

Clinical Policy: Outpatient Applied Behavior Analysis Medical Necessity

Reference Number: LA.CP.MP.490
Last Review Date: 2/2020

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Policy/Criteria

It is the policy of Louisiana Healthcare Connections Medical Management (LHCC) that Applied Behavior Analysis (ABA) outpatient services under the age of 21 is **medically necessary** for the following indications:

LHCC will follow the guidelines published in the Louisiana Department of Health (LDH) Applied Behavior Analysis Provider Manual which is attached to this policy and can be located at <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ABA/ABA.pdf>

I. Covered Services

Medicaid covered applied behavior analysis (ABA)-based therapy is 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-based therapies teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

- Medically necessary;
- Prior authorized by managed care organizations (MCOs); and
- Delivered in accordance with the recipient's behavior treatment plan.

Services must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the *licensed professional*. Payment for services must be billed by the licensed professional.

Prior to requesting ABA services, the recipient must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) which has been performed by a qualified health care professional (QHCP).

NOTE: Medical necessity for ABA-based therapy services must be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11.

A QHCP is defined as a:

- Pediatric Neurologist;
- Developmental Pediatrician;
- Psychologist (which includes a Medical Psychologist);
- Psychiatrist (particularly Pediatric and Child Psychiatrist); or
- Licensed individual that has been approved by the recipient's MCO medical director as meeting the requirements of a QHCP when:
 - The individual's scope of practice includes differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the recipient; and
 - The individual has at least two years of experience providing such diagnostic assessments and treatments.

The CDE must include at a minimum:

- A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
- Direct observation of the recipient, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors;
- A review of available records;
- A valid *Diagnostic and Statistical Manual of Mental Disorders*, (DSM) V (or current edition) diagnosis;
- Justification/rationale for referral/non-referral for an ABA functional assessment and possible ABA services; and
- Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.

When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment should be included as components of the CDE and must be specific to the recipient's age and cognitive abilities:

- Autism specific assessments;
- Assessments of general psychopathology;
- Cognitive/developmental assessment; and
- Assessment of adaptive behavior.

II. Assessment and Treatment Plan Development

The licensed professional supervising treatment is required to perform a functional assessment of the recipient utilizing the outcomes from the CDE, and develop a behavior treatment plan.

Services for "Behavior identification assessment by Non-Physician" must be prior authorized by LHCC. This is for the initial assessment only. The initial assessment will be authorized only once. The authorization period for the initial assessment shall not exceed 180 days.

In exceptional circumstances, at the discretion of the MCO prior authorizing the service, an additional assessment may be authorized.

The behavior identification supporting assessment must be prior authorized. Supporting assessments may be approved to allow technicians to gather information that support the licensed professional completing the assessment. The authorization period for such assessments shall not exceed 180 days.

Behavior identification supporting assessment conducted with two or more technicians, must be prior authorized and treated in the same manner as the behavior identification supporting assessment above. However, such assessment may be administered by the physician or other QHCP who is on-site but not necessarily face-to-face; with the assistance of two or more technicians. This is only medically necessary when the recipient's behavior is so destructive that it requires the presence of a team and an environment customizable to the recipient's behavior.

All three assessment services can occur on the same day and continue as prior authorized until the assessment is completed.

III. Behavior Treatment Plan

The behavior treatment plan identifies the treatment goals along with providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic, and must be developmentally appropriate. Treatment goals should emphasize skills required for both short- and long-term goals. Treatment plans should include parent/caregiver training and support. The instructions should break down the desired skills into manageable steps that can be taught from the simplest to more complex.

The behavior treatment plan must:

- Be person-centered and based upon individualized goals;
- Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors;
- Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
- Identify the criteria that will be used to measure achievement of behavior objectives;
- Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
- Include care coordination, involving the parents or caregiver(s), school, state disability programs, and others as applicable;
- Include parent/caregiver training, support, education, and participation;
- Have objectives that are specific, measureable, based upon clinical observations of the outcome measurement assessment and tailored to the recipient; and
- Ensure that interventions are consistent with ABA techniques.

The provider may use the treatment plan template provided in the LDH ABA Provider Manual or the provider may use their own form. If the provider chooses to use their own form, the provider must address ALL of the relevant information specified in the Louisiana Department of Health

(LDH) treatment plan template. Any missing information may delay approval of prior authorization of service.

The behavior treatment plan must indicate that direct observation occurred and describe what happened during the direct observation. If there are behaviors being reported that did not occur and these behaviors are being addressed in the plan, indicate all situations and frequencies at which these behaviors have occurred and have been documented. If there is documentation from another source, that documentation must be attached. If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well.

