APPLIED BEHAVIOR ANALYSIS

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

ABA services may be billed by the following licensed and enrolled providers:

- Physicians;
- Psychologists; and
- Behavior analysts.

Technician services may be provided by a Board-Certified Assistant Behavior Analyst (BCaBA) or a Registered Behavior Technician (RBT) certificated by the Behavior Analyst Certification Board when supervised by a licensed and enrolled behavior analyst. BCaBAs and RBTs are not eligible to enroll in South Dakota Medicaid.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

ABA Coverage

Applied Behavior Analysis (ABA) Therapy services are available under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for children 20 years old or younger with an Autism Spectrum Disorder (ASD) diagnosis from a physician or psychologist. ABA services must be ordered by a physician, nurse practitioner, or physician assistant. If the recipient is participating in Care Management program the ordering provider must be their Care Management provider. The diagnosis must be within 12 months prior to the start of services. Services must be prior authorized by South Dakota Medicaid prior to being provided. Prior authorizations for ABA treatment are for a period of 6 months. A re-authorization for services must be obtained after 6 months. Please refer to the Prior Authorization manual for additional information.

Covered ABA services include:

- Behavior Identification Assessment;
- Adaptive Behavior Treatment;
- Group Adaptive Behavior Treatment;
- Adaptive Behavior Treatment with Protocol Modification;
- Family Training;
- Group Family Training;
- Group Social Skills Adaptive Behavior Treatment.

Behavior Identification Assessment (CPT 97151, 97152)

An assessment of the maladaptive behavior(s) is necessary to identify the frequency and magnitude of the behaviors as well as the variables associated with the occurrence of the maladaptive behavior(s). This helps in defining what the functional consequences of the problem behavior(s) are so that an adequate behavior plan can be implemented.

Assessment may include:

- Review of file information about recipient's medical status, prior assessments, prior treatments;
- Care providers interviews and rating scales;
- Review of assessments by other professionals;
- Direct observation and measurement of client's behavior in structured and unstructured situations; and
- Determination of baseline levels of adaptive and maladaptive behaviors.; and

- Functional behavior analysis if medically necessary. When requesting authorization to conduct a functional assessment, the provider will be required to provide additional information to demonstrate medical necessity.

Adaptive Behavior Treatment (CPT 97153, 97154, 97155, 97156, 97157, 97158)
Implementation and management of treatment plan by supervising behavior analyst/BCBA includes:

- Training family members and other caregivers to implement selected aspects of treatment plan. Ongoing supervision of technician and caregiver implementation;
- Ongoing, frequent review and analysis of direct observational data on treatment targets;
- Modification of treatment targets and protocols based on data. Training technicians, family members, and other caregivers to implement revised protocols.

The term “caregiver” applies to a person(s) designated by the child's parents/guardians, in mutual agreement, to hold legal responsibility and authority over that child's safety and care while not in the parent’s or legal guardian’s presence. A caregiver is expected to be around the child consistently and/or frequently. Examples of a caregiver may include a childcare provider or teacher spending an average of at least 20 hours per week with the child.

Family adaptive behavior treatment guidance (CPT 97156) must include techniques to be incorporated into daily routines of the child and ensure consistency in the intervention approach. The training should be extensive and ongoing and include regular consultation with the qualified professional.

In addition to individual treatment, group treatment may be utilized when billed with the appropriate modifier.

Procedure Codes for ABA Services

Service	Description
Behavior Identification Assessment (97151)	Each 15 minutes of the physician’s or other qualified healthcare professional’s time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
Service	**Description**
Functional Identification Assessment (97152)	Administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient.
Adaptive Behavior Treatment by Protocol (97153)	Administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient.

Group Adaptive Behavior Treatment by Protocol (97154)	Administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients.
Adaptive Behavior Treatment with Protocol Modification (97155)	May include simultaneous direction of technician, face-to-face with one patient. This code may be used to bill for: • case supervision; • time spent attending the child's Individual Education Plan meeting; or • time spent providing direct intervention (including parental training with child present).
Family Adaptive Behavior Treatment Guidance (97156)	Administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s).
Multiple Family Adaptive Behavior Treatment Guidance (97157)	Administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/ caregivers.
Treatment Social Skills Group (97158)	Administered by physician or other qualified healthcare professional, face-to-face with multiple patients.

