

SECTION 2

AUTISM SPECTRUM DISORDER RELATED SERVICES FOR EPSDT ELIGIBLE INDIVIDUALS

Table of Contents

1	General Information.....	2
1-1	General Policy.....	2
1-2	Fee-For-Service or Managed Care.....	2
1-3	Definitions.....	3
2	Provider Participation Requirements.....	4
2-1	Provider Enrollment.....	4
2-2	Provider Credentials.....	5
3	Member Eligibility.....	8
3-1	Establishing Medical Necessity.....	8
3-2	Beneficiaries Enrolled in a Managed Care Organization (MCO) or Prepaid Mental Health Plan (PMHP).....	8
4	Program Coverage.....	9
4-1	General.....	9
4-2	Service Delivery Specifications.....	13
4-3	Service Delivery Settings.....	16
5	Non-Covered Services and Limitations.....	17
5-1	Non-Covered Services.....	17
5-2	Limitations.....	18
5-3	Discontinuation of Services.....	18
6	Billing.....	18
6-1	Reimbursement Rates.....	18
7	Prior Authorization of ABA Services.....	19
7-1	Initial Prior Authorization Request for Behavioral Assessment and Treatment Plan Development.....	20
7-2	Prior Authorization Request for Initial Treatment Plan Implementation.....	20

7-3	Prior Authorization Additional Documentation Requirements.....	21
7-3	Prior Authorization Request for Revision of Treatment Plan or 26 Week Recertification.....	21

1 General Information

This manual is designed to be used in conjunction with other sections of the Utah Medicaid Provider Manual, such as *Section I: General Information of the Utah Medicaid Provider Manual*. The information in this manual represents available services when medically necessary.

1-1 General Policy

Autism Spectrum Disorder (ASD) related services are non-covered benefits for Medicaid beneficiaries. ASD related services are only available under the Early Periodic Screening, Diagnosis, and Treatment program.

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program is a program that offers comprehensive and preventive health care services for individuals under age 21 who are enrolled in Traditional Medicaid (also known in Utah as the Child Health Evaluation and Care (CHEC) program).

ASD related services may include diagnostic assessments and evaluations.

ASD related services may include therapies such as a physical therapy, occupational or speech therapy.

ASD related services may also include services that are rooted in principles of applied behavior analysis (ABA). ABA is a well-developed discipline based on a mature body of scientific knowledge and established standards for evidence-based practice. ABA focuses on the analysis, design, implementation and evaluation of social and other environmental modifications to produce meaningful changes in behavior. ABA is a behavioral health treatment that is intended to develop, maintain, or restore, to the maximum extent attainable, the functioning of a child with ASD. ABA-based therapies are based on reliable empirical evidence and are not experimental or investigational.

1-2 Fee-For-Service or Managed Care

This manual provides information regarding Medicaid policy and procedures for fee-for-service Medicaid members. This manual is not intended to provide guidance to providers for Medicaid members enrolled in a Managed Care Organization (MCO). A Medicaid member enrolled in an MCO (health, behavioral health or dental plan) must receive services through that plan with some exceptions called “carve-out services,” which may be billed directly to Medicaid. If a Medicaid member is enrolled in an MCO, a fee-for-service claim will not be paid unless the claim is for a “carve-out service.”

Eligibility and plan enrollment information for each member is available to providers from these sources:

- The Eligibility Lookup Tool: <https://medicaid.utah.gov/eligibility>
- AccessNow: (800) 662-9651

1-3 Definitions

Applied Behavioral Analysis (ABA)

A well-developed discipline based on a mature body of scientific knowledge and established standards for evidence-based practice. ABA focuses on the analysis, design, implementation and evaluation of social and other environmental modifications to produce meaningful changes in behavior. ABA is a behavioral health treatment that is intended to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual with ASD. Examples of ABA-based interventions may include but are not limited to: Discrete Trial Training, Direct Instruction, Prompting, Shaping and Fading, Generalization, Incidental Teaching, Self-Management, Reinforcement, Antecedent-Based Interventions, Pivotal Response Training, Schedules, Scripting, Picture Exchange Communication System, Modeling and Social Skills Package.

Autism Spectrum Disorder (ASD)

Autism spectrum disorder is characterized by: Persistent deficits in social communication and social interaction across multiple contexts; restricted, repetitive patterns of behavior, interests, or activities; symptoms must be present in the early developmental period (typically recognized in the first two years of life); and, symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

Behavior Analyst Certification Board (BACB)

The BACB is a nonprofit 501(c)(3) corporation established to meet professional credentialing requirements for behavior analysts.

Behavior Analyst in Training

Individuals who are in the process of earning a master's or doctoral degree from an accredited institution of higher education, enrolled in BCBA coursework and in the process of completing their hours of supervised practice.

Board Certified Assistant Behavior Analyst (BCaBA)

Bachelor's prepared individuals who meet the professional credentialing requirements of the Behavior Analyst Certification Board and licensed in the State of Utah as per UCA 58-61. (Hereafter referred to as assistant behavior analyst).

