



Treatment Request Guidelines for PA BHRS Services ONLY Using HCPCS Codes

Brief Summary of Approval Criteria

To request prior approval for ABA treatment, please call in with the necessary/required information outlined on pages 2-4. Phone number 1-866-830-0325

1. Supervision:

- Must be delivered to each paraprofessional or BCaBA[®] level staff:
 - A minimum of 60 minutes per month
 - Not to 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
- Not to 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 request updates:

- Will be reviewed at a frequency required by state-specific or account-specific requirements
- 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
- Request for continued approvals is allowed no more than 30 days in advance of the current approvals expiration date
- Treatment requests that are not called in by the end of the approval may result in claims being denied due to lack of approval on file

Note: All approval for treatment is based on meeting medical necessity for specific treatment

For full criteria, please see providerexpress.com for the Network Manual, Level of Care Guidelines and Coverage Determination Guideline on the [Autism/Applied Behavior Analysis](#) (ABA) Corner page OR

Provider Express > Treatment Updates > Autism/Applied Behavior Analysis (ABA) Corner > Guidelines/Manual:

- Optum Network Manual
- Level of Care Guideline – Intensive Behavior Therapy for Autism
- Coverage Determination Guideline – Autism Spectrum Disorders and Intensive Behavior Therapy

Treatment Plan

Complete information below is required in each live treatment review:

Note: Written documentation must be kept for your records

Please list all units/hours requested per month

H0031 (1 hour)	Assessment & Treatment Planning by BCBA or licensed ABA provider (hours/month)	
H0032 (1 hour)	Services by 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)	

ALL Mental Health Diagnoses:

ALL Medical Conditions:

ALL Medications:

State if any services are rendered during the same treatment hour:

If this is a concurrent review, is this an increase, decrease or no change in hours requested?

Location of services: School, Home, Community, Facility/Office?

Date ABA services began with this provider:

Date ABA services began with any provider:

Overall progress: No progress, minimum progress, moderate progress or met all goals?

Other services child receives:

Hours in school per week (including homeschool instruction):

Does member display behavioral challenges (e.g., aggression, self-injurious behavior)?

Each treatment request **must include** all nine (9) components listed below:

1. Biopsychosocial Information including, but not limited to:

- Current family structure
- Medications including dosage and prescribing physician
- Medical history
- School placement
- Time in academic activities
- History of ABA services
- Other mental health services including any mental health hospitalizations
- Other services the child is receiving such as ST, OT or PT
- Any major life changes

2. Why ABA services are needed and how ABA addresses the current areas of need:

- Why ABA is the preferred treatment over other mental health services

3. Goals should relate to the core deficits of an Autism Spectrum Disorder (communication, relationship development, social behaviors, and problem behaviors):

- Should be derived from the functional assessment and/or skills-based assessments that occur prior to initiating treatment
- Should not be academic in nature, unless child is under school-aged
- Should not be related to vocational skills
- Must have established baseline levels for the behavior or skill
- Must have target dates for when the goal will be mastered
- Must have a date of introduction
- Should be broken into short-term and long-term, if needed
- Should include graphs if available
- Must be ready to discuss when/why a member has made slow or no progress in the acquisition, maintenance and generalization of target skills.
- Should include a behavior support/maintenance plan noting changes based on ongoing assessments. Functional behavior assessments or skills-based assessment should be completed as needed to work with member's behavioral/skill challenges:
 - Observe the member's behaviors to determine effectiveness of the behavior support/maintenance plan and, if not effective, note changes to the plan.

4. Behavioral Intervention Plan:

- Include definition of the behavior, antecedents, consequences, prevention, baseline and any de-escalation procedures
- Include individualized steps for the prevention and/or resolution of crisis (i.e., identification of crisis antecedents and consequences)

5. Coordination with other behavioral health and medical providers, including but not limited to:

- Psychologists

- Individualized Education Plan/School Services
- Psychiatrist
- Speech Therapist
- Anyone who is concurrently providing services

6. Parent/Guardian involvement:

- Parents/guardians need to understand and agree to comply with the requirements of treatment
- The treatment plan should address how the parents/guardians will be trained in management skills that can be generalized to the home
- There should demonstration and maintenance of management skills by the parents/guardians
- Address how barriers to parent involvement are being addressed, (e.g., parent's having the skill to assist with generalization of skills developed by the child)
- Whether the parent is addressing treatment goals when treatment professionals are not present and note their overall skill abilities
- Parents' training and time involvement and any materials or meetings that occur with the parent on a routine basis

7. Transition Plan:

- May include the level of supports a child needs in order to be successful when moving from one intensity of care to another, the skills the child is currently being taught to facilitate the transition and the level of communication between the supervising clinician and any other related allied professionals such as the child's teacher, speech therapist, occupational therapist, social worker, etc.
- Transition plans may include several additional components depending on the child's situation:
 - A transition plan would be appropriate when a child is moving from a home-based program to mainstream education, when changing grade levels, aging out of services, or moving out of public education
- The transition plan should address how the child will move from the current level of service to lower levels (hours) of service through discharge; this should be directly related to how the child is meeting objectives
- If the member is an older child or adolescent, the treatment plan should reflect a plan to transition the member into adult services

8. Discharge Criteria:

- Discharge criteria, including estimated length of treatment, should be developed when services are initiated. The discharge plan should include:
 - Date of discharge
 - Post-discharge level of care and recommended forms and frequency of treatment
 - Names of the providers who will deliver treatment
 - Resources to assist the member with overcoming barriers to care (e.g., lack of transportation, lack of child care or lack of self-help and community support services)
- The discharge criteria should include information about what the member should do in the event of a crisis prior to the first appointment at the lower level of care. It must also include requirements for:
 - Discharge
 - Next level of care (e.g., outpatient mental health services, medication management, mainstream school, etc.)
 - Linkages with other services
 - How the parents can contact the provider for additional assistance

- Community resources, if applicable
- Discharge criteria should be measurable and directly related to the attainment and maintenance of the goals.