New Jersey | Medicaid

Developmental Individual-Difference Relationship-Based (DIR) UM Guideline

Subject: Developmental Individual-difference Relationship-based (DIR) UM Guideline

Current Effective Date: 07/01/2020

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Description

Autism treatment focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. Developmental Individual-Difference Relationship Based (DIR) provides a foundation for understanding human development and the critical role of social-emotional development. DIR treatment can help to increase communication skills and improve attention, focus, social skills, and memory. Along with other autism treatment it can improve academics and decrease problem behavior.

Treatments for children with autism spectrum disorders (ASD) are generally grouped in broad categories of "behavioral" or "developmental". "Behavioral" approaches, primarily based on Applied Behavioral Analysis (ABA), consider environmental influences on observable behaviors and promote or discourage specific targeted behaviors through the manipulation of antecedents and consequences. (Lovaas, 1989; Cooper, Heron & Heward, 2007). In contrast, developmental approaches, primarily based on Developmental-Individual Differences-Relationship-Based (DIR) services, focus on the relationship between child and caregiver and consider the developmental level of the child. Developmental interventions build on a child's sense of pleasure inherent in shared affective experiences to increase the spontaneous flow of affective communication and achieve increasingly more complex levels of interaction. (Greenspan & Greenspan, 1989; Sameroff, 2010; Fogel, 1993; Greenspan & Wieder, 1997; 2005; Prizant 1998).

Clinical Indications

Medically Necessary:

Assessment and Planning

The assessment and planning for an initial course of DIR intervention services may be covered for an individual with Autism Spectrum Disorder (ASD) when the following selection criteria are met:

A. A diagnosis of ASD has been made by a licensed medical professional or other qualified health care professional as is consistent with state licensing requirements; and
B. Documentation is provided which describes the person-centered treatment plan that includes all of the following:
    1. Addresses the identified behavioral, physical, psychological, family, and medical concerns; and
    2. Has measurable goals in objective and measurable terms based on standardized assessments that address the behaviors and impairments for which the intervention is to be applied, for each goal:
        - baseline measurements,
        - progress to date, and
        - anticipated timeline for achievement based on both the initial assessment and subsequent interim assessments over the duration of the intervention); and
    3. Documents that DIR services will be delivered by an appropriate provider who is licensed or certified according to applicable state laws and benefit plan requirements; and
C. Assessments of physical, motor, language, social, and adaptive functions have been completed; and
D. The treatment plan incorporates goals appropriate for the individual's age and impairments including social, communication, language skills or adaptive functioning that have been identified as deficient relative to age expected norms with these elements for each target:
    1. Family education and training interventions including the behavior parents/caregivers are expected to demonstrate. Parents/caregivers can learn techniques through written materials, workshops, and websites made available to them; and
    2. Anticipated timeline for achievement of the goal(s), based on both the initial assessment and subsequent interim assessments over the duration of the intervention; and
    3. Plan for generalization; and
    4. Estimated date of mastery; and
    5. Anticipated timeline for achievement of the goal(s), based on both the initial assessment and subsequent interim assessments over the duration of the intervention; and
    6. Discharge or transition planning.

Continued Stay Criteria

Continuation of treatment may be covered for an individual with ASD when ALL of the following selection criteria are met:

A. The individual continues to meet the criteria above for an initial course of DIR services; AND
B. The treatment plan will be updated and submitted, in general, every 6 months or as required by a state mandate, AND
C. The treatment plan includes age and impairment appropriate goals and measures of progress. The treatment plan should include measures of the progress made with:

- social skills,
- communication skills,
- language skills,
- adaptive functioning, and
- specific behaviors or deficits targeted.

Clinically significant progress in social skills, communication skills, language skills, and adaptive functioning must be documented as follows:

1. Interim progress assessment at least every 6 months based on clinical progress toward treatment plan goals; AND
2. Developmental status as measured by standardized assessments no less frequent than every 6 months; AND

D. For each goal in the person-centered treatment plan, the following is documented:
   1. Progress-to-date relative to baseline measures is described; AND
   2. Anticipated timeline for achievement of the goal(s), based on both the initial assessment and subsequent interim assessments over the duration of the intervention; AND
   3. Family education and training interventions including the behavior parents/caregivers are expected to demonstrate and utilize outside the treatment setting (for example, at home or in the community); AND
   4. Estimated date of mastery; AND
   5. Plan for generalization; AND
   6. Transition and discharge planning.

Note: The number of hours allotted for direct treatment with the individual should reflect the treatment plan. The hours should be reviewed regularly, and adjusted to address the behavioral targets and key functional skills of the individual, based on the results of the assessments mentioned above.