Board Certified Behavior Analyst (BCBA)

Master's prepared individuals who meet the professional credentialing requirements of the Behavior Analyst Certification Board (hereafter referred to as behavior analyst) and licensed in the State of Utah as per UCA 58-61.

Board Certified Behavior Analyst-Doctorate (BCBA-D)

Doctoral prepared individuals who meet the professional credentialing requirements of the Behavior Analyst Certification Board (hereafter referred to as behavior analyst) and licensed in the State of Utah as per UCA 58-61.

Psychologist:

Individuals who have earned a doctorate in psychology from an accredited institution of higher learning and licensed in the State of Utah as per UCA 58-61.

Registered Behavior Technician (RBT)

Individuals at least 18 years of age, who have received specific formal training prior to delivering ABA treatment and who meet the Registered Behavior Technician credentialing requirements established by the Behavior Analyst Certification Board.

School Day

A school day is defined as the period of time when school is in session, typically between the hours of 7:30 A.M. – 3:30 P.M.

School Year

A school year is defined as the Utah State Office of Education School Calendar for any given year. <http://schools.utah.gov/main/INFORMATION/School-Year-Calendar.aspx>

Wasatch Front

Davis, Salt Lake, Utah and Weber Counties

2 Provider Participation Requirements

2-1 Provider Enrollment

Medicaid payment is made only to providers who are actively enrolled in the Utah Medicaid Program. Refer to provider manual, *Section I: General Information of the Utah Medicaid Provider Manual* for provider enrollment information.

2-2 Provider Credentials

General

For purposes of authorizing ASD related services, an ASD diagnosis is required prior to beginning services. Clinicians authorized under the scope of their licensure to render diagnoses and trained on the use of the assessment tools specified in *Section II. Member Eligibility (A) Establishing Medical Necessity*, of this document may render the ASD diagnosis.

ABA services must be rendered by a psychologist or behavior analyst, or under the direction of a psychologist or behavior analyst.

Only a psychologist or a behavior analyst can design and supervise an ABA services treatment program.

Psychologists:

- Be licensed as a psychologist under Utah Division of Occupational and Professional Licensing;
- Provide proof of current licensure and have no sanctions or disciplinary actions;
- In conjunction with the standard Medicaid Provider Agreement, submit a signed *ASD Related Services Attachment A* form;
 - For those working as an employee of a parent company, complete and submit the *Limited Medicaid Provider Agreement*;
- Be personally covered by professional liability insurance to limits of \$1,000,000 per occurrence, \$1,000,000 aggregate;
- Ensure all individuals working under the psychologist's supervision are covered by professional liability insurance to limits of \$1,000,000 per occurrence, \$1,000,000 aggregate; and
- Have a completed criminal background check to include federal criminal, state criminal and sex offender reports;
 - Criminal background checks must be current, within a year prior to the Medicaid provider enrollment application; and
 - Criminal background checks must be performed at least every three years thereafter.

The psychologist is responsible for retaining compliance records for the items listed above.

Behavior Analysts (BCBA-D and BCBA):

- Be licensed as a behavior analyst under Utah Division of Occupational and Professional Licensing;
- Provide proof of certification by the Behavior Analyst Certification Board and have no sanctions or disciplinary actions on their BCBA-D or BCBA certification and/or state licensure;
- In conjunction with the standard Medicaid Provider Agreement, submit a signed *ASD Related Services Attachment A* form;
 - For those working as an employee of a parent company, complete and submit the *Limited Medicaid Provider Agreement*;

- Be covered by professional liability insurance to limits of \$1,000,000 per occurrence, \$1,000,000 aggregate;
Ensure that all individuals working under the behavior analyst's supervision are covered by professional liability insurance to limits of \$1,000,000 per occurrence, \$1,000,000 aggregate; and
- Have a completed criminal background check to include federal criminal, state criminal and sex offender reports;
 - Criminal background checks must be current, within a year prior to the Medicaid provider enrollment application; and
 - Criminal background checks must be performed at least every three years thereafter.

The behavior analyst is responsible for retaining compliance records for the items listed above.

Behavior Analysts in Training:

Behavior analysts in training shall deliver services only under the direction of a behavior analyst and must meet the following requirements:

- Must be enrolled in a behavior analysis course sequence approved by the BACB at an accredited institution of higher education;
- Must be currently enrolled in BCBA coursework;
- Must have completed at least 500 hours of supervised practice;
- Complete and submit the *Limited Medicaid Provider Agreement*; and
- Completion of a criminal background check to include federal criminal, state criminal and sex offender reports;
 - Criminal background checks must be current, within a year prior to the Medicaid provider enrollment application; and
 - Criminal background checks must be performed at least every three years thereafter.

Behavior analysts in training have twelve months from the end of the semester in which their BCBA coursework was completed to complete remaining, required supervisory hours, BACB certification, and licensure. Behavior analysts in training are not permitted to continue to provide services under this definition indefinitely.

The supervising behavior analyst is responsible for retaining compliance records for the items listed above.

