ABA Medical Necessity Clinical Guidelines

Revised June 2024

Tennessee | Medicaid

Applied behavior analysis (ABA) refers to the process of applying interventions that are based on the principles of learning derived from experimental psychology research to systematically change behavior and to demonstrate that the interventions used are responsible for the observable improvement in behavior. ABA methods are used to increase and maintain desirable adaptive behaviors, reduce interfering maladaptive behaviors, or narrow the conditions under which they occur, teach new skills, and generalize behaviors to new environments or situations. ABA focuses on the reliable measurement and objective evaluation of observable behavior within relevant settings including the home, school, and community (Myers, 2007). It is a time-limited intervention that should result in progressive, measurable gains in functioning on a standardized measure.

Clinical indications

Request of assessment for ABA must be ordered by the current treating provider practicing within the scope of their license. There is documentation by a Tennessee-licensed clinician supporting medical necessity for ABA.

The initial evaluation (assessment) must be ordered by the primary care provider or other current treating provider as defined by the rules for TennCare.

An approval for an assessment/evaluation for ABA does not automatically equate with the approval for initiation of the service.

Assessment and subsequent requested initiation of the plan for ABA is considered medically necessary when the following conditions are present:

1. An established supporting DSM-5 diagnosis supported by evidence-based best practice (for which ABA has proven to be an effective and appropriate intervention). Autism Spectrum Disorder (ASD) or other identified diagnosis necessitating ABA intervention should be (a) issued by a qualified health professional, practicing within their scope, with training in assessment of individuals with ASD and/or other neurodevelopmental concerns, (b) based on current DSM-5-TR criteria if applicable, and (c)

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include history, observation, and if/when clinically appropriate formal assessment of developmental skills (for example, cognitive, adaptive, ASD assessment tools)

And

2. A severe challenging behavior (such as self-injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others.

Or

3. A severe challenging behavior that significantly interferes with home or community activities. This behavior should not be generally age or developmentally congruent. The behavior should be one that a targeted goal would extinguish or reduce the frequency/intensity of the behavior (such as biting in a two to four-year-old, temper tantrums);

Or

4. A skill deficit that severely impacts home or community activities for which a targeted goal would reduce serious dysfunction in daily living.

The following applies to initiation requests

The number of hours the provider of services proposes as needed on a weekly basis to effectively address the challenging behaviors, should be a component of the *Initial Behavior Service Plan*:

5. Documentation is provided, which describes the person-centered behavior service plan that includes all of the following:
   a. Addresses the identified behavioral, psychological, family, and medical concerns
   b. Goals and objectives are stated in measurable terms and based on standardized assessments that address the behaviors and deficits for which the intervention is to be applied
   c. (Note: This should include, for each goal: I. Baseline measurements; ii. Anticipated timeline for achievement based on both the initial assessment and subsequent interim assessments over the duration of the intervention.)
   d. Documents that ABA services will be delivered 1:1 to the member/caregiver/ support professionals by an appropriate provider who is licensed or certified according to applicable state laws/contract
   e. There must be documentation of a reasonable expectation on the part of the provider that the individual's behavior or deficits, combined with parent/caregiver participation if applicable, will improve significantly with behavior analysis services
   f. Assessments of motor, language, social, and adaptive functions have been completed
   g. The person-centered treatment plan incorporates goals and targets appropriate for the individual's age while comprehensively addressing multiple areas of behavioral and functional impairment in coordinated a manner
   h. Recipient is expected to be able to adequately participate in and respond as planned to the proposed treatment and the parent/guardian/caregiver has agreed to participation through the signing of the plan or other document

Continued service

Ongoing ABA interventions may be authorized for up to six months at a time (or at other intervals determined by the Managed Care Organization (MCO) based on the individual's specific needs, treatment plan /maintenance plan or skill support plan and progress in treatment). While the initial evaluation may be ordered by the primary care provider or specialist, the number of hours the provider of services proposes are needed on a weekly basis to effectively address the challenging behaviors and should be a component of the treatment plan.

To be considered medically necessary, continued requests for ongoing ABA services must meet all of the following criteria:

1. Recommended treatment is necessary and not appropriate for less intensive care (for example, patient behavior, symptoms, or risk is inappropriate for routine outpatient office care).
2. The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity, and/or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes for six months of optimal treatment, then ABA may no longer be considered medically necessary. Optimal treatment is defined as a well-designed set of interventions delivered by qualified applied behavior specialists without significant interfering events such as serious physical illness, major family disruption, change of residence.
3. For changes to be meaningful they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient's residence and to the larger community within which the individual resides. Documentation of meaningful changes must be kept and made available for continued authorization of treatment.
4. Maintenance of the behavioral changes may require ongoing ABA interventions as the patient grows, develops, and faces new challenges in their life (for example, puberty, transition to adulthood, transition to a more integrated living situation). *If the request for ABA is related to maintenance of the behavioral changes, there must be documented member barriers that necessitate continued ABA therapy.*
5. Treatment plans should include caregiver training regarding identification of the specific behavior(s) and interventions, to support utilization of the ABA techniques by caregiver(s).
6. Discharge and fading planning begin at the onset of treatment. The BCBA, individuals receiving ABA treatment, and/or caregiver will collaborate to develop fading criteria based on individual needs. Fading steps should be smaller increments that would indicate the steps fading out behavioral intervention. This should be completed for all volumes of care. As the member progresses through ABA therapy, milestones of progress should be tied to a lessening of treatment. The fading plan should be developed to target skill gaps between communication, social skills, and repetitive/restrictive behaviors. Discharge planning should include the steps that will be taken after the treatment has faded out. Individuals receiving ABA treatment and their caregivers will receive initial and ongoing education toward discharge planning progress, including identifying barriers and incorporating these barriers into the individual's

behavior plan. Regular review of programming, data, and graphs in identified skill deficits should be held between the BCBA and caregiver.

