



PROVIDER ALERT

Comprehensive Diagnostic Evaluation (CDE) Guidelines to Access the Applied Behavior Analysis (ABA) Benefit

May 5, 2017

Clinical information that outlines medical necessity is required to support the need for initial and continuing ABA service preauthorizations, including:

- Confirmation of an Autism Spectrum Disorder (ASD) diagnosis documented by ONE of the following:
 - o CDE completed within the last 3 years confirming an ASD diagnosis and a recommendation outlining the need for ABA services written within the last 6 months by one of the following qualified health care professionals (QHCP):
 - Pediatricians
 - Developmental Pediatricians
 - Pediatric Neurologists
 - Child Psychiatrists
 - Clinical Psychologists
 - Nurse Practitioners
 - Neuropsychologists

OR



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- CDE completed by an above listed QHCP more than 3 years ago accompanied by a current Beacon Health Options form: Clinical Review for ASD and ABA

OR

- Diagnostic report completed by a non-QHCP (i.e., school psychologist or speech language pathologist) within the last 3 years accompanied by the Beacon Health Options form: Physician Confirmation of ASD Diagnosis

A CDE requires the following elements:

- A parent/caregiver interview
- Direct observations of the participant outlining behaviors consistent with ASD per DSM-V criteria
- A description of developmental and psychosocial history of the participant
- Documentation of current functioning across major domains of development
- A statement identifying presenting diagnosis



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Recommended element of a CDE: Testing instruments and/or standardized assessment tools to arrive at a fully informed diagnosis

Please use the following charts which outline what documents are required to submit for an ABA assessment request as well as a concurrent ABA service request.

Parent/Caregiver: Requesting Access to ABA Services ABA Provider: Initiating ABA Assessment Request		
Length of time since most current CDE completed	Submission requirements to Beacon Health Options	
	Most current Comprehensive Diagnostic Evaluation (CDE)	ASD Diagnostic Confirmation and ABA Recommendation Checklist
0-3 years	✓ Submit	Not Applicable
3.1 + years	✓ Submit	✓ Submit

Length of time since ABA recommendation by QHCP	Submission requirements to Beacon Health Options
0-6 months	✓ Submit ABA recommendation
7 + months	An updated ABA recommendation by a QHCP is required

ABA Provider: Concurrent ABA Service Requests		
Length of time since most current CDE or ASD Diagnostic Confirmation completed	Submission requirements to Beacon Health Options	
	Comprehensive Diagnostic Evaluation (CDE)	ASD Diagnostic Confirmation and ABA Recommendation Checklist
0-3 years	Not Required	Not Required
3.1+ years	Not Applicable (CDE on file is <u>out of date</u>)	✓ Submit



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Attached to this Provider Alert, you will find the documents necessary for submission to Beacon Health Options for diagnosis confirmation. These documents make up the minimum requirements to be included with any initial authorization request for an ABA assessment. The Parent/Caregiver Checklist is provided as a resource for families to use when collecting the necessary documents.

Providers are responsible for collecting and submitting the necessary documents along with the request for an ABA assessment and/or continued ABA services. However, all documentation regarding diagnosis confirmation will remain subject to clinical review by Beacon Health Options for determination of eligibility.

ACCESSING APPLIED BEHAVIOR ANALYSIS (ABA) BENEFIT:

PARENT/CAREGIVER DOCUMENT CHECKLIST

Following are the qualified health care professionals (QHCP) that are approved under the Maryland Medicaid ABA benefit to complete a Comprehensive Diagnostic Evaluation (CDE) if they have the requisite training and experience to diagnose Autism Spectrum Disorder (ASD).

