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**APPLIED BEHAVIOR ANALYSIS
PROGRAM FOR CLIENTS AGE 20
AND YOUNGER
Provider Guide**

July 1, 2015

Washington State
Health Care Authority

About this guide*

This publication takes effect July 1, 2015, and supersedes earlier guides to this program.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
Managed Care	Effective for claims with dates of service on and after 7/1/15, ABA services provided to managed care clients are now included in the client's managed care benefit.	Policy change

How can I get agency provider documents?

To download and print agency provider notices and provider guides, go to the agency's [Provider Publications](#) website.

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* This publication is a billing instruction.

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Resources Available

Topic	Resource
Prior Authorization (PA) or Limitation Extension (LE)	For all requests for PA or LE, the following documentation is required: <ul style="list-style-type: none"> • A completed, TYPED General Information for Authorization form, HCA 13-835. This request form MUST be the initial page when you submit your request • A completed, Applied Behavior Analysis Services request form, HCA 12-411 for initial PA requests and recertification Fax your request to: 866-668-1214
Becoming a provider or submitting a change of address or ownership	See the agency's Resources Available
Contacting Provider Enrollment	
Finding out about payments, denials, claims processing, or agency managed care organizations	
Electronic or paper billing	
Finding agency documents (e.g., provider guides, fee schedules)	
Private insurance or third-party liability, other than agency-contracted managed care	
Access E-learning tools	See the agency's Training
More information	See the agency's Applied Behavior Analysis therapy benefit

Definitions

This list defines terms and abbreviations, including acronyms, used in this provider guide. See the agency's [Washington Apple Health Glossary](#) for a more complete list of definitions.

Autism diagnostic tool - A tool used to establish the presence (or absence) of autism and to make a definitive diagnosis, which will be the basis for treatment decisions and the development of a treatment plan.

Examples of autism diagnostic tools include:

- Autism diagnosis interview (ADI).
- Autism diagnostic observation schedule (ADOS).

Autism screening tool - A tool used by a primary care provider to detect indicators or risk factors for autism and may indicate a suspicion of the condition, which would then require confirmation, which would then require a referral to a center of excellence for confirmation.

Examples of screening tools include:

- Ages and stages questionnaire (ASQ).
- Communication and symbolic behavior scales (CSBS).
- Parent's evaluation and developmental status (PEDS).
- Modified checklist for autism in toddlers (MCHAT).
- Screening tools for autism in toddlers and young children (STAT).

Diagnostic and Statistical Manual of Mental Disorders (DSM-5) - The manual published under this title by the American Psychiatric Association that provides a common language and standard criteria for the classification of mental disorders.

Division of Behavioral Health and Recovery (DBHR) – The division within the Washington State Department of Social and Health Services that assesses and treats clients with co-occurring mental health and substance use disorders.

Managed care organization (MCO) – See WAC [182-538-050](#).

National Provider Identifier (NPI) – See WAC [182-500-0075](#).

Regional support network (RSN) – See WAC [182-500-0095](#).

Program Overview

Who should read this guide?

This guide contains instructions for centers of excellence (COEs) who conduct the clinical diagnostic evaluation and applied behavior analysis (ABA) service for providers. This guide may also be helpful to primary care providers who want to assist children and their families in accessing ABA services and navigating the pathway to care.

What is ABA?

ABA is an empirically validated approach to improve behavior and skills related to core impairments associated with autism and a number of other developmental disabilities. ABA involves the systematic application of scientifically validated principles of human behavior to change inappropriate behaviors. ABA uses scientific methods to reliably demonstrate that behavioral improvements are caused by the prescribed interventions. ABA is presently considered the gold standard of autism interventions.

ABA's focus on social significance promotes a family-centered and whole-life approach to intervention. Common methods used include: assessment of behavior, caregiver interviews, direct observation, and collection of data on targeted behaviors.

A single-case design is used to demonstrate the relationship between the environment and behavior as a means to implement client-specific ABA therapy treatment plans with specific goals and promote lasting change. ABA also includes the implementation of a functional behavior assessment to identify environmental variables that maintain challenging behaviors and allow for more effective interventions to be developed that reduce challenging behaviors and teach appropriate replacement behaviors.

What is the purpose of the ABA program?

WAC [182-531A-0100](#)

ABA helps children age 20 and younger, and their families improve the core symptoms associated with autism spectrum disorders or other developmental disabilities. ABA services support learning and assist with the development of social, behavioral, adaptive, motor, vocational, and cognitive skills.

Client Eligibility

WAC [182-531A-0400](#)

Who is eligible?

To be eligible for ABA services, a client must meet both of the following:

- Be age 20 or younger
- Be covered under Washington Apple Health

AND one of the following:

- Have a diagnosis of an autism spectrum disorder, as defined by the most current version of the *Diagnostic and Statistical Manual (DSM-5)*
- Have a developmental disability for which there is evidence ABA therapy is effective

Are agency-contracted managed care enrollees eligible?

