

WVCHIP/ WVPEIA Applied Behavior Analysis (ABA) Billing and Payment Policy

What are ABA Services?

Applied Behavior Analysis (ABA) is the scientific study of principles of behavior changes. ABA treatment is a systematic approach for influencing socially important behavior changes for individuals or small groups of individuals by conducting assessments, analyzing data, writing and revising behavior analytic treatment plans (i.e. plans based on collected data), training others to implement components of a behavior change treatment plan, and overseeing those plans. The goal of these plans is to bring about improvement for the client by addressing issues such as skill deficits (for example, with adaptive behaviors, or communication skills) caused by problem behaviors (such as aggression toward others or self-injurious behaviors, among others).

Since these services involve highly specific, individualized plans based on results of functional assessments, observation, data collection, and interaction with clients, by necessity, much ABA activity involves one-to-one, face to face interaction with the client. This is in keeping with provisions of the *Professional and Ethical Compliance Code for Behavior Analysts* as quoted below:

- a) "Behavior analysts conduct current assessments prior to making recommendations or developing behavior-change programs. The type of assessment used is determined by the client's needs, and consent, environmental parameters, and other contextual variables. When behavior analysts are developing a behavior-reduction program, they must first conduct a functional assessment."
- b) "Behavior analysts have an obligation to collect and graphically display data, using behavior-analytic conventions in a manner that allows for decisions and recommendations for behavior change development."
- c) "Behavior analysts are responsible for all aspects of the behavior-change program from conceptualization to implementation and ultimately to discontinuation" [or discharge from treatment].

Establishment of Medical Necessity for ABA Services

Medical necessity is a determination through a pre authorization review process to assure the appropriateness and quality of the ABA Services plan – both at the initiation of services and to assure medical necessity is maintained through ongoing clinical progress reviews (3 months for WVCHIP members, 6 months for WVPEIA members). At these review periods, the implemented behavior change plan is reviewed, documentation of treatment progress is shown through measurement and data analysis reflecting the behavior change plan's goals and objectives with indicators of behavior change as a result of approved services are expected to be submitted;

Medical necessity is supported by, but not necessarily limited to, these factors;

- √ **First time in requesting a PA to provide ABA services for a member**, the provider must submit the document which indicates the diagnosis of ASD was rendered prior to the child's 8th year of age (The qualifying diagnostic assessment);
- √ **Current** diagnostic assessment conducted **within the previous 24 months (If the initial qualifying diagnostic assessment is older than 24 months** as determined by a qualified Diagnostic provider (licensed physician such as a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist, or a licensed psychologist) and should include utilization of the DSM 5 containing the following requirements of the DSM 5 criteria:
 - **ICD-10/DSM 5 Diagnosis of ASD**
 - **Specifiers to the ASD Diagnosis**; underlying medical causes, if identified:
 - Example: With or without accompanying intellectual impairment
 - Example: Associated with a known medical, neurodevelopmental or genetic condition, environmental factor (using additional coding to identify the associated medical or another neurodevelopmental, mental, or behavior disorder);
 - **Indication of Diagnostic Severity Level:**
 - Level of Communication; and
 - Restricted Repetitive behaviorsDiagnostic Severity is determined during the diagnostic process via the DSM-5 criteria. The Diagnostic Severity Levels 1 - 3 are useful in determining [in an overall point in time manner] the child's current level of functioning and levels of assistance necessary to perform daily living skills.*
- √ ABA service intensity levels which are appropriate to the assessed level of functioning and behaviors prioritized for change or intervention;
- √ Recorded evidence shown from data collection establishing baseline data on maladaptive behaviors and clinical observation of the measure(s) relating to the prioritized plan behaviors;
- √ Service requests which meet best practice standards as described in the Behavior Analyst Certification Board's:
 - *Practice Guidelines for Healthcare Funders and Managers, Second Edition, 2014* http://bacb.com/wpcontent/uploads/2015/07/ABA_Guidelines_for_ASD.pdf ; and
 - *The Professional and Ethical Compliance Code for Behavior Analysts, August 7, 2014,* <http://bacb.com/wpcontent/uploads/2016/03/160321-compliance-code-english.pdf> ;
- √ Description of available natural supports (including supports through involved individuals such as parents, guardians, other caretakers, educational staff; or other non-duplicating services available through an Individual Educational Plan [IEP]). See bullet below;
- √ Services requested that supplant or duplicate those provided by educational authorities or other funding sources cannot be authorized. Services that are educational in nature cannot be authorized.

