# PROCESS TO REQUEST BEHAVIORAL THERAPY SERVICES UNDER THE EPSDT PROGRAM VIA THE UTILIZATION MANAGEMENT PROGRAM

## I. Behavioral Therapies Submission Process

A. PARs must be submitted online via the UM vendor provider portal, eQSuite.
   1. Providers who submit an average of 5 or less PARs per month can request the opportunity to submit PARs via fax.

B. PARs may be requested for up to six (6) months.

C. Approved codes that may be submitted as a Medical PAR for Behavioral Therapies include:
   1. H0036
   2. H0031
   3. H2015
      a) Providers who request submission using alternate codes will have their request denied and will be asked to submit using the appropriate codes listed above.

D. Providers must submit the following documents as attachments to their PAR request:
   1. A letter of medical necessity.
   2. The most current Plan of care.
   3. A Standardized Assessment.
      a) The standardized, Norm-Referenced Assessment chosen should be the most current version of an assessment tool that measures a child's adaptive functioning, including but not limited to self-help skills, expressive and receptive communication, and adaptive and maladaptive behaviors.
      b) Examples of appropriate assessment tools include but are not limited to:
         i. The Vineland Adaptive Behavior Scales, Second Edition (Vineland-II),
         ii. Scales of Independent Behavior, Revised (SIB-R),
         iii. And Adaptive Behavior Assessment System, Second Edition (ABAS-II).
   4. Other documents showing the need for therapy.

E. PARs will be pended for a Lack of Information if a letter of medical necessity, the most current Plan of Care, and the norm-referenced assessment tool is not submitted with the PAR request.
   1. The Provider will be notified via eQSuite of the need for additional documentation.
   2. The PAR will be denied if the requested clinical documentation is not received by the UM vendor within 4 days.

## II. Behavioral Therapies Review Criteria

A. For the service(s) to be deemed medically necessary the Client must meet all the following criteria:
   1. Safety of self and others at risk.
   2. The need for more intensive behavioral interventions/therapies when previously attempted therapies such as OT, and/or ST have been applied and have not been effective.
   3. Exhibits persistent and pronounced social communication and social interaction deficits and restricted patterns of behavior, interests, or activities, for a minimum of 3 months, causing marked interference with functioning in one or more social and/or behavioral context.
   4. Have been diagnosed with a condition for which ABA- derived therapy services are recognized as therapeutically appropriate (i.e. evidence-based or evidence-informed), including autism spectrum disorder.

5. Have a comprehensive diagnostic evaluation by a qualified health care professional such as the client's family physician, pediatrician, nurse practitioner, or psychologist.
6. Have a comprehensive diagnostic evaluation that prescribes and/or recommends behavioral therapy services that is conducted by a qualified health care professional.
7. Be 0 to 21 and have a diagnosis of ASD or other disorder that would benefit from behavioral therapy.
8. Be medically stable and without a need for 24-hour monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID).
9. Requires 10 or more hours a week of early intensive developmental and behavioral intervention.
10. Level of primary caregiver/responsible adult training and support is identified in the treatment plan and is actively delivered in a manner individualized to the child and family, to ensure skills transfer to the parent/caregiver.
11. Medical examination was completed by a licensed physician or advance practice registered nurse and the information is included in the summary.

## III. Exclusion Criteria

A. The following do not meet medical necessity criteria, nor qualify as Colorado Medicaid covered behavioral therapy services for reimbursement.
   1. Therapy services rendered when measureable functional improvement is not expected or progress has plateaued in the previous 6 months.
   2. Services that are primarily respite, daycare or educational in nature and are not used to reimburse a parent for participating in the treatment program;
   3. Services that are duplicative services and equal to the medically necessary frequency and duration under an individualized family service plan (IFSP) or an individualized educational program (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA);
   4. Treatment whose purpose is vocationally based;
   5. Custodial care;
      a) For purposes of these provisions, custodial care:
         i. Shall be defined as care that is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating, and maintaining personal hygiene and safety;
            a. Is provided primarily for maintaining the recipient's or anyone else's safety; and could be provided by persons without professional skills or training.
         ii. Services, supplies, or procedures performed in a non-conventional setting including, but not limited:
            b. Resorts, Spas, or Camps.
            c. Services rendered by a parent, legal guardian, or legally responsible person.