Yes. Agency-contracted managed care organization (MCO) enrollees are eligible for ABA therapy services. ABA therapy services are managed and provided through a client's managed care plan.

When verifying eligibility for ABA therapy services using ProviderOne, if the client is enrolled in an agency-contracted MCO, managed care enrollment will be displayed on the client benefit inquiry screen.

Clients who are receiving mental health services through a regional support network (RSN) are also eligible for ABA services.

How can I verify a client's eligibility?

Providers must verify that a client has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the client's eligibility for Washington Apple Health. For detailed instructions on verifying a client's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current [ProviderOne Billing and Resource Guide](#).

If the client is eligible for Washington Apple Health, proceed to **Step 2**. If the client is **not** eligible, see the note box below.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's [Health Care Coverage—Program Benefit Packages and Scope of Service Categories](#) web page.

Note: Clients who wish to apply for Washington Apple Health may do so in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Provider Eligibility

WAC [182-531A-0900](#)

Two types of providers deliver services under this program:

- Centers of Excellence (COE)
- ABA therapy providers

What is a center of excellence (COE)?

A COE is a hospital, medical center, or other health care provider that meets or exceeds standards set by the agency for specific treatments or specialty care. In this program, a COE performs the clinical diagnostic evaluation to determine whether ABA services are appropriate for an individual child. The COE also provides the required diagnostic documentation to the agency.

What are the qualifications for a COE?

- A COE may be an individual or an organization.
- The COE must be enrolled with the agency or the client's MCO, unless the client has third-party insurance.
- The COE's evaluating and prescribing providers must function as a multidisciplinary team whether facility-based or practitioner-based.

The COE must either be or employ a person licensed by the Department of Health as one of the following:

A		B
A psychologist or A physician who specializes in one of the following: <ul style="list-style-type: none">• neurology• pediatric neurology• developmental pediatrics• pediatric psychiatry• psychiatry	or	An ARNP or a PA who has been trained by and works under the tutelage of a qualified psychologist or physician from column A.

All providers listed in columns A and B above must:

- Have sufficient expertise to diagnose an autism spectrum disorder using a validated diagnostic tool or confirm the diagnosis by observing the client's behavior, interviewing family members, or reviewing the documentation available from the client's primary care provider, the child's individualized education plan (IEP), or individualized family service plan (IFSP).
- Be sufficiently qualified to conduct and document a comprehensive diagnostic evaluation, and to develop a multidisciplinary clinical treatment plan as described in WAC [182-531A-0500](#) (2).
- Have sufficient experience in or knowledge of the medically necessary use of ABA.

Will the agency accept an evaluation that was not completed by a COE?

In limited circumstances the agency will, at its discretion, accept an evaluation from a qualified medical provider who is not a recognized COE. For the agency to consider accepting an evaluation from such a provider, the provider must have performed a clinical diagnostic evaluation and agree to provide the [required documentation](#) to the agency.

Example: The agency will consider accepting a recent autism evaluation from a pediatric psychiatrist who evaluated a Medicaid-covered child if the child's primary insurance paid for the autism evaluation but will not pay for ABA therapy services.

What is the application process for becoming a COE?

To apply to become a COE, contact the ABA program manager at ABA@hca.wa.gov.

Who can apply to provide ABA therapy services?

Two types of providers may apply to provide ABA therapy services: Lead behavior analysis therapists (LBATs) and therapy assistants (TAs).

There are two models for enrolling with the agency to provide ABA services for Medicaid-eligible clients – Independent Practitioners and Agencies. Washington Apple Health pays for ABA services only when the billing and servicing providers are licensed or certified as follows:

	Independent Practitioner	Agency
Billing	Have a signed Core Provider Agreement with the Health Care Authority	Division of Behavioral Health and Recovery (DBHR)-licensed as a community mental health agency and certified by DBHR to provide ABA therapy services, under WAC 388-877A-0370 or Department of Health (DOH)-licensed under WAC 246-810-015, 016, 017 and 018 and certified by DOH to provide ABA therapy services
Servicing	DOH-licensed or DOH-certified	DOH-licensed or DOH-certified

For enrollment information, tools, and a list of required qualifications, see [Enrolling ABA Providers](#).

Note: In order to be considered an “agency” for purposes of employing agency-affiliated counselors under the agency’s benefit structure, an organization must be operated, licensed, or certified to provide counseling services by the state of Washington, a Washington county, or a federally recognized Indian tribe within Washington. More information can be found in WAC [246-810-015, 016, 017 and 018](#), or under RCW chapters [71.05](#) or [71.24](#).