Diagnostic Criteria for Coverage Benefits

- √ Children from the ages of 18 months to their 19th birthday (18th birthday for WVPEIA members);
- √ Members diagnosed with Autism Spectrum Disorder (ASD) **prior to their 8th birthday** with one of the following *primary* diagnoses can be provided ABA services as medically necessary and appropriate;

Qualifying Diagnoses for ABA Treatment

DSM 5*	ICD – 10**	DSM – 5 Code Description
299.	F84.	Pervasive Developmental Disorder
	F84.0	Autism Spectrum Disorder (ASD)
	F84.5	Asperger’s Syndrome

* Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) June, 2013

**International Classification of Diseases, 10, Revision Clinical Modification

Provider Qualifications and Participation Requirements

Both WVCHIP and WVPEIA recognize the following as qualified to perform ABA services when their certification by the Behavior Analyst Certification Board (BACB) is **current, in good standing and have met participation enrollment requirements** of each respective payer:

- ✓ Board Certified Behavior Analyst (BCBA);
- ✓ Board Certified assistant Behavior Analyst (BCaBA);
- ✓ Registered Behavior Technician (RBT); under supervision of the BCBA or BCaBA**
- ✓ Behavior Analyst Technician (BAT); under supervision of the BCBA or BCaBA:*/ **

* Must meet “Minimum Training Standards” as outlined at www.chip.wv.gov and www.peia.wv.gov

** The supervising BCBA or BCaBA MUST bill under their name and NPI number and reimburse the RBT or BAT for services.

Special Notation

To be a WVCHIP participating provider and receive payment for ABA services, ABA providers must first:

- ✓ Meet qualifications listed above and have successfully completed enrollment with Molina Provider Enrollment before services can be considered for payment;
- ✓ Obtain an approved Pre-Authorization number from HealthSmart prior to services being rendered;
- ✓ Assure BAT’s have completed the training standards as developed and adopted by WVCHIP and WVPEIA, or a copy of the BACB issued certificate for the RBT.

Special Notation

To be a WVPEIA participating provider and receive payment for ABA services, ABA providers must first:

- ✓ Submit copies of the BCBA and/or BCaBA Certificate and W9 forms to HealthSmart prior to the provision of any services;
- ✓ Obtain an approved Pre-Authorization from HealthSmart;
- ✓ Assure BAT’s and RBT’s have completed the training standards as developed and adopted by WVCHIP and WVPEIA, and a copy of the BACB issued certificate for the RBT, if certification exists.

The Pre-Authorization Process

- ✓ Pre-Authorization (PA) is required for all ABA services, requests must be made *prior* to any service being rendered;
- ✓ Submission of the qualifying Diagnostic Assessment establishing the ASD diagnosis prior to age 8;
- ✓ A comprehensive Diagnostic Assessment has been completed by the qualifying provider that must have been completed within the previous 24 months;
- ✓ The *annual* Physician’s Order for ABA Services is to be submitted along with all other requirements;