The behavior treatment plan shall include a weekly schedule detailing the number of expected hours per week and the location for the requested ABA services. In addition, the provider shall indicate both the intensity and frequency of the therapy being requested and the justification for this level of service.

IV. Therapeutic Behavioral Services

Therapeutic behavioral services include 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. This includes one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting.

The licensed supervising professional must frequently review the recipient's progress using ongoing objective measurement and adjust the instructions and goals in the behavior treatment plan as needed.

V. Supervision

The licensed supervising professional shall provide case oversight and management of the treatment team by supervising and consulting with the recipient's team. The licensed supervising professional must also conduct regular meetings with family members to plan ahead, review the recipient's progress and make any necessary adjustments to the behavior treatment plan. Part of the supervision must be done in the presence of the recipient receiving treatment and state-certified assistant behavior analyst or the registered line technician. Supervision shall be approved on a 2:10 basis that is two hours of supervision for every ten hours of therapy. Supervision will not be approved if the licensed supervising professional is delivering the direct therapy.

VI. Role of the Parent/Caregiver

To facilitate ABA service authorization and delivery, the parent/caregiver should provide supporting documentation (e.g., IEP) as requested by the provider.

Treatment plan services must include care coordination involving the recipient's parent/caregiver. Services should also include parent/caregiver training, support and participation. ABA is a

recipient-focused service, and it is not practical or within the standard of practice to require the parent/caregiver to be present at all times while services are being rendered to the recipient. Recipients may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for recipients receiving services for multiple hours per day. To the extent that parental/caregiver presence is required is a therapeutic decision, even when therapy is provided in the home.

Services for “Family adaptive behavior treatment guidance”, administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipients to ensure that the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver.

Services for “Multiple-family group adaptive behavior treatment guidance”, administered by a physician or other qualified health care professional, should be included in a behavior treatment plan for prior authorization in order to transfer skills to the parents or caregivers of the recipient to ensure that the recipient has consistency across environments, and therapy can be reinforced at home and in other locations with their caregiver.

The multiple-family group therapy should be used when caregivers of two or more recipients are present. The recipients should have similar diagnosis, behaviors and treatment needs.

VII. Limitations

A prior authorization period shall not exceed 180 days. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

VIII. Group Therapy

When part of the approved behavior treatment plan, services for “Adaptive behavior treatment social skills group” administered by physician or other qualified health care professional shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.

When part of the approved behavior treatment plan, “Registered Line Tech Group adaptive behavior treatment” may be administered by a registered line technician. This shall be face-to-face with two or more patients. The recipients should have similar diagnosis, behaviors and treatment needs.

IX. Place of Service

Services must be provided in a natural setting (e.g., home and community-based settings, including clinics and school). Medically necessary ABA services provided by ABA service providers in school settings are allowed.

X. Exclusions

The following services do not meet medical necessity criteria, and do not qualify as Medicaid covered ABA-based therapy services:

- Therapy services rendered when measureable functional improvement or continued clinical benefit is not expected, and therapy is not necessary or expected for maintenance of function or to prevent deterioration;
- Service that is primarily educational in nature;
- Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education Act (IDEA);
- Treatment whose purpose is vocationally or recreationally-based;
- Custodial care that:
 - Is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating and maintaining personal hygiene and safety;
 - Is provided primarily for maintaining the recipient's, or anyone else's, safety; or
 - Could be provided by persons without professional skills or training; and
- Services, supplies or procedures performed in a non-conventional setting including, but not limited to:
 - Resorts;
 - Spas;
 - Therapeutic programs; or
 - Camps

XI. RECIPIENT REQUIREMENTS

Applied behavior analysis (ABA)-based services are available to Medicaid recipients under 21 years of age who:

- Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (e.g., aggression, self-injury, elopement, etc.);
- Have been diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder, by a qualified health care professional;
- Had a comprehensive diagnostic evaluation by a qualified health care professional; and
- Have a prescription for ABA-based therapy services ordered by a qualified health care professional.

NOTE: All of the above criteria must be met to receive ABA-based services.

XII. SERVICE AUTHORIZATION PROCESS

All Applied Behavior Analysis (ABA) services must be prior authorized by LHCC

Prior authorization (PA) is a two-fold process. An authorization is first requested for approval to perform a functional assessment and to develop a behavior treatment plan. A second authorization is needed for approval to provide the ABA-based derived therapy services.