Enrolling with the agency as a lead behavior analysis therapist (LBAT)

WAC [182-531A-0800](#)

To enroll with the agency as an LBAT, an applicant must be free of license restrictions, in good standing with DOH, and:

A		B		C
<p>Be able to practice independently</p> <p style="text-align: center;">and</p> <p>Be a DOH-licensed:</p> <ul style="list-style-type: none"> • Physician • Psychologist • Mental Health Practitioner <p style="text-align: center;">or</p> <p>A DOH-credentialed:</p> <ul style="list-style-type: none"> • Certified counselor • Certified counselor adviser 	or	<p>Be employed by, or contracted with, a DBHR-licensed community mental health agency that is enrolled as a participating provider and certified to provide ABA services</p> <p style="text-align: center;">and</p> <p>Be credentialed as a DOH-certified agency-affiliated counselor</p>	or	<p>Be employed by, or contracted with, an agency that is a DOH-licensed hospital, residential treatment facility, or in-home services agency with a home health service category, that is enrolled as a participating provider and certified to provide ABA services</p> <p style="text-align: center;">and</p> <p>Be a DOH-licensed:</p> <ul style="list-style-type: none"> • Physician • Psychologist • Mental Health Practitioner <p style="text-align: center;">or</p> <p>A DOH-credentialed:</p> <ul style="list-style-type: none"> • Certified counselor • Counselor adviser • Certified agency-affiliated counselor

Additional requirements for LBAT enrollment

All LBATs listed in the chart above must meet both of the following:

- Have a signed Core Provider Agreement with the agency
- Be authorized to supervise ancillary providers

AND one of the following:

- Be a board-certified behavior analyst (BCBA) with proof of board certification through the Behavior Analysis Certification Board (BACB)
- Have proof that the candidate is qualified to sit for a board certification exam under [BACB standards](#)

Board certified assistant behavior analysts (BCaBA)

[WAC 182-531A-0800](#)

A BCaBA may also serve as an LBAT as long as all of the following are met:

- The person is recognized as a BCaBA under [BACB standards](#).
- The [role and responsibilities](#) are consistent with those defined by the BACB.
- The person is supervised by a BCBA as defined by the BACB.

Enrolling with the agency as a therapy assistant (TA)

WAC [182-531A-0800](#)

To enroll with the agency as TA, an applicant must be free of license restrictions, in good standing with DOH, and:

A		B		C
<p>Be able to practice independently</p> <p style="text-align: center;">and</p> <p>Be a DOH-licensed:</p> <ul style="list-style-type: none"> • Mental Health Practitioner <p style="text-align: center;">or</p> <p>A DOH-credentialed:</p> <ul style="list-style-type: none"> • Certified counselor • Certified counselor adviser 	or	<p>Be employed by, or contracted with, a DBHR-licensed community mental health agency that is enrolled as a participating provider and certified to provide ABA services</p> <p style="text-align: center;">and</p> <p>Be credentialed as a DOH-certified agency-affiliated counselor</p>	or	<p>Be employed by, or contracted with, an agency that is a DOH-licensed hospital, residential treatment facility, or in-home services agency with a home health service category, that is enrolled as a participating provider and certified to provide ABA services</p> <p style="text-align: center;">and</p> <p>Be a DOH-licensed:</p> <ul style="list-style-type: none"> • Mental Health Practitioner <p style="text-align: center;">or</p> <p>A DOH-credentialed:</p> <ul style="list-style-type: none"> • Certified counselor • Certified counselor adviser • Certified agency-affiliated counselor

Additional requirements for TA enrollment

All TAs listed in the chart above must:

- Have a signed Core Provider Agreement with the agency.
- Have sixty hours of ABA training that includes applicable ABA principles and techniques, services, and caring for a child with core symptoms of autism.

Before providing unsupervised services to covered clients, the TA or TA's employer must submit to the Health Care Authority a written letter of attestation signed by the supervising BCBA that the TA has demonstrated competency in implementing ABA therapy treatment plans and delivering ABA services.

Enrolling as a day program provider

WAC [182-531A-0600\(3\)\(a\)](#)

Providers rendering direct ABA services must meet the qualifications and applicable licensure or certification requirements as described in the chart above. Other health care professionals serving as members of the multidisciplinary care team in the day program setting must be licensed or certified under the chapter of Title 246 WAC that applies to their profession.

For additional information on day programs, including important guidelines, see the agency's [ABA Day Program guide](#).

Becoming licensed as a facility-based day program

WAC [182-531A-0600\(3\)\(a\)](#)

Outpatient hospital facilities providing ABA therapy services must meet the applicable DOH licensure requirements.

Clinics and nonhospital-based facilities providing ABA therapy services must be licensed as a community mental health agency by the Division of Behavioral Health and Recovery (DBHR), as described in chapter [388-877A](#) WAC.