- ✓ All ABA service codes and units of service must be submitted on the PA Request form (See www.wv.chip.gov or www.wv.peia.gov to access forms and required information);
- ✓ A copy of the IEP or the "Statement of Assurances" is to be submitted with the PA request (forms can be located at www.wv.chip.gov and www.wv.peia.gov). In order to ensure continuity of care and services for our members, and to avoid duplication of services, WVCHIP, WVPEIA and/or HealthSmart may request a copy of the IEP (or if homeschooled, a copy of the parent and Department of Education agreement letter), if necessary, for a pre-authorization determination regardless of submission of the Statement of Assurance".
- ✓ Submission annually of the approved functional assessment, the ABAS-II
- ✓ If a provider *fails to obtain pre-authorization or the request is denied for medical necessity*, the provider cannot hold (or balance bill) the member and/or guardian responsible for private payment of services rendered during that time period;
- ✓ Back-dating of authorizations is NOT allowed and "retrospective review requests" will be denied;
- ✓ Requests for services received from parents/guardians are not accepted;
- ✓ Family members or any other non-credentialed individual providing ABA services to the member is NOT a covered benefit. Please refer to "Excluded Services" in the current Summary Plan Description's (SPD's) for additional information.

Billing Information and Tips

- ✓ Claims should be submitted on an electronic 837b or a paper CMS 1500 form;
- ✓ Claims must be filed within six (6) months of the date of service to meet timely filing requirements. Claims filed later than 6 months will be denied. (See SPDs for additional information);
- ✓ Pre-authorization number is listed in Box 23 to assure the claim is not denied;
- ✓ Claims submitted for services performed by the RBT or BAT must list the BCBA or BCaBA as the "Pay To" provider; the RBT or BAT is to be listed as the servicing provider along with his / her NPI number in Boxes 32a and 32b respectively, and the supervising BCBA or BCaBA should sign box 31 and enter his/her NPI number in Box 25 and list their own provider information and phone number in Box 33. Should a bill be submitted with the codes applicable to the RBT/BAT without listing their name and NPI number, the claim will be denied;
- ✓ **Providers must submit their billing on a weekly basis to avoid denials due to daily and weekly unit limitation rules;**

WVCHIP Claims should be submitted to Molina as follows:

For providers with an approved, active enrollment status and Trading Partner Agreement (TPA):

Instructions for electronic submission are located at www.wvmmis.com or by calling (888)483-0793.

Paper claims should be mailed to:

Molina Medicaid Solutions

PO Box 3732

Charleston, WV 25337

WVPEIA Claims should be submitted as follows:

HealthSmart

P.O. Box 2451

Charleston, WV 25329-

References: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013, DSM-5, American Psychiatric Association

**2016 The Complete Official Codebook ICD-10, American Medical Association

Behavior Analyst Certification Board; Professional and Ethical Compliance Code for Behavior Analysts, August 7, 2014 www.bacb.com

Behavior Analyst Certification Board, Practice Guidelines for Healthcare Funders and Managers, Second Edition 2014 www.bacb.com

Applied Behavior Analysis Allowable Services and Coding Guide:

CODE and Rendering Staff Credential	Service Description – <i>All services are face-to-face and 1:1 unless otherwise noted.</i>	Unit of Service	Maximum Units	Fee
H0031 BCBA / BCaBA Only No PA required Face to Face 1:1 Service	→ Initial functional assessment – ABAS-II to: <ul style="list-style-type: none"> ● Establish baseline behavior, identification of initial targets with parent/guardian, ● Initial treatment plan for PA written to obtain additional service code authorizations ● Initial ABA plan reviewed & signed by parent/guardian indicating agreement with plan, units of service of all service codes PA Requests ● WVCHIP may authorize up to a 3 month time frame only ● WVPEIA may authorize up to a 6 month time frame only 	1 Assessment = 1 Event (Unit)	1 Event (Assessment) Annually <i>without</i> a PA	\$120.00
THE FOLLOWING CODES MAY BE USED IN COMBINATION OF UP TO A MAXIMUM OF 40 HOURS PER WEEK AND/OR 8 HOURS WITHIN A 24 HOUR PERIOD OF TIME. THE SERVICE WEEK IS DEFINED AS SUNDAY 12:00AM THRU SATURDAY 11:59PM.				
H0032 BCBA /BCaBA PA Required Face to Face 1:1 Service	→ Development of the initial ABA plan; <ul style="list-style-type: none"> ● Development of behavioral protocols and guidelines ● Identification of priority target behaviors <i>as agreed upon with client and/or family supports</i> ● Development of reinforcement schedule to increase positive behaviors and decrease/eliminate negative behaviors; ● 1:1 collaboration with extended treatment team members insuring consistency across environments; ● 1:1 face to face training and supervision of the BCaBA, RBT, and BAT to implement plan by model training strategies; ● 1 : 1 (non-billing) family member supports ● 1 : 1 monitoring and observation of staff and family implementation periods to ensure proper implementation; ● 1:1, face to face measurement and/or data statistical evaluation, monitoring 	30 minutes	*16 Units/day (8 hours/day) or 80Units/week (40 hours/week) H0032 Code <u>in combination with H2012, H2019, H2014, H2014U4, and H2014U5</u>	\$58.28

