



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Administration
P. O. Box 700190
Kapolei, Hawaii 96709-0190

January 13, 2015

MEMO NOS.
QI-1504
FFS M15-03

MEMORANDUM

TO: QUEST Integration Health Plans
Fee-For-Services Providers

FROM: Kenneth S. Fink, MD, MGA, MPH *KF*
Med-QUEST Division Administrator

SUBJECT: COVERAGE OF INTENSIVE BEHAVIORAL THERAPY FOR AUTISTIC
SPECTRUM DISORDER (ASD)

This memo is issued to provide consistency and clarity regarding coverage of intensive behavioral therapy for autistic spectrum disorder. There is evidence that intensive behavioral therapy, such as the UCLA/Lovaas Model – used to assess, treat, and prevent challenging behaviors and to promote new, desired behaviors – can improve cognitive and language outcomes for some children with ASD. This scientific evidence regarding the effectiveness of intensive behavioral therapy cited in this memo is based substantially on a recent systematic review conducted by the Agency for Healthcare Research and Quality.¹

The available evidence of effectiveness is strongest for children aged 2-6 years, and suggests that younger age at intake, higher initial developmental levels, and treatment intensity, are associated with better outcomes. Young children receiving high-intensity (≥ 15 hours per week) applied behavior analysis (ABA)-based interventions over extended timeframes (i.e. 8 months – 2 years) displayed improvement in cognitive functioning and language skills relative to community controls. However, intervention response is likely moderated by both treatment and child factors, and exactly how these moderators function is not clear. Predicting which child will respond to treatment remains difficult. Intensive behavioral therapy must be provided to individuals younger than 21 years when determined to be medically necessary.

¹ Weitlauf AS, McPheeters ML, Peters B, Sathe N, Travis R, Aiello R, Williamson E, Veenstra-VanderWeele J, Krishnaswami S, Jerome R, Warren Z. Therapies for Children With Autism Spectrum Disorder: Behavioral Interventions Update. Comparative Effectiveness Review No. 137. (Prepared by the Vanderbilt Evidence-based Practice Center under Contract No. 290-2012-00009-I.) AHRQ Publication No. 14-EHC036-EF. Rockville, MD: Agency for Healthcare Research and Quality; August 2014. (Available at: <http://www.ncbi.nlm.nih.gov/books/NBK241444/>)

- One Hawaii licensed BCBA can supervise up to 10 health plan approved other behavioral health providers.
- The supervising provider must:
 - Review and sign all treatment plans, progress notes and any other documentation regarding the provision of services.
 - Provide at least 1 hour per month of direct individual supervision to each provider under his or her supervision to review all cases, and document the supervision in a signed and dated detailed supervisory note.

Billing:

- Current CPT codes should continue to be used for diagnostic evaluation and testing.
- A completed CDE is billed using code H0031.
- Completion of the functional assessment and development of a treatment plan are billed together using code H0032.
- Intensive behavioral therapy is billed in fifteen (15) minute units using code H2019.
- All documentation must be maintained in the client's record and available upon request to the Med-QUEST Division and its authorized agents.

This guidance does not apply to the Department of Education's School-Based Claiming (SBC) program or the Department of Health's Early Intervention (EI) program. SBC and EI enrollees would receive intensive behavioral therapy services through these programs and not through the child's health plan.

We will be working with the community to make revisions to this clarification guidance. For questions, please contact Dr. Curtis Toma, Med-QUEST Division Medical Director by phone at 692-8106 or by email at ctoma@medicaid.dhs.state.hi.us.

c: Department of Health/Early Intervention Program
Department of Health/Developmental Disabilities Division
Department of Health/Child and Adolescent Mental Health Division
Department of Education

For a child to receive intensive behavioral therapy for ASD, the following must occur:

- 1) The child is diagnosed with ASD by a Hawaii licensed child psychiatrist, child psychologist, developmental-behavioral pediatrician or pediatric neurologist (collectively referred to as “designated provider”) based on Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) criteria; and that child is medically stable and able to participate in the therapy, not requiring 24-hour medical/nursing care, and not in an institutional setting;
- 2) A completed comprehensive diagnostic evaluation (CDE) and referral, for an intensive behavioral therapy functional assessment and development of a treatment plan, are submitted to the child’s health plan by a designated provider.
 - A CDE must include the following components: autism specific assessments, standardized psychometric testing, assessment of general psychopathology, cognitive assessment, and assessment of adaptive behavior and communication.
- 3) A completed functional assessment and treatment plan is submitted to the child’s health plan by a designated provider or Hawaii Licensed Board Certified Behavior Analyst (BCBA).
- 4) The health plan will review the submitted treatment plan and determine how many hours of intensive behavioral therapy to prior authorize. Approved treatment plans shall be for no less than a 6 month period for the first 12 months of services. After receiving services for 12 months, approved treatment plans shall be for no less than a 3 month period.
 - A treatment plan for continuing treatment must be submitted to the health plan at least two weeks prior to the end of the current approved treatment; the health plan shall make a determination within this period to minimize disruption in services.
 - The child must continue to show response to therapy in order for therapy to continue.
 - A CDE shall be repeated every 12 months.
- 5) Intensive behavioral therapy can be provided in accordance with the approved treatment plan by a designated provider, BCBA, board certified assistant behavioral analyst (BCaBA), or other behavioral health provider as approved by the health plan.
- 6) Designated providers and Hawaii licensed BCBA’s can supervise the completion of functional assessments and treatment plans and the provision of intensive behavioral therapy by certain unlicensed providers.
 - One designated provider or Hawaii licensed BCBA Doctorate can supervise up to 10 unlicensed BCBA’s or health plan approved other behavioral health providers.