Accessing ABA Services

What is the ABA pathway to care?

The agency uses a case management approach, creating a pathway of care to deliver ABA services for eligible children. This approach has three main stages. The stages of the pathway of care are:

Stage one: Referral to and evaluation from a Center of Excellence (COE)

Stage two: Select and receive an assessment from an ABA provider

Stage three: Delivery of ABA therapy services

Stage one of the pathway to care

WAC [182-531A-0500](#)

Referral

The first stage of the ABA program starts with a referral to a Center of Excellence (COE) for an evaluation. Anyone can refer a child to a COE, including:

- The child's primary care provider
- Another licensed health care practitioner
- A school-based health care professional
- An early intervention health care professional
- The child's family
- The child's managed care plan, if the child has one

Note: Many COEs require a referral from the child's primary care provider (PCP).

Note: COE evaluations for children who are enrolled in an MCO may require prior authorization from the MCO.

What does the Center of Excellence (COE) do?

Following the referral, the COE provides a comprehensive diagnostic evaluation and develops multidisciplinary clinical treatment recommendations that may include an order for ABA. If the COE concludes ABA is appropriate treatment which will likely benefit the child, the COE will write an order for ABA therapy. The COE or the child's family sends a copy of this order and the supporting documentation to the agency and, eventually, to the selected ABA provider.

Required documentation

The agency requires that the COE provider complete and submit:

- The report of the comprehensive diagnostic evaluation, including treatment recommendations
- The COE order
- The DSM-5 checklist

The comprehensive diagnostic evaluation

WAC [182-531A-0500](#) (2) and (3)

The comprehensive diagnostic evaluation must include:

- Results of routine developmental screening performed by the child's primary care provider at well child visits, if available.
- Audiology and vision assessment results, if available, or documentation that vision and hearing were determined to be within normal limits during assessment and not a barrier to completing a valid evaluation.
- The name of the completed autism screening questionnaire, including date completed and significant results, if available.

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- Documentation of how the diagnosis was made or confirmed by a COE physician or psychologist that includes one of the following:
 - ✓ Results of formal diagnostic procedures performed by a clinician, including name of measure, dates, and results, as available
 - ✓ Clinical findings and observations used to confirm the diagnosis. The child's health care record may incorporate family member observations establishing the presence of any of the core symptoms of an autism spectrum disorder: Functional impairment; delay in communication, behavior, or social interaction; or repetitive or stereotyped behavior.
- If available, documentation of a formal cognitive or developmental assessment performed by the COE or another qualified clinician that includes the name of the measure, dates, results, and standardized scores providing verbal, nonverbal, and full-scale scores. This may include school or early childhood education records. Examples of these assessment tools include the current version of the:
 - ✓ Mullen Scales of Early Learning
 - ✓ Wechsler Individual Achievement Test
 - ✓ Bayley Scales of Infant and Toddler Development
- If available, documentation of a formal adaptive behavior assessment performed by the COE or another qualified clinician, including name of the measure, dates, results, and standardized scores providing scores of each domain. Examples of these assessment tools include the current version of the:
 - ✓ Vineland Adaptive Behavior Scales
 - ✓ Adaptive Behavior Assessment System (ABAS)
- Expanded laboratory evaluation, if indicated
- Documentation that the client's behaviors or skill deficits are having an adverse impact on development or communication, or demonstrating injurious behavior, so that one of the following applies:
 - ✓ The client cannot adequately participate in home, school, or community activities because behavior or skill deficit interferes with these activities.
 - ✓ The client presents a safety risk to self or others. Examples include self-injury, aggression towards others, destruction of property, stereotyped or repetitive behaviors, or elopement.

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- Documentation that all of the following are met, if ABA is ordered as part of the multidisciplinary treatment recommendations:
 - ✓ Less intrusive or less intensive behavioral interventions have been tried and were not successful.
 - ✓ There is no equally effective alternative available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors.
 - ✓ The full range of autism treatments was considered, with ABA as a treatment component, if clinically indicated.
 - ✓ The evaluating and prescribing provider believes there is a reasonable calculation that the requested ABA services will result in measurable improvement in the client's behavior or skills.

Submitting required documentation

Send [required documentation](#) to the secure fax line at 360-725-1328.

If you prefer to email required documentation, send a message to ABA@hca.wa.gov. The agency will reply with a secure email to which you can respond and attach the documentation.

Stage two of the pathway to care

WAC [182-531A-0700](#)

Selecting an ABA provider

In Stage Two of the ABA pathway to care, the agency authorizes the child's parent or guardian to select an ABA provider. The agency sends a letter to the child's parent or guardian informing them that they have completed stage one and approve them to contact enrolled ABA therapy providers for potential services. The letter includes a link to the agency's [ABA website](#), which hosts a list of enrolled [ABA providers](#).