Telemedicine

ABA services may be provided via telemedicine. The service must be provided by means of "real-time" interactive telecommunications system. To ensure that a patient's care needs are assessed by a health care provider, the Board-Certified Behavior Analyst (BCBA) must have an in-person face-to-face visit within the first 30 days and every 90 days thereafter. Refer to the Telemedicine manual for a list of ABA services that may be provided via telemedicine.

NON-COVERED SERVICES

General Non-Covered Services

Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

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Non-Covered ABA Services

The following services are not covered by South Dakota Medicaid:

- Data recording or documentation;
- Services that are primarily educational in nature;
- Play therapy;
- Services that are vocationally or recreationally based;
- Services to assist in the activities of daily living such as bathing, dressing, eating maintaining personal hygiene, not including care plan treatment goals.
- Services provided for maintaining the member or anyone else's safety;
- Services rendered by the parent/guardian;

- Services, supplies or procedures performed in a non-conventional setting including but not limited to resorts, spas and camps;
- Provider's time traveling to get to the individual's home or other community setting;
- Transportation of the individual; and
- Equine and hippo therapy.

DOCUMENTATION REQUIREMENTS

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping- manual for additional requirements.

Initial ABA Assessment and Reassessment

The following information must be submitted with the prior authorization request:

- ABA Services Prior Authorization Form;
- Medical Records that indicate a ASD diagnosis within the previous 12 months by a physician or psychologist. The provider must include the following:
    - The name of the evidence-based diagnosis evaluation instrument such as one of the following:
        - Gilliam Autism Rating Version 3;
        - Autism Diagnostic Observation Schedule Version 2; and
        - Adaptive Behavior Assessment System.
    - A copy of the evidence-based diagnostic evaluation instrument.
- The criteria to be used for objective assessment of progress towards behavior treatment goals;
- The frequency of assessment of progress towards behavior treatment goals;
- Clinical recommendation of the amount of weekly services necessary by service code;
- Anticipated duration of services;
- A discharge plan if treatment is expected to conclude within six months of the date of the re-authorization; and
- If a reassessment, certification that continued ABA services are medically necessary and appropriate treatment to address the treatment goals of the recipient.

Behavior Treatment Plan

The behavior treatment plan identifies the treatment goals providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as communication, sociability (including play and leisure), self-care, motor development and academic skills and must be developmentally appropriate. Treatment goals should emphasize skills required for both short- and long-term goals. Behavior treatment plans should include parent/caregiver training and support. The instructions should break down the desired skills into manageable steps that can be taught from the simplest to more complex.

The behavior treatment plan must:

- Be person-centered and based upon individualized goals;
- Delineate the frequency of baseline behaviors and the treatment development plan address the behaviors;
- Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined;
- Identify the criteria that will be used to measure achievement of behavior objectives;
- Clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
- Include care coordination, involving the parent(s) or caregiver(s), school, state disability programs, and others as applicable;
- Include parent/caregiver training, support, education, and participation;
- Identify objectives that are specific, measurable, based upon clinical observations of the outcome measurement assessment, and tailored to the recipient; and
- Ensure that interventions are consistent with ABA techniques.

Reimbursement and Claim Instructions

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement

A claim for ABA Therapy services must be submitted at the provider's usual and customary charge. Payment for ABA Therapy services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's Applied Behavior Analysis fee schedule.

Claim Instructions

Claims for ABA Therapy services must be submitted on the CMS 1500 claim form or via an 837P electronic transaction. The ordering or referring provider must be listed in block 17 and their NPI must be listed in 17b. The prior authorization number must be entered in block 23. Detailed claim instructions are available on our website.

Services provided by the BCaBA or RBT must be billed under the supervising, licensed, and enrolled behavior analyst and may only be billed for the technician specific codes (CPT codes 97152-97154).

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **Can a BCaBA or RBT enroll with South Dakota Medicaid?**

   No, a BCaBA or RBT cannot enroll with South Dakota Medicaid. They may provide limited services under the supervision of a licensed and enrolled behavior analyst.

2. **Can ABA services be provided in a school?**

   ABA services may not be provided by school district providers. However, an eligible ABA provider may provide services in a school district setting.

3. **Can ABA services be provided via telemedicine?**

   Yes, South Dakota Medicaid allows ABA services to be provided via telemedicine. Refer to the Telemedicine manual for coverage details.