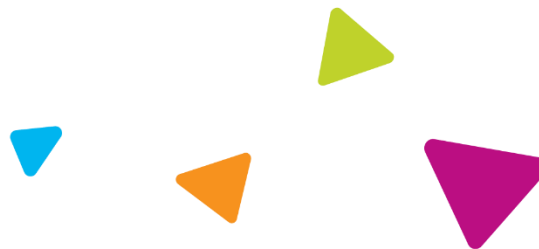
# Exclusions



- ABA addressing academic goals.
- ABA addressing goals only related to performative social norms that do not significantly impact health, safety, or independence.
- Treatment other than at the maintenance or consultative level not expected to result in improvements in the child/youth's level of functioning.
- Services that do not require the supervision of or specific skills and judgement of a LBA to perform.
- Services that do not meet accepted standard of practice for specific and effective treatment of ASD.
- Services in the school setting as a shadow, aide, or to provide general support to the child/youth.
- Equipment and supplies used during ABA services are not reimbursed separately; they are considered part of the services provided.
- ABA evaluation or intervention services provided by clinic/agency is owned or partially owned by caregiver.
- Experimental or investigational treatment.
- Services or items not generally accepted as effective and/or not within the normal course and duration of treatment.
- Services for the caregiver or provider convenience (i.e. respite).

# Agenda

- Requesting authorization
- Assessment and treatment planning
- Additional requirements and exclusions
- CPT codes and modifiers**
- Resources



# Texas ABA codes



Descriptor	Category I	Category 1 Interval	Notes
Functional Behavior Assessment (FBA)/Reassessment	97151	15 minutes	LBA only (HO). Up to 6 hours on reassessment can utilized. (Note: Eight hours of 97151 or six hours of 97151).
ABA individual treatment	97153	15 minutes	No modifier required.
ABA group treatment	97154	15 minutes	No modifier required.
ABA individual treatment by Qualified Health Professional (QHP)/Supervision	97155	15 minutes	All services are direct (HO, HN).
ABA parent or caregiver, family education and training	97156	15 minutes	Parent training with or without member present (HO, HN).
ABA group treatment by Qualified Health Professional (QHP)/Supervision	97158	15 minutes	Two or more clients; QHP only (HO, HN).
Interdisciplinary Team Meeting	99366	15 minutes	Up to 2 times per year. Must have claim on file in last 180 days. Only the LBA can bill. No modifier required.

# Glossary of Modifiers and Descriptions



Modifier	Description
HO	Licensed behavior analyst (LBA)
HN	Licensed assistant behavior analyst (LaBA)
HM	Behavior technician
95	Telehealth

# Agenda

- Requesting authorization
- Assessment and treatment planning
- Additional requirements and exclusions
- CPT codes and modifiers
- Resources



# Medicaid Autism Services Policy Resources — Medical Necessity Criteria



## Medicaid Autism Services Policy outpatient Applied Behavioral Analysis (ABA):

- Established DSM-5 diagnosis of ASD.
- A severe challenging behavior that presents a health or safety risk or significantly interferes with home or community activities.
- Less intensive behavior treatment or other therapy has been considered or has been insufficient.
- Patient is medically stable and does not require 24-hour medical/nursing monitoring.
- Treatment plan should be established upon individualized goals, with measurable objectives.
- Treatment plan should include parent/caregiver training and support.
- Magellan clinical leaders review the criteria annually, taking into consideration:
  - Current scientific evidence.
  - Provider feedback.
- Medicaid ABA Medical Necessity Criteria is found in chapter [2.3 Autism Services of the Texas Medicaid Provider Procedures Manual](#).

# Thank You!

## Questions?

For clinical questions, including those about authorization, assessment and treatment planning for Superior Medicaid members, contact Magellan Care Management at 800-424-4812.

To submit any forms requesting services, fax to 888-656-0368.



**Magellan**  
HEALTHCARE®



# Legal statement



The information contained in this presentation is intended for educational purposes only. It is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment. It should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.