Under the supervision of a psychologist or behavior analyst, the behavior analyst in training may perform clinical and case management support and may assist in oversight of technicians. Behavior analysts in training may also assist the psychologist or behavior analyst in the completion of periodic assessments as well as the development of treatment plans. The behavior analyst in training cannot provide greater than fifty percent of behavior analyst level of services for any individual.

Assistant Behavior Analysts (BCaBA)

Assistant behavior analysts shall deliver services only under the direction of a psychologist or behavior analyst and must meet the following requirements:

- Licensure as an assistant behavior analyst under Utah Division of Occupational and Professional Licensing;
- Provide proof of certification by the Behavior Analyst Certification Board and have no sanctions or disciplinary actions on their BCaBA certification and/or state licensure;
- Complete and submit the *Limited Medicaid Provider Agreement*; and
- Completion of a criminal background check to include federal criminal, state criminal and sex offender reports;
 - Criminal background checks must be current, within a year prior to the Medicaid provider enrollment application; and
 - Criminal background checks must be performed at least every three years thereafter.

The supervising psychologist or behavior analyst is responsible for retaining compliance records for the items listed above.

Under the supervision of a psychologist or behavior analyst, the assistant behavior analysts may perform clinical and case management support and may assist in oversight of technicians. The assistant behavior analyst cannot complete assessments and reassessments nor develop the treatment plan. The assistant behavior analyst cannot provide greater than fifty percent of behavior analyst level of services for any individual.

The assistant behavior analyst may also provide routine direct intervention. When the assistant behavior analyst provides direct intervention, the provider must not bill for behavior analyst level of services. Billing codes for direct intervention by the assistant behavior analyst/technician must be used.

Individuals who are pursuing accreditation as a BCaBA, but who do not yet meet the requirements listed above, can provide only routine direct intervention and must be registered as an RBT. Behavior analyst level billing codes cannot be used for individuals who are pursuing but have not achieved full accreditation.

Registered Behavior Technician (RBT)

Registered Behavior Technicians (technicians) may deliver services under the supervision of a psychologist or behavior analyst and must meet the following requirements:

- Be at least 18 years of age;
- Possess a minimum of a high school diploma or equivalent;
- Complete and submit the *Limited Medicaid Provider Agreement*;
- Successfully complete a criminal background check to include federal criminal, state criminal and sex offender reports;
 - Criminal background checks must be current, within a year prior to the Medicaid provider enrollment application; and
 - Criminal background checks must be performed at least every three years thereafter;
- Complete a 40-hour training program (conducted by a BACB certificant) based on the Registered Behavior Technician Task List; and
- For technicians employed as of July 1, 2015, pass the Registered Behavior Technical Competency Assessment administered by a BACB certificant by January 1, 2016; or

- For employees hired after July 1, 2015, pass the Registered Behavior Technical Competency Assessment administered by a BACB certificant within six months of the employee's date of hire.
- RBTs must be registered with the BACB on an ongoing basis.

The supervising psychologist or behavior analyst is responsible for retaining compliance records for the items listed above.

3 Member Eligibility

ABA services are only available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

A Medicaid member is required to present the Medicaid Identification Card before each service, and every provider must verify each member's eligibility each time services are rendered. For more information regarding verifying eligibility, refer to provider manual, *Section I: General Information, Verifying Medicaid Eligibility* or to the Eligibility Lookup Tool located at <https://medicaid.utah.gov/eligibility>.

3-1 Establishing Medical Necessity

In order to receive ABA services, EPSDT eligible individuals must have a valid ASD diagnosis. Clinicians authorized under the scope of their licensure to render diagnoses and trained on the use of the assessment tools listed below may render the ASD diagnosis. Ideally, the diagnostic evaluation process will include an interdisciplinary team approach that includes interviews with parents as well as significant observation and interaction with the individual. At a minimum, the clinician must use one of the following diagnostic evaluation instruments: Autism Diagnostic Interview-Revised (ADI-R), Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), or the Prelinguistic Autism Diagnostic Observation Schedule (PL-ADOS). A copy of the medical records that include the ASD diagnosis, evaluation tool, and results must be submitted with the initial prior authorization request.

For diagnoses rendered prior to July 1, 2015 in which the approved diagnostic tool was not used, the Medicaid Diagnostic Confirmation Sheet must be submitted along with clinical documentation to support the ASD diagnosis. The Medicaid Diagnostic Confirmation Sheet must be completed by a clinician authorized under the scope of their licensure to render an ASD diagnosis.

3-2 Beneficiaries Enrolled in a Managed Care Organization (MCO) or Prepaid Mental Health Plan (PMHP)

For beneficiaries enrolled in an MCO, requests for ASD related medical services including but not limited to physical, occupational and speech therapies will be referred to the MCO.

For beneficiaries enrolled in a PMHP, requests for services related to co-occurring, mental health conditions will be referred to the PMHP.

ASD related diagnostic evaluations are “carve-out” services that are covered under the Medicaid fee-for-service benefit. These services are not available through an MCO or PMHP.

