

## RE: Applied Behavior Analysis Billing and Payment Policy Revisions, Effective July 2016

Dear ABA Qualified Provider:

This is a summary of the recent revisions made by WVCHIP and WVPEIA to its billing and payment policies for Applied Behavior Analysis Services both for medical necessity determination updates and service provision expectations required when service pre- authorization (PA) requests are reviewed by the UM vendor, HealthSmart. This is a summary, so please review the complete policy for detail, especially before submission of any service requests for preauthorization review.

Listed below are several of the major changes:

### Establishment of Medical Necessity:

- 1. Current Diagnostic Coding:** The revision now reflect updates for diagnostic assessment that include changes in diagnostic coding for Autism Spectrum Disorder in the Diagnostic and Statistical Manual for Mental Disorders , Fifth Edition as well coding changes now required for coding and billing under the International Classification of Diseases, 10<sup>th</sup> revision.
- 2. Diagnostic Assessments:** This revision now distinguishes between the initial “qualifying diagnostic assessments” which satisfies this standard under legislative code. Submission of this document is necessary to initiate the pre-authorization process. To establish medical necessity it is necessary to submit a recent, up to date diagnostic assessment that has been completed within the previous 24 months. This allows the UM Vendor to review the current clinical presentation of the child.
- 3. Clinical Best Practice:** References to staff credentialing changes made by the Behavior Analyst Certification Board (BACB) and its ethical and professional standards are now incorporated by reference into the revised document.
- 4. Individualized Education Plan (IEP):** The revision clarifies that although a “Statement of Assurance” can be filed to reflect that a review was made by the requesting provider who wrote the ABA treatment plan, the UM vendor may still require a copy of an IEP if it is found necessary to fully establish medical necessity under this policy.

### Service Provision Clarifications:

- 1. Face to Face, 1:1 Services:** Most ABA services are expected to be delivered by appropriately qualified staff in a one to one (1:1) and face to face setting with the client except for those services explicitly coded for groups of 2 or 3 clients.
- 2. ABA Plans and Progress Reports:** These should reflect ABA guidelines for behavior change and documenting progress, and as such should be data driven. This means there is an expectation both for

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establishment of baseline data reporting, charting or graphing of maladaptive behaviors, establishment of specified baseline behaviors which are the focus of ABA treatment as well as identification of reinforcer's within the specific ABA treatment plan itself which also contains clear written statements for Goals; Objectives; Strategies; and Activities to implement the plan.

**3. Daily/Weekly Service Limits:** Limitations for the combination of codes for services that can be delivered on a daily (8 hour) and weekly (40 hour) basis are now specified on the PA review document and service requests for combinations exceeding these limits will be denied.

### **WVCHIP / WVPEIA Claims Billing /Provider Enrollment Change:**

**1. Claims Processing/ Provider Enrollment Changes:** The policy revision includes information concerning changes to the WVCHIP claims payment vendor which is now with Molina. The claims payer for WVPEIA remains with HealthSmart. Also, since January, 2016 ABA providers as well as all healthcare providers billing WVCHIP must now meet federal provider enrollment requirements as of September 26, 2016.

Any questions you may have after reading the updated policy may be directed to Kelly Cielensky via email at [Kelly.D.Cielensky@wv.gov](mailto:Kelly.D.Cielensky@wv.gov). For provider enrollment inquires or issues contact Molina Provider Relations at 1-888-483-0793 or email your question to [wvmmis@molinahealthcare.com](mailto:wvmmis@molinahealthcare.com). Preauthorization questions should be directed to HealthSmart UM at 1-800-356-2392.

The updated **WVCHIP / WVPEIA Applied Behavior Analysis (ABA) Billing and Payment Policy**, located at [www.chip.wv.gov/news/Pages/Updated-Applied-Behavior-Analysis-Billing-and-Payment-Policy](http://www.chip.wv.gov/news/Pages/Updated-Applied-Behavior-Analysis-Billing-and-Payment-Policy) or at [www.peia.wv.gov/health\\_care\\_providers](http://www.peia.wv.gov/health_care_providers) will provide assistance to you for these important services to our members. We continue to strive towards our collaborative work together in the improvement of ABA treatment.

Thank You,

**West Virginia Children's Health Insurance Program**

**West Virginia Public Employees Insurance Program**