



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

To request prior approval for commercial, non-Medicaid accounts, you will need to call **1-866-830-0325**. 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 treatment plan 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 plan.

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:

H0031 (1 hour)	Treatment Planning and Assessment (hours/month)
H0032 (1 hour)	Supervision by licensed clinician or BCBA (hours/month)
H2012 (1 hour)	Parent Training by BCBA (hours/month)
H2012 (1 hour)	Direct work by BCBA (hours/month)
H2019 (15 min)	Parent training by paraprofessional (units/month)
H2019 (15 min)	Direct services by paraprofessional (units/month)
H2014 (15 min)	Group ABA services (units/month)



Pennsylvania BHRS providers please use this table when requesting treatment:

H0031 (1 hour)	Treatment Planning and Assessment (hours/month)
H0032 (1 hour)	Services by a Behavior Specialist Consultant (hours/month)
H2012 (1 hour)	Summer Therapeutic Activities program (hours/month)
H2019 (15 min)	Mobile Therapist Services (units/month)
H2021 (15 min)	Therapeutic Support Staff services (units/month)
H2027 (15 min)	Social Skills group (units/month)
H2014 (15 min)	Supervision by a BCBA or licensed mental health clinician (units/month)

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?
- How long has member been in ABA, with your agency, and in the past?

Communication Goals:

- What is the severity of social communication deficits? (This can follow the Level System in DSM-5 or list: 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 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? (This can follow the Level System in DSM-5 or list: 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 social interaction?

Behavior Goals:

- What is the severity of behavior difficulties deficits? (e.g. restricted, and repetitive behaviors) (This can follow the Level System in DSM-5 or list: mild, moderate, severe)
- What is the severity of maladaptive behaviors? (e.g., aggression, self-injurious behavior) (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 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.

1. Supervision:

- Must be delivered to each paraprofessional or BCaBA level staff:
 - A minimum of 60 minutes per month
 - Ordinarily does not exceed 8 hours per month at a ratio of 1 hour per every 10 hours of direct service (in line with BACB guidelines of 2 hours of supervision for every 10 hours of direct service, given these requirements consider indirect supervision per the BACB as treatment planning – see below information on treatment planning requirements)
 - The child, paraprofessional and supervisor must be present
 - Supervision can be in a group or individual format



- When providing supervision, only supervision can be billed, not the paraprofessional or BCaBA's time
- Please refer to supervisory protocols as required in your state guidelines

2. Treatment planning:

- Required a minimum of 60 minutes per month
- Ordinarily does not exceed 8 hours per month at a ratio of 1 hour per every 10 hours of direct service
- Please follow appropriate documentation protocols as required in your state guidelines

3. Treatment Plan 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/guardians 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 Treatment Plan.
- New goals, objectives and/or target behaviors should be added as indicated.
- Calling to review the updated treatment plan is expected at least 10 days prior to the approval expiration but not more than 30 days before the next review date.
- Treatment plan 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".