The ASD related ABA services are “carve-out” services that are covered under the Medicaid fee-for-service benefit. These services are not available through an MCO or PMHP.

4 Program Coverage

4-1 General

ASD Diagnostic Services

In order to receive ABA services, EPSDT eligible individuals must have a valid ASD diagnosis.

Clinicians authorized under the scope of their licensure to render diagnoses, and trained on the use of the assessment tools specified in *Section 3, Member Eligibility, 3.1 Establishing Medical Necessity*, of this document may render the ASD diagnosis. ASD diagnostic testing will be reimbursed on a fee-for-service basis.

With some exceptions, procedure codes with accompanying criteria and limitations have been removed from the provider manual and are now found on the Medicaid website Coverage and Reimbursement Lookup Tool at: <https://medicaid.utah.gov>

Examples of Current Procedural Terminology (CPT) codes used for diagnostic testing:

- Code 90791, Psychiatric diagnostic evaluation, without medical services
- Code 90792, Psychiatric diagnostic evaluation (for prescribers/medical services)
- Code 96101, Psychological testing (includes psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of psychologist’s or physician’s time, both face-to-face time with the patient and time interpreting test results and preparing the report
- Code 96110, Developmental testing; limited with interpretation and report;
- Code 96111, Developmental testing: extended (includes assessment of motor, language, social, adaptive, and/or cognitive function by standardized developmental instruments) with interpretation and report; and
- Code 96116, Neurobehavioral status examination (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual and spatial abilities), per hour of the psychologist’s or physician’s time, both face-to-face with patient and time interpreting test results and preparing the report

The CPT codes listed above are only examples. It is the responsibility of the clinician to utilize the appropriate billing code for services rendered.

ASD Related Physical, Occupational, and Speech Therapy

ASD related services are only available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

For fee-for-service Medicaid members, all ASD related requests for therapy services will be submitted to the CHEC Committee for review and determination of medical necessity.

For Medicaid beneficiaries enrolled in an MCO, all ASD related requests for therapy services must be submitted to the MCO for evaluation through its internal EPSDT review process to determine medical necessity.

ASD Related ABA Services

Steps for accessing ABA services:

Family must:

1. Obtain an ASD diagnosis as described in, *Section 3, Member Eligibility, 3.1 Establishing Medical Necessity*;
2. Initially, and on an annual basis, obtain a written prescription for ABA services from the physician or psychologist;
3. Obtain a copy of the evaluation tool used to render the diagnosis; and
4. Select an ABA provider
 - a. Review the list of Medicaid enrolled ABA providers at <http://health.utah.gov/ltc/asd> or contact Medicaid at 1-800-662-9651 to request an enrolled provider list to be mailed or faxed; or
 - b. Contact the chosen ABA provider and confirm they are willing/able to accept the member onto their caseload.
5. If the member is currently enrolled in the Medicaid Autism Waiver, the diagnostic information provided to establish waiver eligibility will be accepted and the member will not be required to provide additional diagnostic information.

The ABA provider must submit a prior authorization request for initial behavioral assessment and treatment plan development. See *Section 7, Prior Authorization of ABA Services*

ABA Procedure Codes

The CPT codes listed below are new Type III codes and are billable only by psychologists or behavior analysts.

Procedure Codes for Behavioral and Functional Assessments

Reimbursement is available for both behavioral and functional assessments. All individuals seeking ABA services will require a behavioral assessment and treatment plan development. In addition to the behavioral assessment, a functional assessment may be medically necessary in some cases. When requesting authorization to conduct a functional assessment, the provider will be required to provide additional information to demonstrate medical necessity.

Code	Service	Provider	Face-to-Face Time	Who Attends	Maximum Allowed
0359T	Behavior Identification Assessment	Psychologist, BCBA-D or BCBA	Untimed	Child and Parents/Caregivers	1 assessment per 26 Weeks

					<i>Requests > 1 assessment per 26 weeks will require secondary medical review</i>
0360T	Functional Identification Assessment	Psychologist, BCBA-D or BCBA	Untimed	Child and Parents/Caregivers	1 assessment per 365 Days <i>Requests > 1 assessment per 365 days will require secondary medical review</i>

Procedure Codes for Individual Treatment

One-on-one ABA therapy is billed using the procedure codes described in the table below. These codes must be authorized prior to performing services. For members living outside the Wasatch Front, supervision may be conducted via remote access technology. The provider must use the “GT” modifier when billing for services that are provided via remote access technology.

In the *Maximum Allowed* column, some service limits are expressed in number of hours per week. This is a description of average utilization over the prior authorization period. Medicaid recognizes fluctuations in service utilization may vary from week to week. While it is permissible for the provider to exceed the amount listed in the *Maximum Allowed* column in a particular week and to utilize fewer services in other weeks, it is the provider’s responsibility to track utilization carefully to ensure utilization does not exceed the total number of units approved over the prior authorization period.