Not Medically Necessary:

To the extent there is a state mandate or specific benefit coverage for DIR services for an individual that allows DIR treatment to be reviewed using clinical criteria, DIR services will be considered not covered and not medically necessary when either:

A. The criteria above are not met; OR
B. There is no documentation of clinically significant progress in any of the following areas as measured by an interim progress evaluation through standardized assessments:
   1. Adaptive functioning; OR
   2. Communication skills: OR
   3. Language skills: OR
   4. Social skills.

Program Requirements

The need for Developmental Services must be determined by a Qualified Healthcare Professional (QHP) capable of making a diagnosis of autism spectrum disorder. QHPs include licensed healthcare professionals, who are qualified by education, training, or licensure/regulation (when applicable) to perform a professional service within his/her scope of practice. Once a child has a diagnosis of ASD, a QHP must assess the child to determine the need for Developmental therapy and to develop a treatment plan. It is not uncommon for one QHP to make the diagnosis (such as a physician) and a separate QHP to develop and supervise the treatment plan. In order for a QHP to complete a treatment plan based on a specific Developmental Services program, the QHP must have specialized training and the required level of credentials in a developmental model.

Developmental Model Credentialing Organizations

Intervention Model		Credentialing Organizations
DIR	**DIR/Floortime-**Developmental, Individual Difference, Relationship-based Intervention	• Interdisciplinary Council on Development and Learning (ICDL) • Profectum Foundation • The PLAY Project • Greenspan Floortime Approach
DRBI	**RDI**-Relationship Development Intervention	The RDI® Professional Training Program
	DMAI-Clinical, Developmental Models of Autism Intervention	Montclair State University • Certificate of the Center for Autism and Early Childhood Mental Health
	Infant Mental Health Endorsements	• NJAIMH – Level III and IV Infant Mental Health Endorsed – Alliance for IMH
NDBI	**ESDM-**Early Start Denver Model	ESDM Certified

Coding

EPSDT services are provided to meet individual medical necessity and do not allow for the denial of services based on preset limitations. The following limits are for guidance purposes only and must be overridden when medically necessary based on individual needs.

Base Code	Description	Unit Description	Suggested Daily Limits	Allowable Provider Specialty and Modifiers
96156 EP	Initial assessment and development of a treatment plan as well as reassessment and progress reporting	Per diem	1 unit (up to 6 units per 6-month authorization period)	Licensed and DIR certified QHP (DIR QHP)

96156 EP26	Supervision of treatment and/or treatment plan re-assessment and development by a QHP. Must be face-to-face with the member and the supervised employee present.	15 minutes	Minimum of 4 units and up to 8 units per calendar week for each supervisee	DIR QHP or provider with minimum of Master's degree with advanced* level DIR certification (DIR Supervisor)
96158 EP	Behavior treatment by protocol	Initial 30 minutes	1 unit	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree
96159 EP	Behavior treatment by protocol	Each additional 15 minutes	30 units	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree
96164 EP	Group-led sessions for a maximum of 8 individual patients	Initial 30 minutes	1 unit	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree
96165 EP	Group-led sessions for a maximum of 8 individual patients	Each additional 15 minutes	22 units	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers

				Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree
96167 EP	Guidance services to a family with an autistic child with the child present	Initial 30 minutes	1 unit	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree
96168 EP	Guidance services to a family with an autistic child with the child present	Each additional 15 minutes	14 units	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree
96170 EP	Guidance services to a family with an autistic child without the child present	Initial 30 minutes	1 unit	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree
96171 EP	Guidance services to a family with an autistic child without the child present	Each additional 15 minutes	14 units	DIR QHP DIR Supervisor DIR certified provider under the direction of DIR QHP or Supervisor using the below modifiers Modifier HM - Less than Bachelor's degree Modifier HN - Bachelor's degree Modifier HO - Master's Modifier HP - Doctoral/PhD degree

For FFS, a non-QHP DIR certified providers will be reimbursed based on educational level and training. Billers should use the appropriate modifier below. Providers will be paid the listed percentage of the QHP rates in the grid above.

