Indiana Medicaid applied behavioral analysis

Description
Indiana Medicaid members 20 years and younger with autism spectrum disorder (ASD) acquired coverage for applied behavioral analysis (ABA) on February 6, 2016. This document summarizes coverage requirements, especially medical necessity, based on state of Indiana regulations.

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

A member's symptoms or condition should meet the diagnostic criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) diagnosis of autism spectrum disorder. The diagnosis should be made by a qualified provider, such as:
- Licensed physician
- Licensed health service provider in psychology (HSPP)
- Other behavioral health specialist with training and experience in the diagnosis and treatment of ASD

| Clinical indications |

Medically necessary

Initial course of ABA therapy
ABA is considered medically necessary when all the following are met:
1. Diagnostic evaluation is performed by a qualified provider.
   a) Provider determines the member has ASD based on a standardized assessment tool, and
   b) Includes a recommended treatment referral for ABA therapy services, including projected length of treatment
2. A person-specific individual treatment plan developed by a licensed or certified behavior analyst includes all the following:
   a) The identified behavioral, psychological, family and medical concerns
   b) Measures specific to language skills, communication skills, social skills and adaptive functioning
   c) Measurable short-term, intermediate and long-term goals that are
      i. Based on standardized assessments relative to age-expected norms, and
      ii. Address the behaviors and impairments for which the intervention is to be applied*
   b) Plans for parent/guardian training and school transition
   c) School attendance, where applicable (see Not medically necessary)
d) Daily activities

e) Documentation that ABA services will be delivered by an appropriate provider licensed or certified as a behavior analyst

*Note: The goals should include baseline measurements, progress to date and an anticipated timeline for achievement, based on both the initial assessment and subsequent interim assessments over the duration of the intervention.

**Continued courses of ABA therapy**

Continuation of ABA therapy beyond the initial course is medically necessary when all the following criteria are met:

1. The individual has met the criteria for an initial course of ABA
2. The individual treatment plan is updated and submitted
3. Developmental testing was conducted no later than two months after the initial course of ABA treatment began to establish a baseline in the areas of social skills, communications skills, language skills and adaptive functioning
4. The individual treatment plan includes age- and impairment-appropriate goals and measures of progress in social skills, communication skills, language skills and adaptive functioning
5. The updated individual treatment plan addresses:
   a) Plans for parent/guardian training and school transition
   b) School attendance where applicable (see *Not medically necessary*)
   c) Daily activities
   d) Documentation that ABA services will be delivered by an appropriate provider licensed or certified as a behavior analyst
6. For each goal in the individual treatment plan, the following is documented:
   a) Progress to date
   b) Anticipated timeline for achievement of each goal based on both the initial assessment and subsequent interim assessments over the duration of the intervention
   c) Clinically significant progress in social skills, communication skills, language skills and adaptive functioning

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

**Not medically necessary**

ABA is considered *not medically necessary* when the above criteria are not met. Coverage shall not be available for services that:

1. Focus solely on recreational outcomes
2. Focus solely on educational outcomes
3. Are duplicative, such as services rendered under an individualized educational plan
4. Are provided by a registered behavior technician in the home or school setting
### Table 1 – Procedure codes covered for ABA therapy for dates of service on or after February 6, 2016

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96150 U1</td>
<td>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment; ABA therapy assessment provided by master-level board-certified behavior analyst (BCBA), doctoral-level board-certified behavior analyst (BCBA-D) or health services provider in psychology (HSPP)</td>
</tr>
<tr>
<td>96150 U2</td>
<td>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment; ABA therapy assessment provided by bachelor-level board-certified behavior analyst (BCaBA)</td>
</tr>
<tr>
<td>96151 U1</td>
<td>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; reassessment; ABA therapy reassessment provided by BCBA, BCBA-D or HSPP</td>
</tr>
<tr>
<td>96151 U2</td>
<td>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; reassessment; ABA therapy reassessment provided by BCaBA</td>
</tr>
<tr>
<td>96152 U1</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; individual; ABA therapy provided by BCBA, BCBA-D or HSPP</td>
</tr>
<tr>
<td>96152 U2</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; individual; ABA therapy provided by BCaBA</td>
</tr>
<tr>
<td>96152 U3</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; individual; ABA therapy provided by RBT</td>
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<tr>
<td>96153 U1</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; group; ABA therapy provided by BCBA, BCBA-D or HSPP</td>
</tr>
<tr>
<td>96153 U2</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; group; ABA therapy provided by BCaBA</td>
</tr>
<tr>
<td>96153 U3</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; group; ABA therapy provided by registered behavior technician (RBT)</td>
</tr>
<tr>
<td>96154 U1</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family with patient present; ABA therapy provided by BCBA, BCBA-D or HSPP</td>
</tr>
<tr>
<td>96154 U2</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family with patient present; ABA therapy provided by BCaBA</td>
</tr>
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<td>Health and behavior intervention, each 15 minutes, face-to-face; family with patient present; ABA therapy provided by RBT</td>
</tr>
<tr>
<td>96155 U1</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family without patient present; ABA therapy provided by BCBA, BCBA-D or HSPP</td>
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<tr>
<td>96155 U2</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family without patient present; ABA therapy provided by BCaBA</td>
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<td>96155 U3</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family without patient present; ABA therapy provided by RBT</td>
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</tbody>
</table>

### Discussion/general information

This guideline is derived from Indiana regulations including an Indiana Health Coverage Programs (IHCP) bulletin (BT201606, dated January 19, 2016).
Definitions

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

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

**Qualified provider for making a diagnosis of autism spectrum disorder:** Licensed physician, licensed health service provider in psychology (HSPP), licensed pediatrician, licensed psychiatrist or other behavioral health specialist with training and experience in the diagnosis and treatment of ASD.

References

**Government agency, medical society and other authoritative publications**

2. Indiana Office of the Secretary and Family and Social Services; 405 IAC 5-22-12
   Applied behavioral analysis therapy services, Authority: IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2, Affected: IC 12-13-7-3; IC 12-15
3. Indiana Office of the Secretary and Family and Social Services 405 IAC 5-3

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Autism spectrum disorder

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<th>Date</th>
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<tr>
<td>New</td>
<td></td>
<td>Creation</td>
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