All service authorizations are completed by following the LHCC Outpatient Treatment Request (OTR) processes on the LHCC website. The OTR form lists the required documents to be included with the request (Individualized Educational Plan, waiver plan profile table, if applicable). Further information related to these documents are covered in the attached LDH ABA Provider Manual in the Coordination of Care section.

IX. Functional Assessment and Development of the Behavior Treatment Plan

A PA request must be submitted by the ABA provider to conduct a functional assessment and to develop a behavior treatment plan (Mental Health Services Plan Development by Non-Physician). The prior authorization request must include a comprehensive diagnostic evaluation (CDE) that has been conducted by a qualified health care professional (QHCP) prescribing and/or recommending ABA services.

All CDEs completed by QHCPs will be reviewed and considered when making prior authorization decisions.

MCOs shall not deny services based solely on the age of the CDE. The MCO should deny service if no CDE exist. If the MCO requests a new CDE (either for initial or continuation of service) they shall not deny or delay available ABA services while waiting for a CDE. MCOs are responsible for arranging CDEs that are requested.

XIV. Request to Provide ABA-Based Therapy Services

A separate authorization request must be submitted by the ABA provider to request approval to provide the ABA-based therapy services to the recipient. This authorization request must include:

- The CDE;
- The behavior treatment plan;
- The IEP; and
- The waiver plan profile table and the schedule from the certified plan of care (if the recipient is in a waiver and services are being requested that will occur at the same time as waiver services).

Authorizations for ABA-derived therapy services shall be authorized for a time period not to exceed 180 days.

XV. Reconsideration Requests

If the prior authorization request is not approved as requested, or an existing authorization needs to be adjusted, the provider may submit a request for reconsideration of the previous decision to LHCC.

XVI. Changing Providers

Recipients have the right to change providers every 180 days unless a change is requested for good cause. If a provider change is requested based on good cause before the authorization period ends, the recipient, or case manager (if the recipient has one) must contact LHCC.

Good Cause is defined as allegation of abuse, recipient doesn't progress, new provider opens in area that previously lacked access, or when a dispute arises between the parent/caregiver and provider that cannot be resolved

XVII. COORDINATION OF CARE

In order to help LHCC understand all the services a recipient needs and is receiving, the provider should enclose the Behavior Treatment Plan and a copy of the child's individualized educational plan (IEP), if accessible. If the provider does not enclose the IEP, the provider must explain why he or she is unable to furnish a copy of the IEP.

A behavior treatment plan calling for services to be delivered in a school setting will not be approved until an IEP is provided to LHCC. ABA therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Louisiana Medicaid, provided all other conditions for coverage of ABA therapy are met (e.g., the service is medically necessary).

The behavior treatment plan should indicate if the recipient is in a waiver and which waiver the recipient is in. (This can be determined by checking the MEVS/REVS system.) If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care. This can be obtained by contacting the Waiver Support Coordinator. Communication should be maintained between the ABA provider and the Waiver Support Coordinator.

ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap. This should be clearly documented in an addendum to the behavior treatment plan.

This addendum must detail the frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time, and include an outline of information the direct support worker needs to correctly implement the skill, several measurable and objective goals defining and leading to the direct support worker's competency (i.e., correct implementation), and the methods for collecting data on the direct support worker's performance. Strategies the ABA provider will use should be identified, such as, but not limited to, demonstration, modeling, coaching and feedback, and providing repeated opportunities for

direct support worker practice (role playing and in “real life” situations with the recipient). This pairing of the direct support worker and the ABA provider should be specific, time limited, measureable and individualized.

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		8/1/2017
Page 1, #5 – added “when necessary for child to progress” related to parent/caregiver participation	9/18/17	
Page 3, III # 5 – deleted reference to ABA therapy not covered in school setting. Added new #5 – “Continued observation of skills once already acquired (i.e.; naps, toileting)” – for non-covered services	9/18/17	
Page 4, # 1 – added “A CDE older than 18 months may be accepted at the discretion of the physician reviewer”.	9/18/17	
Page 1 – removed requirement for CDE within 18 months	11/21/17	
Entire policy reformatted to align with the LDH ABA Provider Manual	3/18	
Added sections IV through VIII per request of LDH ABA Program Leadership	3/18	
Revised to include attachment of LDH ABA Provider Manual Addition of sections IV, X, XI, XII	3/18	
Revised Assessment and Treatment Plan development to include LDH Manual Update	5/19	
Removed attachment named LDH ABA Provider Manual and added it in references	2/20	

References

1. LDH ABA Provider Manual

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by the LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the LHCC has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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