Code	Service	Provider	Face-to-Face Time	Who Attends	Maximum Allowed
0364T	Adaptive Behavior Treatment by Protocol	BCaBA or Technician	30 minute unit	Child (Parents/Caregivers may be present)	30 Hours per Week <i>Requests > 30 hours per week will require secondary medical review</i>
0368T	Adaptive Behavior Treatment with Protocol Modification This code may be used to bill for the psychologist’s or behavior analyst’s:	Psychologist, BCBA-D or BCBA	30 minute unit	Child and Technician/ Parents or Caregivers	78 Hours per 26 Weeks <i>Requests > 78 hours per 26 weeks will require secondary medical review</i>

	1) case supervision; 2) time spent attending the child's Individual Education Plan meeting; or 3) time spent providing direct intervention				
0370T	Family Adaptive Behavior Treatment Guidance	Psychologist, BCBA-D or BCBA	Untimed	Parents/Caregivers (Child/Children Not Present)	3 Episodes per 26 Weeks <i>Requests > 3 episodes per 26 weeks will require secondary medical review</i>

Procedure Codes for Group Treatment

In addition to individual treatment, group treatment services are available. Services provided in a group setting must be billed with the corresponding modifier to indicate group size. Rates for group services are based on the size of the group. Group services claims submitted without a modifier will be denied. The group-size modifiers are defined below:

- UN – 2 individuals
- UP – 3 individuals
- UQ – 4 individuals
- UR – 5 individuals
- US – 6 or more individuals

Code	Service	Provider	Face-to-Face Time	Who Attends	Maximum Allowed
0366T	Group Adaptive Behavior Treatment by Protocol	BCaBA or Technician	30 minute unit	Child and Group of Peers (Maximum of 8 Children)	2 Hours per Week <i>Requests > 2 hours per week will require secondary medical review</i>
0371T	Multiple Family Adaptive Behavior Treatment Guidance	Psychologist, BCBA-D or BCBA	Untimed	Parents/Caregivers (Child/Children Not Present) (Training for a Maximum of 8 Parents)	3 Episodes per 26 Weeks <i>Requests > 3 episodes per 26 weeks will</i>

					<i>require secondary medical review</i>
0372T	Adaptive Behavior Treatment Social Skills Group	Psychologist, BCBA-D or BCBA	Untimed	Child and Group of Peers (Maximum of 8 Children)	2 hours per Week <i>Requests > 2 hours per week will require secondary medical review</i>

4-2 Service Delivery Specifications

Initial ABA Assessment and Treatment Plan Development

The provider must obtain prior authorization to conduct the ABA assessment. See *Section 7, Prior Authorization of ABA Services*

The ABA assessment must be conducted by a psychologist or behavioral analyst and must include the following:

1. Date of assessment(s);
2. Name and signature of psychologist or behavior analyst conducting the assessment;
3. Name of standardized assessment(s) used;
4. Use of objective, validated behavioral assessment instruments that includes an assessment of problem behaviors: (Examples include but are not limited to the Verbal Behavioral Milestone Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills, Revised (ABLLS-R));
5. Measurement and recording of behavior and baseline performance;
6. Data from parent/caregiver interview;
7. Development of a ABA treatment plan that includes;
 - a. Description of target-behaviors
 - b. Measurable treatment goals
 - c. Method and frequency of assessing objective and measurable treatment protocols
 - d. Identification of aggressive or inappropriate behaviors and specific goals intended to decrease the behavior and teach the individual appropriate replacement behavior
8. Clinical certification that ABA is a medically necessary and appropriate treatment to address the treatment goals of the individual; and
9. Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - a. A description of the setting(s) in which services will be provided;
 - b. The estimated number of hours of services by setting; and
 - c. Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated.

ABA Reassessments and Treatment Plan Updates

The ABA reassessments and treatment plan updates must be conducted by a psychologist or behavior analyst. ABA reassessments must occur within 30 days prior to the beginning of the next authorization

period. Treatment plan updates must occur at a minimum of every 26 weeks or more frequently if medically necessary.

Reassessments and treatment plan updates must include:

1. Date of reassessment or treatment plan update;
2. Name and signature of the psychologist or behavior analyst conducting the assessment;
3. Name of standardized assessment used;
4. Evaluation of progress toward each behavior treatment goal using an objective, validated assessment instrument that includes an assessment of problem behaviors. Data should be represented in numerical or graphical form and progress must be measured using the same method (graphical or numerical) throughout the individual's episode of care;
5. A description of treatment plan revisions that include:
 - a. Description of target-behaviors, including aggressive or inappropriate behaviors
 - b. Measurable treatment goals
 - c. Method and frequency of assessing objective and measurable treatment protocols
6. Clinical certification that ABA continues to be a medically necessary and appropriate treatment to address the treatment goals of the individual;
7. Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - a. A description of the setting(s) in which services will be provided
 - b. The estimated number of hours of services by setting
 - c. Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated
8. Projected duration of ABA treatment; and
9. A discharge plan, if treatment is expected to conclude within six months of the date of reassessment.