<p>H2012 BCBA</p> <p>PA Required</p> <p>Face to Face 1:1 Service</p>	<p>→ ABA Treatment – Individual</p> <ul style="list-style-type: none"> ● Implementation and intervention through activities per ABA Plan as documented in a pre-authorized plan ● Monitoring and analysis of activities of the ABA plan implementation, ● Written changes or adjustments to the ABA Plan by the BCBA ● Direct, face to face , ● 1:1 by BCBA 	<p>15 minutes</p>	<p>*32 units units/day (8 hours/day) or 160 units/ week <u>(40 hours/week) in combination with H0032, H2019, H2014, H2014U4, H2014U5</u></p>	<p>\$17.43</p>
<p>H2019 BCaBA</p> <p>PA Required</p> <p>Face to Face, 1:1 Service</p>	<p>→ ABA Treatment – Individual</p> <ul style="list-style-type: none"> ● Direct ABA intervention - service by the BCaBA ● Implementation through activities per ABA Plan as documented in a pre-authorized plan ● Direct, face to face ● 1:1 by BCaBA 	<p>15 minutes</p>	<p>*32 units units/ day-(8 hours/day) -160 units/ week <u>/(40 hours/week) in combination with H0032, H2012, H2014, H2014U4, H2014U5</u></p>	<p>\$17.43</p>
<p>H2014 BCBA/BCaBA</p> <p>PA Required;</p> <p>Face to Face</p> <p>1::2--3 Service (Group Code)</p>	<p>→ ABA Treatment - Group</p> <ul style="list-style-type: none"> ● Direct ABA intervention – Group ● Implementation through activities per ABA Plan as documented in a pre-authorized plan ● Face to face ● Group 1::2-3 by BCBA/BCaBA 	<p>15 minutes</p>	<p>*32 units units/day (8 hours/day) -160 units/ week <u>(40 hours/week) in combination with H0032, H2012, H2019,H2014U4</u></p>	<p>\$11.79</p>
<p>H2014U4 RBT/BAT</p> <p>BCBA/BCaBA bills for this service</p> <p>PA Required;</p> <p>Face to Face, 1:1 Service</p>	<p>→ ABA Treatment - Individual</p> <ul style="list-style-type: none"> ● Direct ABA Intervention - Individual ● Implementation through activities per ABA Plan as documented in a pre-authorized plan ● Direct Face to Face, ● 1:1 by RBT or BAT 	<p>15 minutes</p>	<p>*32 units units/day (8 hours/day) -160 units/ week <u>(40 hours/week) in combination with H0032, H2012,H2019,H2014, H2014U5</u></p>	<p>\$5.50</p>
<p>H2014U5 RBT/BAT</p> <p>BCBA/BCaBA bills for this service</p> <p>PA Required;</p> <p>Face to Face. 1:2-3 Service (Group Code)</p>	<p>→ ABA Treatment - Group</p> <ul style="list-style-type: none"> ● Direct ABA Intervention ● Implementation through activities per ABA Plan as documented in a pre-authorized plan ● Direct Face to Face ● Group 1:2-3 by RBT or BAT 	<p>15 minutes</p>	<p>*32 units units/day(8 hours/day) -160 units/ week <u>(40 hours/week) in combination with H0032, H2012, H2019, H2014, H2014U4</u></p>	<p>\$2.50</p>