



Applied Behavior Analysis (ABA) Treatment Reviews Via Portal

The areas/questions listed below are what may be requested as part of the clinical review for ABA services.

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

Demographic Information:

- Supervisor on the individual's case
- Agency name and Tax ID
- Services address of the agency
- Call back number for supervisor
- Individuals name and insurance ID
- Individuals date of birth
- Individuals address

Request:

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

Please note codes are per 15 min. units:

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 individual have an Autism Spectrum Disorder (ASD) diagnosis?
- Who gave the most recent diagnosis?
- Date of diagnosis
- Other mental health and/or medical diagnosis

Other Services:

- Location of services
 - Please note for school services there will be more detailed questions required
- School enrollment
 - What type of school
 - Hours of school per week
 - IEP information
- Other services individual receives
- Care coordination information
- Schedule of ABA services and/or other services

Symptoms and Psychosocial Information:

- Current symptoms
- Psychosocial/Environmental assessment
- Length of time in treatment
- Assessments used and applicable scores (if completed):
 - i.e., Vineland, VB-MAPP, ABLLS

Communication:

- What is the severity of social communication deficits? (See DSM-5 for full criteria)
 - Mild – Without supports in place, deficits cause noticeable impairment to the trained observer. Challenges with to and fro conversation, failed attempted to communicate, unusual/atypical ways of communicating
 - Moderate – Marked deficits in communication skills. Communication impairments are apparent even with supports in place. Markedly odd nonverbal communication
 - Severe – Severe deficits in verbal and nonverbal communication, often limited or no speech
- Mode of communication (e.g., verbal, sign language, iPad device, etc.)
- Main goals in this domain
- Total number of goals
- Progress made in this area including number of goals mastered
 - Not applicable to initial treatment review

Social:

- What is the severity of social interaction deficits? (See DSM-5 for full criteria)
 - Mild – Without supports in place, deficits cause noticeable impairment to the trained observer. Difficulty initiating social interaction, uses atypical or unsuccessful social responses. May appear to have decreased interest in social interaction
 - Moderate – Marked deficits in social communication skills. Social impairments are apparent even with supports in place. Limited initiation of social interactions and/or reduced or abnormal responses to social overtures from others. Social interactions may be limited to special interests
 - Severe – Severe deficits in functioning, very limited initiation of social interactions, minimal response to overtures from others, attempts to interact may appear unusual.
- Main goals in this domain
- Total number of goals
- Progress made in this area including number of goals mastered
 - Not applicable to initial treatment review

Behavior:

- What is the severity of behavior difficulties deficits? (e.g., restricted, and repetitive behaviors)
 - Mild- Inflexibility causes interference with functioning in 1 or more context, difficult switching tasks
 - Moderate- Difficulty coping with change, behaviors are obvious enough to casual observers
 - Severe- Extreme coping difficulties
- What is the severity of maladaptive behaviors? (e.g., aggression, self-injurious behavior) (mild, moderate, severe) (See DSM-5 for full criteria)
 - Mild – Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities, problems of organization and planning hamper independence. Behaviors will be mild and impacts will be small to individuals overall day.
 - Moderate – Inflexibility of behavior, difficulty coping with change appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress occurs when changing action or focus. Maladaptive behaviors interfere in a variety of contexts on a regular basis.
 - Severe – Inflexibility of behavior, extreme difficulty coping with change markedly interfere with functioning in ALL spheres. Great distress in changing focus on action. Sensory input of interests cause severe impacts to daily functioning
- Main goals in this domain
- Total number of goals
- Progress made in this area including number of goals mastered
 - Not applicable to initial treatment review

Caregiver Involvement:

- How are caregivers involved in treatment?
- Hours per month involved in treatment
- Level of caregiver proficiency

- Low, moderate, high, proficient
- Gaps or barriers to caregiver involvement

Brief Summary of Treatment Request 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 individual 's progress in all areas of functioning
 - Modifying treatment as the parents/guardian's management skills improve and the individual 's deficits change
- Should include all areas from the initial plan and should also reflect any major life changes as well as the individual '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.

Note: All approval requests for treatment are 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". Please note, state specific Medicaid plans may follow their own criteria. More information on provider express is available.