ABA Treatment by a BCaBA or Registered Behavior Technician

All ABA treatment must be delivered under a treatment plan developed by, and under the supervision of the psychologist or behavior analyst. All ABA procedure codes are billable only by the psychologist or behavior analyst. Assistant behavior analysts, behavior analysts in training and technicians cannot bill Medicaid directly.

Most ABA treatment programs involve a tiered service delivery model in which the psychologist or behavior analyst designs and supervises a treatment program delivered by a BCaBA or technician.

In a tiered service delivery model, the BCaBA or technician is responsible for delivering the behavior treatment according to the protocol developed by the psychologist or behavior analyst.

This service may be delivered on a one-on-one basis or in small groups of eight individuals or less.

Psychologist or Behavior Analyst Supervision Requirements of Assistant Behavior Analyst or Registered Behavior Technician

When a tiered service delivery model is utilized the following supervisory activities are required:

1. The psychologist or behavior analyst is responsible for all aspects of clinical direction, supervision, and case management, including activities of the support staff, for example, a BCaBA or technician;
2. The psychologist or behavior analyst must have knowledge of each member of the treatment team's ability to effectively carry out clinical activities before assigning them; and

3. The psychologist or behavior analyst must be familiar with the individual's needs and treatment plan and regularly observe the technician implementing the plan, regardless of whether or not there is clinical support provided by a BCaBA. The observation must assure the quality of implementation¹

The psychologist or behavior analyst is required to provide (direct and indirect) supervision of each member's case that amounts to 10 percent of the time the individual is receiving direct services from a technician. For example: If the technician works with an individual 40 hours per month, the psychologist or behavior analyst is required to spend 4 hours supervising the individual's case. The psychologist or behavior analyst must provide direct supervision that involves observing the technician with the individual an average of 50 percent or more of the monthly supervision required on a case. Indirect supervision may comprise the remainder of the supervision.

In areas outside the Wasatch Front, the psychologist or behavior analyst may provide supervision to the assistant behavior analyst or technician via remote access technology. Providing supervision via remote access technology involves using HIPAA compliant technological methods of providing auditory and visual connection between the psychologist or behavior analyst and the assistant behavior analyst or technician who is providing services in a member's home when the residence is outside of the Wasatch Front. The psychologist or behavior analyst is responsible for assuring the HIPAA compliance of the remote access technology. When billing for supervisory services delivered via remote access technology, the psychologist or behavior analyst must include the "GT" modifier on the claim. Remote access technology cannot be used to complete assessments or reassessments. Assessments and reassessments must be completed in person.

Restrictive Interventions

Although many persons with severe behavioral problems can be effectively treated without the use of any restrictive interventions, restrictive interventions may be necessary on some rare occasions with meticulous clinical oversight and controls.² Use of restrictive interventions must be clearly described in the individual's treatment plan. To ensure medical necessity and that methods of meticulous clinical oversight and controls are clearly described, treatment plans that include use of restrictive interventions may be subject to additional review by the Medicaid agency.

Multiple Provider Coordination

Members can access multiple providers concurrently, particularly for the purpose of receiving services in multiple settings. For example, one provider may specialize in center-based services and another provider in in-home services.

In all cases, providers may not subcontract with another provider and may not bill on another provider's behalf.

¹ *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition*

² Cited from *The Association for Behavior Analysis International Position Statement on Restraint and Seclusion*

4-3 Service Delivery Settings

To promote generalization and maintenance of therapeutic benefits, ABA services may be delivered in multiple settings. ABA Services may be delivered in multiple settings on the same day.

1. School-Based Settings

ASD related services identified on the child's individualized education plan (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA) may be provided in school-based settings.

ASD related services that are listed on an IEP must be provided through the Medicaid School-Based Skills Development Services benefit. Please refer to the School-Based Skills Development Services Provider Manual for information on this benefit:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/School-Based%20Skills%20Development/School-BasedSkillsDev10-14.pdf>

With exception of the psychologist or behavior analyst's participation in the child's annual IEP development meeting, the Medicaid agency shall not reimburse fee-for-service ABA services in school-based settings that are in addition to services listed on an IEP or for related services that are primarily educational in nature. The psychologist or behavior analyst may participate in the child's IEP development meeting and the ABA provider may bill for this specific service on a fee-for-service basis when the child's family has requested their participation and their participation is medically necessary.

2. ABA Services delivered during the School Day

(For Individuals aged Six through Twenty)

Medicaid recognizes that all children are entitled to receive a free, appropriate, public education. As per *Utah Administrative Code, R277.Education, Administration*, the State of Utah has stipulated compulsory educational requirements that involve a child receiving approximately five and half hours of educational instruction per school day during the school year. As stated in *Section 5-1, Non-Covered Services*, Medicaid does not cover ASD related services that are primarily educational in nature. As the payer of last resort, and to ensure Medicaid funds are not used to supplant public educational services children are entitled to receive, Medicaid will authorize up to a maximum of 3 hours of ABA services per day when provided during a school day. The policy of authorizing a maximum of 3 hours of ABA services per day when provided during a school day applies to services delivered in a clinic setting, center-based settings or in the child's home in cases where the child is being home schooled or the child is considered an online student.