HS Diploma/Associates Degree	HM Modifier	70%
Bachelor's degree	HN Modifier	80%
Master's Degree	HO Modifier	85%
Doctoral Level	HP Modifier	90%

Under EPSDT, medically necessary services cannot be limited. Billing providers may bill for multiple services provided in a single visit. This is true for the same provider at different times, and multiple providers at the same time. For example:

96158EP - 96159EP	May be billed concurrently with 96170_EP and 96171_EP
96164EP - 96165EP	May be billed concurrently with 96170_EP and 96171_EP
96170EP - 96171EP	May be billed concurrently with 96158_EP and 96159_EP and 96164_EP and 96165_EP
96156EP26	May be billed concurrently with 96158EP, 96159EP, 96164EP, 96165EP, 96167EP, 96168EP, 96170EP or 96171EP

Discussion/General Information

Research on DIR/Floortime™ and interventions based on this model suggests that this treatment could improve autism outcomes with caveats related to limited literature and methodological concerns (ref #1). The available literature suggests that DIR/Floortime™ and related treatments are often administered for 10 to 15 hours per week (2 to 5 hours per day) for intervals ranging from 3 months to a year to test effectiveness. Effectiveness was evaluated with a variety of instruments including the Functional Emotional Assessment Scale (FEAS), Functional Emotional Developmental Questionnaire (FEDQ), Childhood Autism Rating Scale (CARS), Circles of Communication (CoC), Child Behavior Rating Scale (CBRS), Assessment of Child Socio-Communication, Assessment Scale of Children with ASD, and Vineland Adaptive Behavioral Scales (VABS-3).

Service provision:

- **Code 96156EP** is to be used for billing for development of the initial assessment and development of a treatment plan as well as reassessment and progress reporting by the QHP. Allowable activities include face-to-face time with the patient and/or caregivers to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report.

- **Code 96156EP26** - to be used for supervision of treatment and/or treatment plan re-assessment and development by a QHP. Supervision must be face-to-face with the patient and the supervised employee present. Supervision is a minimum of 1 hour per week and a maximum of 2 hours per week.

- **Codes 96158EP-96159EP** billed for behavior treatment by protocol, administered by, or under the direction of, a QHP, face-to-face with one patient.

- **Codes 96164EP-96165EP** billed for group-led sessions, by or under the direction of a QHP, for a minimum of 2 individual patients to a maximum of 8 individual patients. Billing is made for each child in the group session.

- **Codes 96167EP–96168EP** billed for guidance services provided by, or under the direction of, a QHP to a family with an autistic child **with** the child present. Family members/caretakers are taught to apply the same treatment protocols and interventions to reduce unwanted behaviors and reinforce appropriate behavior. The provider may bill for each set of parents/caregivers once. In the event of two autistic children with the same parents/caregivers, you would only allow billing for the parents or caregivers once.

- **Codes 96170EP–96171EP** billed for guidance services provided by, or under the direction of, a QHP to a family with an autistic child **without** the child present. Family members/caretakers are taught to apply the same treatment protocols and interventions to reduce unwanted behaviors and reinforce appropriate behavior. The provider may bill for each set of parents/caregivers. In the event of two autistic children with the same parents/caregivers, you would only allow billing for the parents or caregivers once.

Location of services: DIR services may be provided in the therapist's office, a community setting or a child's home.

Definitions

D.I.R.-The Developmental, Individual-differences, & Relationship-based model developed to provide a foundational framework for understanding human development. It explains the critical role of social-emotional development starting at birth and continuing throughout the lifespan. It also provides a framework for understanding how each person individually perceives and interacts with the world differently." Taken from https://www.icdl.com/dir.

Acronyms

CPT: Current Procedural Terminology
DIR: Developmental Individual-difference Relationship-based
DMAI: Developmental Models of Autism Intervention
DSM: Diagnostic and Statistical Manual of Mental Disorder
EPSDT: Early and Periodic Screening, Diagnostic and Treatment
IMH: Infant Mental Health
NJAIMH: New Jersey Association for Infant Mental Health
NJFC: New Jersey Family Care
QHP: Qualified Healthcare Professional

References

Boshoff K, Bowen H, Paton H et al. Child development outcomes of DIR/Floortime™ - based Programs: a systematic review. Can J Occup Ther 2020; 87:153-164.

Government Agency, Medical Society, and Other Authoritative Publications:

Websites for Additional Information

1. State of New Jersey, Department of Human Services, Division of Medical Assistance and Health Services
2. New Jersey Association for Infant Mental Health

History

Status	Date	Action
New	06/17/2020	Developed and reviewed by Health Plan
MOC Approved	06/25/2020	Approved by the Medical Operations Committee
Revised	7/20/2020	Added Clinical Indication Section
MOC Approved	8/27/2020	Approved by the Medical Operations Committee
Reviewed	10/07/2021	Reviewed-No changes
Approved	10/28/2021	Approved by the Medical Operations Committee (MOC)
Revised	5/15/2024	Revised based on State guidance dated 5/17/2023