

## Indiana Medicaid Applied Behavioral Analysis UM Guideline

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

**Current Effective Date:** 2/10/16

**Status:** Active

**Last Review Date:** 5/18/20

Description
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Indiana Medicaid members 20 years and younger with autism spectrum disorder (ASD) acquired coverage for Applied Behavioral Analysis (ABA) on February 6, 2016. 405 IAC 5-22-12, the Indiana rule governing ABA services, was amended in 2019 and was effective March 1, 2019. This document summarizes coverage requirements based upon the changes to the rule. The summary is based on State of Indiana regulations and documentation promulgated by the Indiana Office of the Secretary of Family and Social Services.

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

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

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

All ABA services require prior authorization.

PA requests for ABA therapy will not be approved for longer than six months. Generally, ABA therapy should not exceed 40 hours per week. ABA services extending beyond 40 hours per week of direct therapy must meet medical necessity and require additional prior authorization.

Determinations for hours and duration will not be based upon any of the following:

- Other therapies that do not address the specific behaviors being targeted
- Any standardized formulas used to deduct hours based upon daily living activities

Short-term, adjunctive hours can be requested outside of the standard therapy prior authorization if one of the following conditions occurs:

- Sudden increase in self-injurious behaviors

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- Sudden increase in aggression or aggressive behaviors
- Increase in elopement behaviors
- Regression in major self-care or language activities
- A shift in family or home dynamics
- Development of a non-mental health related co-morbidity or health crisis

ABA services may be provided by a:

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

Effective March 1, 2018, per Indiana Health Coverage Program Bulletin BT201774, BCBA's will be able to bill for ABA services:

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

- 1) Enroll as a mental health provider with an ABA therapist specialty (provider type 11/provider specialty 615) to obtain an IHCP Provider ID for billing purposes.
- 2) Providers already enrolled as a licensed HSPP (provider type 11/provider specialty 114) must add the new ABA specialty to their enrollment profile. This update must be made before March 1, 2018, to be reimbursed for DOS beginning March 1, 2018.
- 3) Providers already enrolled as one of the identified group provider types and specialties listed in this bulletin, must have an enrolled ABA therapist linked to the service locations providing the ABA services before March 1, 2018, to be reimbursed for DOS beginning March 1, 2018.

\* RBTs must have certification from the Behavior Analyst Certification Board (BACB).

### Clinical Indications

#### Indiana Medicaid Applied Behavioral Analysis (ABA)

##### Initial Course of ABA Therapy

Medicaid UM Guideline Form Creation: 2/10/2016

Revised: 5/24/19

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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

- 1) Diagnostic evaluation is performed by a qualified provider that:
  - a. Determines the member has ASD based on a standardized assessment; **AND**
  - b. Includes a recommended treatment referral for ABA therapy services with a projected length of treatment.
- 2) A person-specific individual treatment plan developed by a licensed or certified behavior analyst. Treatment plans will be focused on addressing specific behavioral issues and community integration. All treatment plans will include a projected length of therapy. The treatment plan will be based upon the following:
  - a. Age
  - b. Needs
  - c. School attendance, including any homeschooling when applicable
  - d. Daily activities

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

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

Supporting documentation as applicable must be included.

### Continued Courses of ABA Therapy

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

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

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

**Supporting documentation from the IHCP ABA Prior Authorization Checklist must be included in the request for services.**

- 1) IHCP Universal Prior Authorization Form
- 2) Diagnostic Assessment
  - a. Signed by licensed physician, licensed health service provider in psychology (HSPP), licensed pediatrician, licensed psychiatrist, or other behavioral health specialist (APRN, PA) with training and experience in the diagnosis and treatment of autism spectrum disorder
  - b. Documentation of member's current symptoms that meet criteria for ASD in the past year
  - c. Documentation of type, duration and response to previous treatment, including ABA
- 3) Treatment Plan—Initial and Continuation
  - a. Identify behaviors to be targeted, psychological concerns, medical concerns, family issues affecting member or affected by member's condition, current therapist such as OT, PT, and speech therapy that are occurring from separate providers, location of service
  - b. Measurable goals that include a baseline measurement, timeline for ameliorating the behavior in a measurable way, modifications if there is a lack of progress, identification of provider performing therapy (RBT, BCBA, HSPP, etc), hours requested for each goal

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- c. Parental training details including caregiver information, modality (video review, role-playing, lecture, etc), frequency (times per week/month), duration (hours per session), identification of provider performing the training (RBT, BCBA, HSPP, etc)
- d. School Transition Plan

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

- 1) Focus solely on recreational outcomes
- 2) Focus solely on educational outcomes
- 3) Are duplicative, such as services rendered under an Individualized Educational Plan (IEP) that address the same behavioral goals using the same techniques as the treatment plan

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

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

**Coding**

[Table 1](#) — Procedure codes covered for ABA therapy for DOS on or after January 1, 2019.

Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, every 15 minutes

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97154	Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, with two or more patients, every 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional, face-to-face with multiple patients, every 15 minutes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified health care professional who is on-site; with assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified health care professional who is on-site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior

ABA therapy services require [prior authorization \(PA\)](#).

Effective March 1, 2018, per Indiana Health Coverage Program Bulletin BT201774, reimbursement of ABA services will be made only to enrolled ABA therapists and enrolled school corporations.

**Discussion/General Information**

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This guideline is derived from Indiana regulations and documentation requirements specified by the Office of the Secretary for Family and Social Services in an IHCP bulletin (BT201606, dated 1-19-16) and 405 IAC 5-22-12 3/1/19.

### Definitions

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

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

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

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

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

### References



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

1. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed on June 1, 2019.
2. Indiana Office of the Secretary and Family and Social Services; [405 IAC 5-22-12 Applied behavioral analysis therapy services, Authority: IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2, Affected: IC 12-13-7-3; IC 12-15](#). Accessed on June 1, 2019.
3. Indiana Office of the Secretary and Family and Social Services 405 IAC 5-3.
4. [Indiana Health Coverage Programs IHCP bulletin BT201606](#). Accessed on June 1, 2019.
5. [Indiana Health Coverage Programs IHCP bulletin BT201620](#). Accessed on June 1, 2019.
6. Indiana IC 20-18-2 [http://iga.in.gov/static-documents/7/d/8/8/7d88099b/TITLE20\\_AR18\\_ch2.pdf](http://iga.in.gov/static-documents/7/d/8/8/7d88099b/TITLE20_AR18_ch2.pdf). Accessed on June 1, 2019.
7. [Indiana Health Coverage Programs IHCP bulletin BT201774](#). Accessed on June 1, 2019.
8. [405 IAC 5-22-12](#). Applied Behavioral Analysis Therapy Services-Amended, Accessed 3/21/19.
9. [Indiana Health Coverage Programs IHCP bulletin BT201867](#). Accessed on June 1, 2019.

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

<b>History</b>
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Status	Date	Action
New	3/4/2016	Creation
Approved	5/24/18	Approved by MOC
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Approved	5/28/20	Approved by MOC

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