The parent or guardian should contact as many of these providers as possible because many providers have waitlists. The agency does not choose the child's ABA provider.

Note: For a list of resources that may assist families with a child on a waitlist, see the agency's [ABA therapy benefit](#).

The ABA Assessment

After a parent or guardian and an ABA provider agree to work together, the ABA provider completes the following:

- A functional assessment
- A skill assessment using a standardized tool, if indicated
- A functional behavioral analysis, if indicated
- An ABA therapy treatment plan, signed by the LBAT, including future ABA service settings

Note: Before starting the ABA therapy treatment plan, the ABA provider must obtain prior authorization (PA) from the agency. The PA request, including the assessment and ABA therapy treatment plan, must be received by the agency within 60 days of the family scheduling the functional assessment. For more information, see [Authorization](#).

Stage three of the pathway to care

WAC [182-531A-0700](#)

Delivery of ABA services

In Stage Three of the ABA pathway to care, ABA services begin. Once the provider receives prior authorization from the agency, the ABA therapy treatment plan is implemented by the lead behavior analysis therapist (LBAT) or a therapy assistant (TA), or both, in conjunction with other care team members. The LBAT and the TA each have a distinct role in providing ABA services.

LBAT responsibilities

WAC [182-531A-0800](#) (2) (a) (ii)

The LBAT must do all of the following:

- Develop and maintain a comprehensive ABA therapy treatment plan that incorporates treatment being provided by other health care professionals, and states how treatment will be coordinated. The LBAT must sign the treatment plan.
- Share the treatment plan with the client's family and obtain their signed approval.
- Communicate and collaborate with other care team members to assure consistency in approaches to achieve treatment goals.
- Supervise a minimum of five percent of the total direct care per week provided by the TA (e.g., one hour of supervision per twenty hours of care).

Note: If indicated, the LBAT may also complete all of the responsibilities of the TA. See [TA responsibilities](#).

TA responsibilities

WAC [182-531A-0800](#) (2) (b) (ii)

If a TA is involved in delivering ABA therapy services, the TA must do all of the following:

- Be supervised by an LBAT
- Deliver services according to the ABA therapy treatment plan, whether in an individual or group setting
- Directly train family members to support generalization and maintenance of achieved behaviors
- Ensure family involvement through modeling and coaching
- Review the client's progress with the LBAT at least every two weeks to confirm that the ABA therapy treatment plan still meets the child's needs. If changes are clinically indicated, they must be made by the LBAT
- Consult with the LBAT when considering modification to technique, when barriers and challenges occur that prohibit implementation of plan, and as otherwise clinically indicated
- Keep documentation of each visit with the client and family to include targeted behavior, interventions, response, modifications in techniques, and a plan for the next visit, along with behavior tracking sheets that record and graph data collected for each visit
- Maintain signed and dated documentation of family's confirmation that a visit occurred

ABA delivery methods

Although ABA is principally provided one-to-one, the provider may choose to provide treatment in a group setting to accomplish specific goals for each child. ABA services can also be delivered in a variety of settings, depending on the program, the provider, and the child's needs. ABA therapy may be home-based, center-based, or can occur in a community setting, such as a school, a daycare, or a playground. A provider may even choose to deliver therapy in a combination of these settings to accomplish the treatment goals. Services may also be delivered in an authorized day program.

Community-based program services

Community-based program services are provided in homes, offices, clinics, and natural settings such as schools or other safe public places where children naturally spend time. Examples of community settings are:

- Parks
- Restaurants
- Child care centers
- Early childhood education venues
- Schools

Home and community services:

- May be used after discharge from a day services program.
- Provide a developmentally appropriate ABA therapy treatment plan for each child.
- Require recertification of medical necessity through continued authorization.
- Include family or guardian education, support, and training.
- Includes interventions designed to promote the child's generalization and maintenance of new skills and behaviors in a variety of settings through training of the circle of support (e.g. teachers, daycare attendants, other service providers, neighbors, friends).

Note: Provision of services in community settings (e.g. a school or restaurant) must be included in the ABA therapy treatment plan.

Day services program

The day services program is an agency-approved, outpatient facility or clinic-based program that:

- Provides multidisciplinary services in a short-term day treatment program setting.
- Delivers comprehensive intensive services.
- Embeds early, intensive behavioral interventions in a developmentally appropriate context.
- Provides an individualized, developmentally appropriate ABA therapy treatment plan for each child.
- Includes family support and training.
- Includes a multidisciplinary team with a lead behavior analysis therapist, therapy assistant, speech therapist, and if clinically indicated, an occupational therapist, physical therapist, psychologist, medical clinician, and dietician.
- Includes discharge planning that begins at the start of the program to assure optimal transition to a community-based program as required to accomplish the child's goals.

