IHCP *bulletin*

This bulletin has been updated. The modifier descriptions for U1–U3 in the response to question 4 under the Claims and reimbursement section on page 5 have been corrected.

INDIANA HEALTH COVERAGE PROGRAMS BT202519 FEBRUARY 6, 2025

IHCP publishes formal FAQ for ABA therapy requirements

The Indiana Health Coverage Programs (IHCP) published clarifying applied behavior analysis (ABA) therapy documentation requirements and new provider enrollment requirements in *IHCP Bulletin* BT2024194. After receiving feedback from providers, the IHCP is publishing a formal frequently asked questions (FAQ) document in response to questions received.

Provider Enrollment

1. ***What is the compliance enrollment date for Registered Behavior Technicians (RBTs) and Board Certified Assistant Behavior Analysts (BCaBAs)?***
   RBTs and BCaBAs must be enrolled by April 1, 2025. Providers have a 180-day timely filing limit to submit fee-for-service (FFS) claims if provider enrollment is still pending. Providers are also allowed to request a retroactive enrollment date with proof that services were performed.
2. ***When are fingerprint background checks completed for each new application?***
   Fingerprint background checks are to be completed prior to completing an application for all new enrollments. Fingerprint background checks for existing rendering providers should be completed by July 1, 2025.
3. ***Does each individual RBT and BCaBA need to be added to the IHCP Provider Healthcare Portal?***
   Each individual RBT will be separately enrolled once and must be associated with each group enrollment for which the individual participates.
4. ***Do RBTs and BCaBAs require a National Provider Identifier (NPI)?***
   Yes, each enrolled provider is required to maintain a Type 1 (individual) NPI. Instructions for receiving an NPI are available in the *How to Apply for an NPI* document at nppes.cma.hhs.gov.
5. ***For which locations will site visits be required?***
   Site visits will be required for group and billing enrollments with provider specialty 615 – *Applied Behavior Analysis (ABA) Therapist (Masters/Doctoral or Health Service Provider in Psychology [HSPP])*.
6. ***If my ABA group is not enrolled as a specialty 615, do I need to reenroll?***
   No, existing groups may continue to use their current enrollment. However, any new group enrollment must be enrolled as a provider specialty 615 – *Applied Behavior Analysis (ABA) Therapist (Masters/Doctoral or HSPP)*.
7. ***If an RBT starts enrollment with one group but is then added to another group, does the individual require an additional background check?***
   Background checks are specific to the individual, so after a rendering individual is enrolled, they do not need additional background checks for each group association.

8. ***What criteria does the FSSA use when reviewing background check results?***
   Providers can review the *Indiana Background Evaluation Criteria* section on the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

9. ***Is there a fee for the background checks?***
   Providers are responsible for the fingerprint fee. Please refer to the Indiana State Police for the latest fee.

10. ***Do agencies receive copies of the completed background check?***
    Results are sent to the FSSA for review.

11. ***Are providers that render ABA therapy in a school setting required to have fingerprint checks?***
    Enrolled school corporations are not subject to the background check requirement. Enrolled group providers that render ABA therapy services in school settings are subject to the background check requirement.

Prior Authorization

1. ***Who can provide the ABA therapy referral?***
   The following practitioners (who have specialized training in the application of the most recent Diagnostic and Statistical Manual of Mental Disorders [DSM] autism spectrum disorder criteria) may provide a referral for ABA therapy:

   - Doctoral-level licensed clinical psychologists
   - Licensed physicians
   - Licensed advanced practice registered nurses
   - Licensed physician assistants

2. ***For the referral – should providers use a specific form, or does a general referral suffice?***
   The referral should include a comprehensive diagnostic evaluation (CDE) performed according to national evidence-based practice standards. If the CDE is more than one year old, an updated statement of need will need to be submitted.

3. ***Is a new ABA referral required every six months?***
   A new referral is not required every six months; however, a reassessment and updated treatment plan should be completed at least every six months. More frequent assessments may be necessary with the emergence of new behaviors that interfere with the member's ability to participate in major life activities, or when additional ABA therapy services are necessary to address the emergent behavior.

4. ***For continuing authorization requests – do all three standardized behavior instruments (Vineland Adaptive Behavior Scales, Behavior Assessment System for Children and Parenting Relationship Questionnaire [BASC PRQ] objective direct skills assessments) require updating?***
   All three instruments must be updated during reassessments.

5. ***Will providers be given an increase in the number of authorized units for ABA assessments with the requirement of three different assessment tools?***
   Unit limitations are established by IHCP policy and account for published completion time estimates for cited behavior assessments, as well as standard practice guidelines. The eight-hour unit limitation will remain.

6. ***What is the effective date for the usage of the three required assessment tools?***
   The assessment tools are being enforced as of Nov. 29, 2024 (the publication date of *BT2024194*).

7. ***If an individual changes providers within six months, and the new provider is unable to receive the comprehensive behavioral assessment, what action should the new provider take?***
   The new provider can complete the comprehensive behavior assessment if one of the following occurs:

   - It is documented that the new provider has made attempts to obtain the previous assessment.
   - Other conditions exist, such as an uncooperative parent.
   - No previous assessment was performed due to out-of-state or out-of-country prior residency.