*** If there will be a gap in services longer than 90 days, please contact the designated MCO as a re-evaluation for care may be indicated*.

Discharge criteria

The desired outcomes for discharge should be specified at the initiation of services and refined throughout the treatment process. Transition and discharge planning from a treatment program should include a written plan that specifies details of monitoring and follow-up as appropriate. Parents, community caregivers, and other involved professionals should be consulted ongoing and before the planned reduction of service hours. Additional services, including behavioral therapies and other supports, should be considered for the individual as care is faded to lower frequency as evidenced by a documented discharge plan with family/caregiver supports training.

One of the following criteria must be met:

1. The recipient shows improvement from baseline in targeted skill deficits and problematic behaviors such that goals are achieved or maximum benefit has been reached.
2. Caregivers have refused treatment recommendations.
3. Behavioral issues are exacerbated by the treatment.
4. Recipient is unlikely to continue to benefit or maintain gains from continued care.
5. The client does not demonstrate progress towards goals for two or more successive authorization periods.
6. Continued care would be provided primarily for the convenience of the child or caregivers.

Not medically necessary/exclusions

For not medically necessary/exclusions listing, see the rules for TennCare via the below link: https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-13.20230419.pdf.

Coding

*Units should reflect 15-minute increments:

- 97151 HO (BA) — Behavior identification assessment
- 97152 HM (RBT) — Behavior identification assessment
- 97153 HO (BA) — Adaptive behavior treatment by protocol
- 97153 HM (RBT) — Adaptive behavior treatment by protocol, administered by technician
- 97154 HM (RBT) — Group adaptive behavior treatment by protocol, administered by technician

- 97155 HO (BA) — Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional,
- 97156 HO (BA) — Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional
- 97157 HO (BA) — Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional
- 97158 HO (BA) — Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional)

General information

Below are the credential and certification expectations for both BCBA professionals and RBT para-professionals:

1. Behavior analyst credentials — currently board-certified behavior analyst and credential verification by the MCO;
2. Registered behavior technicians — RBT's and their supervising BCBA providers, must comply with all of the current Behavior Analyst Certification Board (BACB) requirements for credentialing, ethics, competency, supervision, and maintenance of the RBT credential.

Definitions:

- Assessment instruments: Standardized diagnostic tests used to evaluate an individual's performance in specific areas of functioning such as those recommended in the guidelines of the AAP, AAN, and the AACAP (for example, learning and communications skills, social interaction).
- Behavior Analyst Certification Board (BACB): Tennessee requires that a BCBA or other qualified licensed mental health clinician engaging in direct ABA therapy be licensed as an LBA through the Tennessee Applied Behavior Analyst Licensing Committee. *Licensed mental health clinicians who can attest to BACB and MCO standards may provide direct ABA without an LBA if practicing within a provider group and not independently. bacb.com/about/
- Educational interventions: Learning interventions that assist individuals with obtaining knowledge and communication through speech, sign language, writing, and other methods and social skills.
- Meaningful changes: must be durable over time beyond the end of the actual therapy session, and generalizable outside of the therapy setting to the patient's residence and to the larger community within which the patient resides. Documentation of meaningful changes must be kept and provided upon request.
- Optimal therapy: Means that a well-designed set of interventions is delivered by BCBA/LBA without significant interfering events such as serious physical illness, major family disruption, change of residence.

- Registered behavior technician (RBT): Refers to the BACB-credentialed individual who implements programming designed by others. If an RBT has multiple employment settings, the RBT is responsible for identifying and selecting a Responsible Certificate in each setting and coordinating with the Responsible Certificates to track total supervision hours across settings. The RBT may not be related to, superior to, or the employer of the certificate providing training, assessing competency, providing supervision, or serving as the Responsible Certificate. Employment does not include compensation paid by the RBT for supervision services. Please see the following relevant sections of the BACB Professional and Ethical Compliance Code for Behavior Analysts: 1.04, 1.05, 1.06, 1.07, and 5.0.

References

Additional resources, references, and published comprehensive best practice guidelines for ABA are listed below:

- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: http://dsm.psychiatryonline.org/book.aspx?bookid=556
- Myers SM, Johnson CP; American Academy of Pediatrics Council on Children with Disabilities. Management of children with autism spectrum disorders. Pediatrics.2007; 120(5):1162-1182.
- Sheinkopf SJ, Siegel B. Home-based behavioral treatment of young children with autism. J Autism Dev Disord.1998; 28(1):15·23.
- TennCare Medical Necessity Criteria Chapter 1200-13-16, Section 1200-13-16-.05 Medical Necessity Criteria: https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-16.20111128.pdf. Last accessed on June 25, 2024
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2019). *Applied Behavior Analysis (3rd Edition).* Hoboken, NJ: Pearson Education

Websites for additional information:

- Behavior Analyst Certification Board: bacb.com
- American Academy of Pediatrics: AAP.org
- CASP ABA Practice Guidelines: ASD Guidelines - Council of Autism Service Providers (casproviders.org)
- Homepage for TennCare providers: Providers (tn.gov)

History

Status	Date	Action
Initial	October 19, 2017	Creation of Amerigroup Medicaid ABA Guidelines (TNPEC-1970-17)

Revised	September 4, 2018	Update and Revision to Amerigroup Medicaid ABA Guidelines
Revised	June 24 2024	Revision of Tennessee Amerigroup (rebranded Wellpoint) ABA guidelines (TNPEC-2579-18)