Client files and records

In addition to the documentation required under WAC [182-502-0020](#), the ABA therapy services provider must keep the following records for each client:

- The prescription for ABA Services
- Any COE evaluations
- ABA assessments, functional behavior assessments or analysis, and treatment plans
- Family member observation
- All collected client data and graphs
- Supervision notes
- Service log documenting that services were provided, dates and times of service, type of service, services rendered, and location of where the services were rendered
- Notes supporting parenting training, including but not limited to, sign-in sheets if service was provided in a group setting and description of content
- Notes supporting child's participation in group activities and interventions consistent with the treatment plan
- Documentation of coordination of services with other health care providers rendering services to the child or the child's family

At a minimum, the client's file must contain progress notes that summarize the daily clinical notes. Ideally, the client's file will also include daily clinical notes reporting services rendered, including but not limited to, dates and times of service, type of service, services rendered, and location of where the services were rendered.

Telemedicine

What is telemedicine?

Telemedicine is when a health care practitioner uses HIPAA-compliant interactive real-time audio and video telecommunications (including web-based applications) to deliver covered services within his or her scope of practice to a client at a site other than the site where the provider is located.

Using telemedicine enables the health care practitioner and the client to interact in real-time communication as if they were having a face-to-face session. Telemedicine allows clients, particularly those in medically underserved areas of the state, improved access to essential health care services that may not otherwise be available without traveling long distances.

Originating site

As it applies to ABA, the originating site is the location of the TA with the client (for supervision) or the location of the parent (for parent training).

Distant site

A distant site is the physical location where the LBAT is located during the telemedicine session.

Note: If a separately identifiable service for the client is performed on the same day as the telemedicine service, documentation for both services must be clearly and separately identified in the client's medical record.

Which services may be provided via telemedicine?

WAC [182-531A-1200](#)

Telemedicine may be used to provide the following services:

- Program supervision when the child is present
- Family training, which does not require the child's presence

The LBAT may use telemedicine to supervise the TA's delivery of ABA services to the client, the family, or both. LBATs who use telemedicine are responsible for determining if telemedicine can be performed without compromising the quality of the parent training, or the outcome of the ABA therapy treatment plan.

Note: While supervision is not a billable service, when telemedicine is used for supervision, providers may bill HCPCs code Q3014 with the TA's direct service encounter. Providers must have a supervision note written by the supervising BCBA in the client's file.

What services are not paid for under telemedicine?

The following services are **not** paid for as telemedicine:

- Email, telephone, and facsimile transmissions
- Installation or maintenance of any telecommunication devices or systems
- Purchase, rental, or repair of telemedicine equipment
- Home health monitoring

Note: For information on how to bill for telemedicine, see the [ABA Treatment fee schedule](#).

Authorization

WAC [182-531A-1100](#)

What is prior authorization?

Prior authorization (PA) is the agency's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement.

The [ProviderOne Billing and Resource Guide](#) explains how to check the status of a PA request in ProviderOne. Other resources for PA are available as a [training webinar](#).

When is PA required?

Prior authorization is required when:

- The client is a Washington Apple Health client (either fee-for-service or managed care).
- The client has a private insurance policy that provides a benefit for ABA services, and that benefit has been exhausted.
- The client has private insurance that does not provide a benefit for ABA services.
- The private insurance policy covers only a portion of the ABA therapy services, e.g., BCBA only.
- The client has Medicare.

Note: If the client has a private insurance policy that provides a benefit for ABA services and the benefit has not been exhausted, PA is not required. If Washington Apple Health becomes the primary payer (for example, if the private policy's maximum benefit is reached or the parent loses private insurance), the child must go through the agency's case management process, and prior authorization must be obtained for ABA therapy. Parents with private insurance should consider choosing an ABA provider that is enrolled with both the private insurer and Washington Apple Health.

What forms and documents are required for PA?

The ABA provider request for PA must include all of the following forms and documents:

- A *General Information for Authorization* form [HCA 13-835](#) that is:
 - Typed
 - The coversheet for the PA request

- An *ABA Level of Support Requirement* form [HCA 12-411](#)

- An **assessment summary, prepared by the board certified behavior analyst (BCBA), which must include:**
 - The BCBA's assessment
 - The BCBA's treatment plan, which must include:
 - ✓ The place of service where ABA will be delivered
 - ✓ Anticipated hours of service
 - ✓ Training and specific, measurable goals for the family, the caregiver, or both
 - ✓ The BCBA's signature
 - ✓ Signature line for the parent's signature
 - The BCBA's functional analysis, if one was completed.

- A **copy of a signed prescription for ABA therapy services, if available**

Does PA for ABA services expire?

WAC [182-531A-1100](#)

Yes. The agency grants authorization in three to six-month increments, or longer at the agency's discretion. Three weeks before the expiration date of the current authorization, the LBAT must recertify authorization to continue services.