- Developmental Pediatricians
- Pediatric Neurologists
- Child Psychiatrists
- Clinical Psychologists
- Nurse Practitioners
- Neuropsychologists
- Pediatricians

Outlined below are the requirements to access the ABA benefit:

- ┌ **ONE** of the following:
 - Comprehensive diagnostic evaluation completed by a (QHCP) dated within past 3 years;
OR
 - Diagnostic evaluation comprised of 1) diagnostic report completed by a non-QHCP (e.g. school psychologist, speech language pathologist) accompanied by 2) Physician Confirmation of Autism Spectrum Disorder Diagnosis form both dated with in the past 3 years;

OR
 - Comprehensive diagnostic evaluation completed more than 3 years ago accompanied by a current Clinical Review for Autism Spectrum Disorder and Applied Behavior Analysis form
- ┌ ABA Recommendation completed by an above listed Qualified Health Care Professional dated within the past 6 months
- ┌ Submit documents via E-Mail or Fax:
 - E-Mail: abaservices@beaconhealthoptions.com
 - Fax: [1-877-502-1044](tel:1-877-502-1044) (Attn: ABA Services)
- ┌ If you have any questions regarding the requirements to access the ABA benefit, please contact an ABA Care Coordinator through Beacon Health Options Customer Service at 1-800-888-1965 Monday – Friday 8:00 a.m. – 6:00 p.m.

5/1/2017

Clinical Review for Autism Spectrum Disorder and Applied Behavior Analysis

Please complete the following checklist to confirm whether your patient continues to meet criteria for an Autism Spectrum Disorder and requires ABA services. *This checklist should be used when it has been 3 years or more since the date that the patient's most recent Comprehensive Diagnostic Evaluation was performed.*

Name of Medicaid Participant _____

Date of Birth _____

Please complete the following:	Check one:		
	YES	NO	N/A
I am a developmental pediatrician, pediatrician, pediatric neurologist, child psychiatrist, clinical psychologist, neuropsychologist, or a nurse practitioner with training and experience to diagnose Autism Spectrum Disorders (ASD).			
I have completed a face-to-face evaluation with this patient and his/her parent or caregiver within the past 6 months. Date of evaluation _____ <i>*Please attach a copy of the most recent evaluation and any other relevant records.</i>			
Based on my history, direct observation of the patient, and review of any relevant records, he/she continues to meet criteria for a diagnosis of Autism Spectrum Disorder (ASD).			
If this patient has been receiving Applied Behavior Analysis (ABA) services, I have reviewed his/her progress and response to intervention.			
This patient has social communication deficits and/or maladaptive behaviors directly attributable to ASD for which ABA is a medically necessary intervention. Please list: _____ _____ _____			
I recommend that this patient receive ABA services.			

Please provide any additional information that you deem relevant to this patient's diagnosis and need for ABA services: _____

I attest that I am the qualified health care professional providing care for this Medicaid participant and that the medical necessity information contained in this document is true, accurate and complete, and to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Name _____ Signature _____ Date _____

COMPREHENSIVE DIAGNOSTIC EVALUATION:

COMPLETED BY NON-QUALIFIED HEALTH CARE PROFESSIONAL REQUIRING PHYSICIAN CONSULTATION

Children diagnosed with ASD through a diagnostic evaluation performed by a non-qualified health care professional (e.g., school psychologist, certified school psychologist, speech language pathologist) will require a physician to confirm the diagnosis by completing the *Physician Confirmation of Autism Spectrum Disorder Diagnosis* in addition to submitting the diagnostic evaluation completed by the non-qualified health care professional.

Physician Confirmation of Autism Spectrum Disorder Diagnosis

Please complete the following steps to confirm a diagnosis of Autism Spectrum Disorder for your patient upon reviewing a diagnostic evaluation completed by a non-qualified health care professional (e.g., school psychologist).

Step 1: The following are the diagnostic criteria for Autism Spectrum Disorder. Please check the boxes to confirm whether your patient meets the following criteria:

Yes	No	Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (must have all 3):
		1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
		2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
		3. Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
Yes	No	Restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following, currently or by history (must have at least 2):
		1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
		2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
		3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
		4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
Yes	No	
		These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and Autism Spectrum Disorder frequently co-occur; to make comorbid diagnoses of Autism Spectrum Disorder and intellectual disability, social communication should be below that expected for general developmental level.
		Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
Yes	No	
		This patient meets criteria for a diagnosis of Autism Spectrum Disorder.

Step 2: Please attach a signed written statement on office letterhead that includes the following:

- Examples specific to your patient that support each of your responses above. Supporting evidence may come from history (parent/caregiver interview) and direct observation as well as diagnostic evaluations completed by non-qualified health care professionals. Please attach any records that support your responses.
- If applicable, a written recommendation for Applied Behavioral Analysis (ABA) services.