If the child is placed into center-based services by the Local Education Agency, (school-district or charter school) as part of the child's IEP, the Local Education Agency is responsible for covering the cost of services in the center-based services setting and services are not covered under the fee-for-service ABA services benefit. To determine if the Local Education Agency is responsible for payment of services, the provider will be required to submit written documentation that shows whether the parent or the Local Education Agency initiated the referral for services to be delivered in a center-based setting during the school day.

If providers seek additional Medicaid ABA services on days when school is not in session (i.e., summer break or periodic breaks during a year-round school schedule), the provider will be required to submit a prior authorization request with a specific treatment plan for the increased hours that documents the additional treatment goals to be accomplished during the period requested.

(For Children aged Three through Five)

As the payer of last resort, and to ensure Medicaid funds are not used to supplant public educational services children are entitled to receive, providers will be required to describe what other services are being provided through the public educational system.

3. Home, Community, Clinic or Center-Based Settings

ABA services can be delivered in a variety of relevant naturally occurring settings in the home and community including targeted settings. Services can also be delivered in clinic or center-based settings.

5 Non-Covered Services and Limitations

5-1 Non-Covered Services

The following services do not meet medical necessity criteria and are non-covered services:

1. ABA services rendered when measurable functional improvement is not expected or progress has plateaued;
2. Services that are investigational, this includes treatments for which the efficacy has not been firmly established by significant empirical study;
3. Services that are primarily educational in nature;
4. Services that are vocationally or recreationally based;
5. Custodial care services; for purposes of these provisions, custodial care is defined as:
 - a. Care that is provided primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety;
6. Services that are provided primarily for maintaining the member's or anyone else's safety;
7. Services that are intended to provide supervision of the member;
8. Respite care services; for purposes of these provision, respite care is defined as:
 - a. Care that is provided primarily to give relief to, or during the absence of, the normal care giver;
9. Services, supplies, or procedures performed in a non-conventional setting including, but not limited to:
 - a. Resorts;
 - b. Spas;
 - c. Therapeutic programs; and
 - d. Camps;

10. Time spent by the BCaBA or technician charting or collecting data that is occurring separate from the time spent documenting direct observations that occur when the provider is working directly with the member;
11. Provider’s time traveling to get to the individual’s home or other community setting; and
12. Transportation of the individual.

5-2 Limitations

Service limitations are listed in the “Maximum Allowable” column in the Table in *Section 4, Program Coverage, ABA Procedure Codes*. If a service request exceeds the maximum allowable, the provider will be required to provide additional documentation to support the need for additional services and the case will be taken to secondary medical review by a single clinician or through the CHEC committee.

Nothing in this provider manual should be construed to alter the requirements imposed on the State Office of Education, or any other agency administering the public education program by Federal statute, regulations or policy.

5-3 Discontinuation of Services

Behavior analysts discontinue services in a timely manner when the client:

1. No longer needs the service;
2. Is not benefitting from the service;
3. Is harmed by continued service; or
4. When the client requests discontinuation.

6 Billing

Refer to the provider manual, *Section I: General Information*, for detailed billing instructions.

Requirements for billing third parties are described in *Section I: General Information, 11-4 Billing Third Parties*. The one exception to the *Section I: General Information, 11-4 Billing Third Parties* policy is that the provider will be required to submit evidence of third party denial annually, rather than with each claim submission. The annual review requirement will commence with the first 26-week recertification period.

6-1 Reimbursement Rates

The following rates represent maximum allowable rates. Reimbursement may be up to the amount shown here unless a lower amount is billed.

Code	Description	Modifier	Rate	Rate Type
0359T	Behavior identification assessment		\$480.00	Encounter
0360T	Functional identification assessment		\$240.00	Encounter

Code	Description	Modifier	Rate	Rate Type
0364T	Adaptive behavior treatment by protocol		\$15.00	30 mins
0366T	Group adaptive behavior treatment by protocol (Group of 2)	UN	\$11.25	30 mins
0366T	Group adaptive behavior treatment by protocol (Group of 3)	UP	\$9.56	30 mins
0366T	Group adaptive behavior treatment by protocol (Group of 4)	UQ	\$8.13	30 mins
0366T	Group adaptive behavior treatment by protocol (Group of 5)	UR	\$6.91	30 mins
0366T	Group adaptive behavior treatment by protocol (Group of 6+)	US	\$5.18	30 mins
0368T	Adaptive behavior treatment with protocol modification		\$40.00	30 mins
0370T	Family adaptive behavior treatment guidance		\$80.00	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 2)	UN	\$60.00	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 3)	UP	\$51.00	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 4)	UQ	\$43.35	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 5)	UR	\$36.85	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 6+)	US	\$27.64	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 2)	UN	\$60.00	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 3)	UP	\$51.00	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 4)	UQ	\$43.35	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 5)	UR	\$36.85	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 6+)	US	\$27.64	Encounter

7 Prior Authorization of ABA Services

Prior authorization is required for ABA services. Failure to obtain prior authorization will result in denial of Medicaid payment.