For information on how to request continuation of ABA services, see [What are the requirements for recertification of ABA services?](#)

What if additional units of service are needed to continue providing ABA services?

WAC [182-531A-1100](#)

If during a particular PA period, the child's condition changes and additional units of service are needed to continue providing ABA services, the LBAT must request PA for additional units.

To request authorization for additional units, follow these steps:

1. Open the agency's document submission cover sheet [PA Pend Form](#).
2. Enter the 9-digit authorization reference number from the agency's authorization letter; hit return to generate a barcode.
3. Click "Print Cover Sheet"
4. Fax the *PA Pend Form* and supporting documents to 1-866-668-1214. Use the *PA Pend Form* with its unique bar code as the first page of your fax.

Note: Do not submit requests for authorization of additional units as a new request.

What are the requirements for recertification of ABA services?

WAC [182-531A-1100](#)

Continued ABA services require the agency's PA. The following are requirements for recertification of ABA services:

- The LBAT must request authorization to continue services at least three weeks before the current authorization expires.
- The LBAT must submit a reevaluation and revised ABA treatment plan that documents the client's progress, showing measurable changes in the frequency, intensity, and duration of the targeted behavior or symptoms addressed in the previously authorized ABA treatment plan. Documentation must include all of the following:
 - ✓ Projection of eventual outcome
 - ✓ Assessment instruments
 - ✓ Developmental markers of readiness
 - ✓ Evidence of coordination with providers

Additional requirements for recertification of ABA services

When deciding whether to authorize continued ABA services, the agency may request a review and recommendation by the evaluating and prescribing COE provider.

In these cases, the COE provider must review the ABA treatment data, conduct a face-to-face visit, facilitate a multidisciplinary record review of the client's progress, hold a parent conference, or request a second opinion before recommending continued ABA services. Providers must continue services pending recertification.

Why might the agency deny recertification of ABA services?

WAC [182-531A-1100](#) (5)

The basis for denial of services includes but is not limited to the following:

- Lack of medical necessity. For example:
 - ✓ The child fails to respond to ABA services, even after encountering different ABA techniques and approaches, if applicable.
 - ✓ There are no meaningful, measurable, functional improvement changes, or progress has plateaued, without documentation of significant interfering events (e.g., serious physical illness, major family disruption, change of residence), if applicable. For changes to be meaningful they must be all of the following:
 - Confirmed through data
 - Documented in charts and graphs
 - Durable over time beyond the end of the actual treatment session.
 - Generalizable outside of the treatment setting to the client's residence and the larger community within which the client resides
- Noncompliance (e.g., failure to keep appointments, parent fails to attend all treatment sessions, parent fails to attend scheduled parent training sessions), if applicable

What is a limitation extension (LE)?

WAC [182-501-0169](#)

LE is the agency's authorization for a provider to furnish more units of service than are allowed in Washington Administrative Code (WAC) and this guide. The provider must provide justification that the additional units of service are medically necessary.

Examples of additional services for which a provider might request an LE include:

Behavior identification assessment, treatment plan development (0359T)
Exposure behavioral follow-up assessment (0362T/0363T)

Note: LEs do not override the client's eligibility or program limitations.

How do I obtain an LE?

For all LE requests, the following documentation is required:

- A *General Information for Authorization* form [HCA 13-835](#) that includes:
 - Additional units of service needed
 - Supporting justification of medical necessity
- Description of services provided and outcomes obtained in treatment to date
- Expected outcome of extended services

Coverage

WAC [182-531A-0900](#)

What is covered?

The agency covers the following services only in the settings indicated for eligible clients.

ABA treatment – home and community-based setting

Code	Short Description	PA	Comments
Functional Assessment and Analysis / Treatment Plan Development			
0359T	Behavior identification assessment		Limit 3 per year, per provider. BCBA only. Includes 0360T and 0361T
0362T	Exposure behavioral assessment		First 30 min; limit 3 per year, per provider. BCBA only.
0363T	Exposure behavioral assessment - additional		Limit 1 additional segment per assessment; limited to 3 per year, per provider. BCBA only.
Program Modification			
0368T	Adaptive behavior treatment with modification		First 30 min; BCBA/BCaBA only
0369T	Behavior treatment with modification – additional		Per 30 min; BCBA/BCaBA only
Team Conference			
99366	Team conference with client		30 min or more
99368	Team conference without client		30 min or more
Telemedicine			
Q3014	Telehealth originating site facility fee		Per completed transmission
Parent or Group Training			
0370T	Family adaptive behavior treatment with modification		Per visit, 60-75 min sessions. BCBA/BCaBA, per day
0371T	Multi-family group adaptive behavior guidance		Per visit, 90-105 min sessions. BCBA/BCaBA, per day
ABA Treatment in Home and Community-Based Settings			
0364T	Adaptive behavior treatment	PA	First 30 min
0365T	Adaptive behavior - additional	PA	Per 30 min
0366T	Group adaptive behavior treatment	PA	First 30 min
0367T	Group behavior treatment - additional	PA	Per 30 min
ABA Treatment – Day Program, Agency-Approved Clinic Setting*			
H2020	Therapy behavior services, per diem	PA	Per diem

