



Applied Behavior Analysis (ABA) Treatment Approvals Via Phone Using CPT Codes

To request prior approval for commercial, non-Medicaid accounts, you will need to call the Behavioral Health number on the back of the member's card. The queue is open from 7 a.m. - 7 p.m. central time. Please call at least 30 minutes prior to the closing of the queue due to the length of time reviews take. The clinical review is handled via a phone review. Note that not all accounts are eligible for Applied Behavior Analysis (ABA), please call the number on the back of the member's ID card to confirm the member has the benefit prior to requesting approvals.

If you need approvals for a Medicaid account, please visit providerexpress.com. Go to "Autism/ABA Corner", click on "Autism/ABA information" and view the "State Medicaid ABA Programs" section to review the prior authorization request process.

The areas/questions listed below are what may be discussed as part of the clinical review.

NOTE: More or less questions may be discussed due to the individual case presentation. The caller needs to be from the rendering Provider's office, can answer the questions listed below and has the ability to modify or impact the prescribed treatment.

Demographic Information:

- Supervisor on the member's case
- Agency name and Tax ID
- Call back number for supervisor
- Member name and insurance ID
- Member date of birth
- Member state of residence

Request:

Please use the following billing codes when requesting the treatment hours and specify the number of hours per week or month for each code requested:

97151	Behavior identification assessment, by professional
97152	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)
0362T	Behavior identification supporting assessment, by technician, requiring administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment
97153	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)
0373T	Adaptive behavior treatment with protocol modification, by technician, requiring administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment
97154	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)

97155	Adaptive behavior treatment with protocol modification, by professional
97156	Family adaptive behavior treatment guidance, by professional (with or without patient present)
97157	Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)
97158	Group adaptive treatment with protocol modification, by professional

Diagnostic Information:

- Does child have an Autism Spectrum Disorder (ASD) diagnosis?
- Who gave the most recent diagnosis?
- When was ASD diagnosed?
- What other mental health and medical diagnosis does the member have?

Other Services:

- Is the child in school? If so, what type of school?
- How long is the child in school each day?
- What other services does the child receive, and how often?
- How is care coordinated with other service providers?
- What is the schedule of ABA services and/or other services?

Treatment Information:

- How are caregivers involved in treatment?
- What is the level of caregiver proficiency?
- How long has member been in ABA, with your agency, and in the past?

Communication Goals:

- What is the severity of social communication deficits? (See DSM-5 for full criteria)
 - Level 1/Mild (Requires Support): Deficits may cause noticeable impairments including atypical or unsuccessful responses to others. Individual may have language but difficulty engaging in reciprocal conversation or remaining on topic.
 - Level 2/Moderate (Requires Substantial Report): Clearly atypical and unsuccessful verbal and non-verbal responses. Limited ability to initiate and/or limited interest may impact ability to maintain reciprocal conversations. These are apparent even with supports in place.
 - Level 3/Severe (Requires Very Substantial Support): Non-intelligible or atypical verbal and/or non-verbal communication methods. Rarely initiates and generally communicates only to meet needs. Inability to communicate causes severe impairments in functioning.
- What is the main skill deficit in this area?
- How has the member progressed in this area, if applicable?
- What is the target mastery skill for social communication?
- How does the member communicate? (e.g., verbal, sign language, iPad device, etc.)

Social Goals:

- What is the severity of social interaction deficits? (See DSM-5 for full criteria)
 - Level 1/Mild (Requires Support): Difficulty initiating social interactions. Atypical or unsuccessful responses to the social overtures of others. May have a decreased interest in social interactions.
 - Level 2/Moderate (Requires Substantial Support): Clear social impairments apparent even with supports in place. Limited initiation of social interactions and reduced or atypical responses to the social overtures of others.
 - Level 3/Severe (Requires Very Substantial Support): Very limited initiation of social interactions and minimal responses to the social overtures of others. Engages in social interactions only to get needs met and may respond only to very direct approaches.
- What is the main skill deficit in this area?
- How has the member progressed in this area, if applicable?
- What is the target mastery skill for social interaction?

Behavior Goals:

- What is the severity of behavior difficulties deficits? (e.g., restricted, and repetitive behaviors)
- What is the severity of maladaptive behaviors? (e.g., aggression, self-injurious behavior) (mild, moderate, severe) (See DSM-5 for full criteria)
 - Level 1/Mild (Requires support): Inflexibility interferes with functioning in one or more contexts. May experience difficulties switching between activities. Problems with organization and planning may impact independence. Little interference to daily life.
 - Level 2/Moderate (Requires Substantial Support): Inflexibility of behavior. Difficulties coping with change and/or shifting focus or action. Restricted and/or repetitive behaviors are obvious to the casual observer. Any of these can interfere with functioning in a variety of contexts.
 - Level 3/Severe (Requires Very Substantial Support): Inflexibility, extreme difficulty coping with change, inability to shift focus and/or action. Maladaptive, restrictive, and/or repetitive behaviors cause great distress and marked interference in all contexts.
- What is the main skill deficit in this area?
- How has the member progressed in this area, if applicable?
- What is the target mastery skill for behaviors?

Other Domains addressed:

- What is the severity of other deficits? (mild, moderate, severe)
- What is the main skill deficit in this area?
- How has the member progressed in this area, if applicable?
- What is the target mastery skill for this area?

Other Clinical factors:

This could include barriers to treatment, medications, safety issues, need for other resources, transition plans for those transitioning into or out of school, information related to school.

Brief Summary of Approval Criteria

These are general standards around some of the codes requested for approval with ABA services that may be helpful to be aware of prior to the clinical review process.

Supporting Clinical updates:

- Will be reviewed at a frequency required by state-specific or account-specific requirements, ordinarily 6 months.
- It is expected that providers are continually:
 - Monitoring a member's progress in all areas of functioning
 - Modifying treatment as the parents/guardian's management skills improve and the member's deficits change
- Should include all areas from the initial plan and should also reflect any major life changes as well as the member's progress in the goals, objectives and targets as identified on the Initial clinical documents.
- New goals, objectives and/or target behaviors should be added as indicated.
- Calling to review the updated supporting clinical information is expected at least 10 days prior to the approval expiration but not more than 30 days before the next review date.
- Clinical updates not provided by the end of the current approval may result in claims being denied due to lack of approval on file.

Note: All approval for treatment is based on medical necessity for specific treatment goals to address specific behavioral targets.

For full approval criteria, go to providerexpress.com, under the Autism/ABA Corner, select "Autism/ABA Information", scroll to the Guidelines/Manual section and click on "Optum ABA Policy".