8. ***How are providers to reflect goals that may extend beyond six months when authorizations are only provided in six-month increments?***
   It is appropriate to address the targeted behaviors during each continued service request. The treatment plan for each continued service request should illustrate if the behavior is still being addressed and indicate the length of time that behavior will be targeted during the next authorization period.

9. ***Who can perform the three required assessments?***
   The assessments may be performed by a psychologist, a Board Certified Behavior Analyst-Doctoral (BCBA-D) ,or a master's-level Board Certified Behavior Analyst (BCBA).

10. ***Within the treatment plan, how do providers document a caregiver's participation?***
    The behavior assessment and treatment plan should be signed by the individual's parent or guardian and should include documentation of parent/guardian/caregiver training. The documentation of this training should include proposed targets, goals, objectives, training procedures, date of introduction and estimated date of mastery. The treatment plan should also include care coordination with parents/caregivers, as applicable. Session notes should include documentation of the date, time, location and duration of services in addition to identifying participants including parents, guardians and/or caregivers. Alternatively, an explanation should be included in the session notes if the member's parent or guardian is not present during service delivery.

11. ***Can providers use other comprehensive assessment tools?***
    The behavior assessment must include the administration, scoring and reporting of three core standardized behavior instruments:
    - The *Vineland Comprehensive Parent Interview Form* including Maladaptive Behavior domain
    - The *Behavior Assessment System for Children, Parenting Relationship Questionnaire* (BASC PRQ)
    - Age-appropriate, objective direct skills assessments

11. ***Can providers use other comprehensive assessment tools? (Continued)***
    Additional assessment tools may be included as clinically appropriate such as updated skills assessments (Verbal Behavior Milestones Assessment and Placement Program [VB-MAPP], Promoting the Emergence of Advanced Knowledge [PEAK], Assessment of Functional Living Skills [AFLS], Assessment of Basic Language and Learning Skills – Revised [ABLLS-R], Essential for Living [EFL], Early Start Denver Model [ESDM]), functional behavioral analysis and/or preference assessments, and basic language and learning skills assessments. The IHCP encourages providers to use the policy consideration process for requests to incorporate any additional assessment tool examples into policy.

12. ***When looking for "substantive progress toward goals for successive authorization period," what is the quantified definition of "substantive"?***
    Progress is individualized and specific to each member's unique clinical picture. Documentation should clearly identify data tables and graphs that shows progress of all behaviors and skills targeted for improvement under the treatment plan. Data should be compared against baselines established at the initiation of care or an explanation of rebaselining should be provided. Progress should be compared to benchmarks of normally developing peers using established instruments to demonstrate progress in relation to initial assessments. A narrative discussion of progress and statement of justification for continuation of care at the intensity level requested should also be provided.

13. ***What are appropriate examples of documentation that symptoms continue to meet medical necessity criteria?***
    Providers are responsible for assessing an individual's behavior and symptoms to determine if continued ABA therapy will be beneficial.

14. ***If specific skills are either developed or met using time when an individual is eating, do goals have to be related to this activity for approval consideration?***
    Skills/goals worked on during eating time should be documented as to what they are and included in the authorization request. The schedule should identify when ABA therapy is being rendered during mealtimes.

    Skills targeted during these mealtime activities should be clearly documented. Mealtime skill work should also include documentation of the member's response and how these activities address goals and objectives in the treatment plan.

15. ***How long are providers given to respond for a formal documentation request related to an ABA therapy service?***
    Providers must respond to any request within the time frame identified within the specific request.

Claims and reimbursement

1. ***Are claims to be submitted using an RBT or BCaBA's name?***
   The individual who rendered the service (at the appropriate ABA level) will be listed as the rendering practitioner when submitting a claim.

2. ***How are claims to be submitted if an individual is served by more than one RBT in a given day?***
   For the same date of service (DOS), these services can be submitted on one claim. Only one rendering provider can be on the header detail, but the claim detail allows for the NPI of each RBT for each individual detail.

   If the member receives services from both an RBT and a BCaBA on the same DOS, the services (and rendering practitioner) can be billed at the claim detail level.

3. ***If a primary payer or Medicare does not recognize an RBT and BCaBA as a rendering practitioner, how are claims to be handled?***
   The provider should follow the instructions in the *Third-Party Liability* provider reference module at in.gov/medicaid/providers on how to submit claims for providers that are ineligible to enroll with Medicare.

4. ***Are school corporations required to include modifier U1, U2 or U3 with the appropriate procedure code and TM modifier when billing ABA therapy services?***
   School corporations should continue to bill using the appropriate procedure code with modifier TM – *Individualized education program (IEP)* and one of the following modifiers to indicate the level of ABA therapy services being performed:

   - U1 – *Delivered by a credentialed RBT*
   - U2 – *Delivered by a bachelor-level BCaBA*
   - U3 – *Delivered by a physician, doctoral-level BCBA-D, master's level BCBA or HSPP*

QUESTIONS?

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