General prior authorization (PA) information is provided in the provider manual, *Section I: General Information*. Code specific coverage and prior authorization requirements are provided on the Medicaid website, Coverage and Reimbursement Lookup Tool at: <https://medicaid.utah.gov>.

7-1 Initial Prior Authorization Request for Behavioral Assessment and Treatment Plan Development

Initial ABA prior authorization requests must be submitted to the Medicaid agency and must include the following:

1. Completed *ABA Services Prior Authorization Request Form*;
 - a. Submission should only include a request for one unit of CPT Code 0359T, Behavior Identification Assessment. (This code is inclusive of time spent to develop the treatment plan).
 - b. If the provider concludes that a functional assessment is needed in addition to the behavioral assessment the provider must include a request for one unit of CPT Code 0360T and must include documentation to support why the addition of a functional assessment is medically necessary.
2. Copy of a written ASD diagnosis, or a completed Medicaid Diagnostic Confirmation Sheet (for diagnoses completed prior to July 1, 2015) by a clinician who is authorized under the scope of their licensure to render a diagnosis using an assessment instrument specified in *Section 3, Member Eligibility, 3.1 Establishing Medical Necessity*;
 - a. Copy of the completed clinical assessment tool used to render the diagnosis
3. Initial written prescription for ABA services, written prescription must be submitted with the prior authorization request annually thereafter; and
4. Submit evidence of third party denial annually rather than with each claim submission. The annual review requirement will commence with the first 26-week recertification period;

7-2 Prior Authorization Request for Initial Treatment Plan Implementation

1. Completed *ABA Services Prior Authorization Request Form*;
2. Copy of the treatment plan that includes;
 - a. Date
 - b. Name and signature of psychologist or behavior analyst who conducted the assessment and developed the treatment plan
 - c. Name of standardized assessment used
 - d. Description of target-behaviors
 - e. Measurable treatment goals
 - f. Method and frequency of assessing objective and measurable treatment protocols
 - g. Identification of aggressive or inappropriate behaviors and specific goals intended to decrease the behavior and teach the individual appropriate replacement behavior
3. Clinical certification that ABA is medically necessary and appropriate treatment to address the treatment goals of the individual; and
4. Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - a. A description of the setting(s) in which services will be provided
 - b. The estimated number of hours of services by setting

- c. Outside the Wasatch Front, description of whether any supervision will be provided via remote access technology. The number of monthly hours provided via this technology must be indicated.

7-3 Prior Authorization Additional Documentation Requirements

5. Requests for children less than 18 month old requesting ABA therapy documentation must be submitted explaining the patient's readiness for the specific behavioral interventions planned and will require secondary medical review.
6. Requests for ABA therapy for individuals with severe/profound intellectual disability, documentation must be submitted that explains the feasibility of the planned treatment interventions, and the likely hood of the patient achieving the intended goals.
7. Requests for individuals with substantial hearing or visual impairment to evaluate whether the planned treatment interventions are feasible, the goal are reasonable, and the provider has experience working with such individuals.

7-3 Prior Authorization Request for Revision of Treatment Plan or 26 Week Recertification

1. Completed *ABA Services Prior Authorization Request Form*;
2. Copy of Treatment Plan that includes;
 - a. Date
 - b. Name and signature of psychologist or behavior analyst conducting the assessment
 - c. Name of standardized assessment used
 - d. Evaluation of progress toward each behavior treatment goal using an objective assessment instrument that includes an assessment of problem behaviors. Data should be represented in numerical or graphical form and progress must be measured using the same method (graphical or numerical) throughout the individual's episode of care;
 - e. Description of target-behaviors, including aggressive or inappropriate behaviors
 - f. Measurable treatment goals
 - g. Method and frequency of assessing objective and measurable treatment protocols
3. If there is inadequate process toward meeting target goals to address symptoms and behaviors, or there is no demonstrable progress in a six month period, or specific goals have not been achieved within the estimated timeframes:
 - a. The psychologist or behavior analyst must assess the reasons for lack of progress. Treatment interventions should be modified in an attempt to achieve adequate progress. Requests in which insufficient progress is identified will be submitted for secondary medical review.
4. Clinical certification that ABA continues to be a medically necessary and appropriate treatment to address the treatment goals of the individual;
5. Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - a. A description of the setting(s) in which services will be provided
 - b. The estimated number of hours of services by setting

- c. Outside the Wasatch Front, description of whether any supervision will be provided via remote access technology. The number of monthly hours provided via this technology must be indicated
6. Submit evidence of third party denial annually rather than with each claim submission. The annual review requirement will commence with the first 26-week recertification period;
7. Projected duration of ABA treatment;
8. A discharge plan, if treatment is expected to conclude within six months of the date of the prior authorization request; and
9. The requirements in this section apply to revision or recertification prior authorization requests for previous or current Medicaid Autism Waiver participants as well as non-waiver participants.

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