Applied Behavior Analysis Program for Clients Age 20 and Younger

ABA Treatment – Day Program, Agency-Approved Outpatient Hospital Setting*			
H2020 / 0509	Therapy behavior services, per diem	PA	Per diem

ABA treatment – group setting

Code	Modifier	Short Description	PA	Comments
Parent Training in a Group Setting*				
0371T	UN	Parent training – 2 families		Per visit
	UP	Parent training – 3 families		Per visit
	UQ	Parent training – 4 families		Per visit
	UR	Parent training – 5 families		Per visit
	US	Parent training – 6+ families		Per visit
ABA Group Treatment in Home and Community-Based Settings*				
0366T/0367T	UN	Skills train and devel – 2 clients	PA	Per 30 min
	UP	Skills train and devel – 3 clients	PA	Per 30 min
	UQ	Skills train and devel – 4 clients	PA	Per 30 min
	UR	Skills train and devel – 5 clients	PA	Per 30 min
	US	Skills train and devel – 6+ clients	PA	Per 30 min

*Group fees are included to illustrate the use of modifiers. Providers must bill per client.

What modifiers do providers bill with?

When services are provided in a group setting, providers must add the following modifiers to codes 0366T/0367T and 0370T/0371T:

- UN: Two clients or families
- UP: Three clients or families
- UQ: Four clients or families
- UR: Five clients or families
- US: Six or more clients or families

What about services covered under other agency programs?

The agency covers many other services that may be provided in conjunction with ABA services. Examples of these programs include:

- Mental Health Services
- Dental Services
- Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- School-Based Health Care Services for Children in Special Education
- Neurodevelopmental Centers
- Nondurable Medical Supplies & Equipment (MSE)
- Outpatient Rehabilitation
- Prosthetic & Orthotic Devices
- Wheelchairs, Durable Medical Equipment (DME), and Supplies

Note: The agency does not authorize ABA services if the services are duplicative of services being rendered in another setting, or paid for by another state agency. See WAC 182-531A-0900(3).

Which services are not covered?

WAC [182-531A-1000](#)

The agency does not cover the following services (this list is not exhaustive):

- Autism camps
- Dolphin therapy
- Equine or Hippo therapy
- Primarily educational services
- Recreational therapy
- Respite care
- Safety monitoring services
- School-based services
- Social skills training
- Vocational rehabilitation
- Life coaching
- Treatment that is unproven or investigational, (e.g., holding therapy, Higashi, auditory integration therapy, etc.)

Billing and Claim Form

What are the general billing requirements?

Providers must follow the billing requirements listed in the agency's [ProviderOne Billing and Resource Guide](#). The guide explains how to complete the CMS-1500 Claim Form.

- Providers must provide the authorization number on both the UB-04 and the CMS-1500 claim form.
- The dates of service, procedure codes, modifiers, and units of service must match those authorized on the authorization record to be paid.
- The taxonomy used on the claim submitted to the agency must be loaded on the ProviderOne provider's file.

What procedure codes do I use to bill for home and community-based services?

Refer to the agency's online [Fee Schedule](#) for the procedure codes and modifiers assigned to this program.

What codes do day programs use to bill the agency?

Day programs operating in a clinic setting use the CMS-1500 claim form using HCPCS code H2020.

Day programs that bill as an outpatient hospital are able to use the UB-04 form. When preparing the UB-04, the revenue code assigned to this program is 0509 and the procedure code assigned to this program is H2020. Refer to the agency's online [Fee Schedule](#).

Detailed instructions on how to complete and bill according to the official UB-04 Data Specifications Manual is available from the National Uniform Billing Committee.

Hospital Outpatient providers may access instructions on completing and submitting claims using the [ProviderOne Billing and Resource Guide](#).

How do I complete the CMS-1500 claim form?

The agency's online Webinars are available to providers with instructions on how to bill professional claims and crossover claims electronically:

- [DDE Professional claim](#)
- [DDE Professional with Primary Insurance](#)
- [DDE Medicare Crossover Claim](#)

Also, see Appendix I of the agency's [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 claim form.

Rendering and individual provider taxonomy numbers

The only applicable taxonomy number for ABA therapy services is 103K00000X. All rendering and individual providers must use this taxonomy for enrolling and billing. This taxonomy code must be entered into both the billing and the servicing taxonomy fields on the CMS-1500 claim form.

Note: The rendering provider is the servicing or performing provider.