Nebraska Medicaid Medical Necessity Guidelines

Outpatient Intensive Behavioral Intervention/Applied Behavioral Analysis

I. Coverage Criteria

A. There must be a diagnosis on the autism spectrum, (299 through 299.9) or another pervasive developmental disorder that qualifies for ABA based treatment and the individual must be under the age of twenty one.
B. There are identifiable target behaviors that are having a profound impact on the development, communication, and interaction with others in the individual's environment such that the individual cannot adequately participate in developmentally appropriate activities.
C. The parent or guardian must be involved in behavioral training techniques so that they can provide additional hours of intervention.
D. The individual is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with developmental disabilities (ICF/DD).
E. There is a time limited, individualized treatment plan that is child centered, strengths specific, family–focused, community-based, multi-system, culturally-competent and in the least intrusive setting.
F. The individual has the developmental capacity to clinically participate in the available interventions covered by the benefit.
G. The individual has a comprehensive evaluation by a qualified health care professional and a prescription for ABA-based therapy services ordered by a qualified health care professional.

II. Prior Authorization Requirements

Prior authorization of all services are required before the service or any related service is provided. The request must include documentation of the following:

A. The results of the screening for the individual performed by a primary care physician as part of an EPSDT Healthcheck exam.
B. A functional behavioral assessment is planned to be completed by a qualified health care professional within the first 60 days where specific target behaviors are clearly defined.
C. The frequency, rate, symptom intensity or duration, or other objective measure of baseline levels of each target behavior is recorded and quantifiable criteria for progress are established.
D. Specific type, duration and frequency of interventions are tied to the function served by the specific target behaviors.
E. Parents and caregivers are trained and required to provide specific additional interventions.

III. Provider Qualifications:

Intensive behavior services shall be prescribed by a physician, psychiatrist; or psychologist.

A. Services must be provided directly by individuals licensed by the state of Nebraska and certified by the Behavior Analyst Certifying Board.

B. Supervision is to be documented and is defined as at least one hour of face-to-face supervision with non-certified staff by a certified behavior analyst or psyhchologist for each ten hours of behavioral therapy. The lead behavior analyst will have at least monthly one-hour face to face contact, on-site with the individual patient.

IV. Criteria for Continued Coverage

Criteria A or B **and** C, D, E, and F must be met to satisfy the criteria for continued coverage of intensive behavioral services.

A. The individual continues to meet the criteria defined in the coverage criteria described above.
B. New problems or symptoms have appeared that meet the coverage criteria described above.
C. There is measurable progress documented on treatment plan reviews that occur at least every six months. If there is no progress made, there is a reasonable expectation based upon the individual's clinical history that current treatment is of such a benefit to the individual that the withdrawal of treatment will result in decompensation or the recurrence of symptoms that necessitated treatment.
D. There is evidence of parental/caregiver involvement in the treatment.
E. A reasonable expectation exists that the individual will benefit from the continuation of intensive behavior services.
F. Treatment is not making the symptoms worse.