

Aetna Better Health® of Louisiana

Healthcare Professional Guidelines for Comprehensive Diagnostic Evaluations for ABA Services

Aetna Better Health of Louisiana (ABHLA) provides Applied Behavior Analysis (ABA) services for Medicaid members after they obtain a Comprehensive Diagnostic Evaluation recommending such services. ABHLA will pay for ABA, even for members that get their physical health services through the legacy Medicaid program.

This document serves as a reference guide for healthcare professionals who perform Comprehensive Diagnostic Evaluations (CDEs) for Medicaid members enrolled in ABHLA.

Who is eligible for Medicaid-covered ABA services?

The Louisiana Medicaid program covers ABA services for Medicaid members who:

1. Are under 21 years old.
2. Exhibit excesses and/or deficits of behaviors that significantly interfere with home or community activities. Examples include but are not limited to: aggression, self-injury, elopement, impaired development in the areas of communication and/or social interaction, etc.
3. Have a diagnosis after a comprehensive diagnostic evaluation (CDE) by a qualified health care professional for autism spectrum disorder or any other condition for which ABA services are recognized as therapeutically necessary.

PLEASE NOTE: Unlike many private health plans, the Louisiana Medicaid program does NOT require that the eligible member be diagnosed with autism or ASD to receive Medicaid-covered ABA services.

Comprehensive Diagnostic Evaluations (CDEs) Requirements

1. The healthcare professional must be in-network with ABHLA to bill ABHLA for performing the CDE, or obtain a single case agreement with the MCO.
2. The healthcare professional will prescribe and/or recommend ABA services through the CDE.
3. See the end of this document for types of healthcare professionals that may perform CDEs.
4. After the healthcare professional completes the CDE, the member gives it to an ABA provider that the member selected. The ABA provider submits the CDE to Aetna to request prior authorization.

The CDE is a report from a healthcare professional detailing, at a minimum:

1. A thorough clinical history with the member's informed parent/caregiver, inclusive of developmental and psychological history.
2. Direct observation (including virtual) of the member, including, but not limited to, assessment of current functioning in social and communicative behaviors and play or peer interactive behaviors.
3. A review of available records.

4. A valid *Diagnostic and Statistical Manual of Mental Disorders 5* (DSM-5), or current edition, diagnosis of autism spectrum disorder or any other condition for which ABA services are recognized as therapeutically appropriate.
5. Justification/rationale for referral or non-referral of the member for ABA services.
6. Recommendations for any other treatment.

PLEASE NOTE: Unlike many private health plans, the Louisiana Medicaid program does **NOT** require specific assessments (such as the Autism Diagnostic Observation Schedule or the Vineland Adaptive Behavior Scales) to be conducted for an eligible member to receive Medicaid-covered ABA services.

Need for additional assessments

If the results of the initial screening by the health care professional are inconclusive, or if there is a lack of clarity about the beneficiary's primary diagnosis, comorbid conditions, or the medical necessity of ABA services or other recommended treatment, care, or services, the health care professional may need to perform:

- Autism-specific assessments
- Assessments of general psychopathology
- Cognitive/developmental assessments
- Assessments of adaptive behavior

Prior authorization for additional assessments

The type of provider who may bill under each code is listed below.

Prior approval is required for services that may be part of performing a CDE billed under the following codes: 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139.

The healthcare professional must provide explanation to ABHLA why any additional assessments billed under these latter codes are medically necessary. These should only be needed for members whose conditions are not readily apparent to a trained professional.

Billing for a multidisciplinary team

Billing codes will depend on the types of professionals on the team. The codes that each type of professional may use for the CDE and the additional assessments are listed below.

Claims

Claims are processed directly through Aetna. A brief overview of claim the claim submission process is below. A full description of the process can be found on our [website](#), and more detailed instructions can be found in the [ABHLA Provider Manual](#).

Electronic Claims

- [Availity](#) is our provider portal, which provides functionality for the management of patients, claims, authorizations and referrals. To submit claims online via Availity, choose the button labeled "Medicaid Claim Submission – Office Ally." This link will take you directly to the Office Ally website where you can submit claims using their online claim entry feature or by uploading a claim file. Providers must have an Office Ally account to submit claims online.

Hard Copy Claims

- You can also mail hard copy claims to:

Aetna Better Health of Louisiana
 Claims and Resubmissions
 P.O. Box 982962
 El Paso, TX 79998-2962

Coding and Billing Guide

Here are some of the codes on the current LA Medicaid fee schedule that a CDE can be billed under:

Provider Types	Code(s)	Prior Authorization	Reimbursement
Psychiatrist, Medical Psychologist, Psychologist, Nurse Practitioner, LCSW, LPC, LMFT	90791	PA is not required for in- network providers	100% of Louisiana Medicaid Fee Schedule Rate
Psychiatrist, Medical Psychologist, Psychologist, Nurse Practitioner	90792	PA is not required for in- network providers	100% of Louisiana Medicaid Fee Schedule Rate
Pediatrician, Pediatric Neurologist, Developmental pediatrician Nurse Practitioner, SLP	96110, 96112, 96113, 96116, 96127, 99202, 99203, 99204, 99205, 99341, 99342, 99344, 99345	PA is not required for in- network providers	100% of Louisiana Medicaid Fee Schedule Rate
Pediatrician, Pediatric Neurologist, Developmental pediatrician Nurse Practitioner, SLP	96121	PA is required	100% of Louisiana Medicaid Fee Schedule Rate
Psychiatrist, Medical Psychologist, Psychologist	96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139	PA is required	100% of Louisiana Medicaid Fee Schedule Rate

Questions

If you have further questions, including questions about rates or need assistance regarding a CDE contact:

- Nicole Switzer, BH UM ABA Reviewer: 224-476-8534, switzern@aetna.com
- Ziesha Every, BH UM Manager: everyz@cvshealth.com

Which healthcare professionals may complete a CDE?

Pediatricians using the MCHAT-R/F and clinical judgment may diagnose and complete a CDE.

For children who receive a high-risk score of ≥ 8 on the MCHAT-R/F, pediatricians can independently make a diagnosis of autism (if their clinical judgment concurs with this score).

For children who receive a moderate risk score of 3 to 7 on the MCHAT-R/F, pediatricians can complete the MCHAT-R/F follow-up interview, and based on their confidence in their clinical judgment, either independently make a diagnosis of autism or refer to one of the following subspecialists for a diagnostic evaluation:

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- Pediatric neurologist.
- Developmental pediatrician.
- Psychologist (including a medical psychologist).
- Psychiatrist (particularly pediatric and child psychiatrist).
- A pediatrician under a joint working agreement with an interdisciplinary team of providers who are qualified to diagnose developmental disabilities.
- A nurse practitioner practicing under the supervision of a pediatric neurologist developmental pediatrician, psychologist or psychiatrist.
- Licensed individual, including speech and language pathologist, licensed clinical social worker, or licensed professional counselor, when:
 - The individual's scope of practice includes a differential diagnosis of ASD and comorbid disorders for the age and/or cognitive level of the member.
 - The individual has at least two years of experience providing such diagnostic assessments for ASD and comorbid disorders and treatments or is being supervised by a pediatric neurologist, developmental pediatrician, psychologist (including medical psychologist) or psychiatrist.