



**STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY**

NOTICE OF PUBLIC MEETING

August 1, 2024 – 10:00 a.m.

Board of Occupational Therapy
Administrative Office
6170 Mae Anne Ave., Suite 1
Reno, NV 89523

Zoom Access:

<https://us06web.zoom.us/j/87032255732?pwd=aOaZoquiTxjMlRjcJafBqdzk0TzkGR1.1>

Meeting ID: 870 3225 5732
Passcode: 986138
Telephone Audio Only: (253) 215-8782

AGENDA

Public comment is welcomed by the Board in writing or in person. Persons wishing to provide public comments remotely may access the meeting by telephone at (253) 215-8782 or through the electronic link posted on the agenda. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. Public comment will be available at the beginning of the meeting and as the last item on the agenda. At the discretion of the Chairperson, additional public comment may be heard when that item is reached. The Chairperson may allow additional time to be given a speaker as time allows at his/her sole discretion. (NRS 241.020, NRS 241.030)

The State of Nevada Board of Occupational Therapy may: (a) address agenda items out of sequence, (b) combine agenda items, and (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030) Action by the Board on an item may be to approve, deny, amend, or table.

1. Call to Order, Confirmation of Quorum

2. Public comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

3. Consideration of submitting Public Comments from the Board of Occupational Therapy regarding the proposed changes to the Medicaid Services Manual (MSM) Chapter 3700 – Applied Behavior Analysis (ABA) Provider type 85. (for possible action)

- Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs)

4. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

5. Adjournment (for possible action)

Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. (NRS 233B.126)

Notice: Persons with disabilities who require special accommodations or assistance at the meeting should contact the Board office at (775) 746-4101; or fax (775) 746-4105 no later than 48 hours prior to the meeting. Requests for special accommodations made after this time frame cannot be guaranteed.

This meeting has been posted at the Board of Occupational Therapy Administrative Office, 6170 Mae Anne Ave., Reno, NV 89523, on the Board of Occupational Therapy website www.nvot.org; and may also be accessed at the following websites: <https://notice.nv.gov/> - State of Nevada Public Notices

This agenda has been sent to all members of the State of Nevada Board of Occupational Therapy and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice must request so in writing on an annual basis.

Supporting materials relating to this public meeting of the Board of Occupational Therapy are available on the Board website www.nvot.org or by contacting the Board office at (775) 746-4101 or email board@nvot.org

State of Nevada
Board of Occupational Therapy

6170 Mae Anne Ave., Suite 1, Reno, Nevada 89523
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AGENDA ITEM 3:

Proposed changes to the Medicaid Services Manual (MSM) Chapter 3700 – Applied Behavior Analysis (ABA) Provider type 85.

- Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs)

Discussion and consideration of draft public comment related to the proposed changes to the Medicaid Services Manual (MSM) Chapter 3700 - Applied Behavior Analysis (ABA) Provider type 85.

These changes add Activities of Daily Living (ADL's) and Instrumental ADLs to Covered Services and add language to clarify the use of activities of daily living in the prior authorization and goals of the treatment plan.

NRS 640A.060 defines the practice of Occupational Therapy which specifically references ADLs. NRS 641D.080 defines the practice of Applied Behavior Analysis which does not reference ADLs.

Action:

Review, Revise and/or Approve draft written comments for the August 13, 2024 meeting of the Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP); and authorize the Board Chair to sign the written comments on behalf of the Board; or take no action.

Attachments

- Medicaid Services Manual Transmittal Letter
- Applied Behavior Analysis Draft Policy
- ABA Provider Type 85 Billing Guide
- Practice of Applied Behavior Analysis Defined - NRS 641D.080
- Occupational Therapy Defined - NRS 640A.050
- Occupational Therapy Scope of Services Defined - NAC 640A.230
- Draft Board Public Comment

Medicaid Services Manual
Transmittal Letter

June 10, 2024

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 3700 – Applied Behavior Analysis (ABA)

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 3700 – Applied Behavior Analysis are being proposed DHCFP is proposing and update to MSM 3700 – Applied Behavior Analysis. These changes are intended to clarify the use of activities of daily living in the prior authorization and goals of the treatment plan.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected:

This proposed change affects enrolled Medicaid providers qualified to deliver Applied Behavior Analysis. Those provider types (PT) include but are not limited to Applied Behavior Analysts (PT 85), School Health Services (PT 60).

Financial Impact on Local Government:
None Anticipated.

These changes are effective September 25, 2024

Material Transmitted		Material Superseded
MTL <XX/XX> <Chapter Title>		MTL <XX/XX> <Chapter Title>
Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
MSM 3704.2A.1.k	Covered Services	Clarify the use of activities of daily living in the prior authorization and goals of the treatment plan.

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 3704
MEDICAID SERVICES MANUAL	Subject: POLICY

3704 POLICY

3704.1 APPLIED BEHAVIOR ANALYSIS POLICY

Medicaid will reimburse for ABA rendered to Medicaid eligible individuals of all ages, under age 21 years old in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage authority benefit plan. The EPSDT benefit plan encourages providers to follow the recommended schedule for screenings offered by the AAP for individuals under age 21. The behavior intervention must be medically necessary (reference MSM Chapter 100) to develop, maintain or restore to the maximum extent practical the functions of an individual with a diagnosis of ASD, FASD or other condition for which ABA is recognized as medically necessary. It must be rendered according to the written orders of the Physician, Physician's Assistant (NRS 630.271), Nevada Board of Psychological Examiners or an Advanced Practitioner Registered Nurse (APRN)/Nurse Practitioner (NP). The treatment regimen must be designed and signed off on by the qualified ABA provider.

The services are to be provided in the least restrictive, most normative setting possible and may be delivered in a medical professional clinic/office, within a community environment or in the recipient's home.

All services must be documented as medically necessary and appropriate and must be prescribed on an individualized treatment plan.

3704.2 COVERAGE AND LIMITATIONS

3704.2A COVERED SERVICES

1. There are two types of ABA treatment delivery models recognized by the DHCFP, Focused and Comprehensive. Based upon the Behavior Analyst Certification Board (BACB), Inc. (2014) within each of the two delivery models there are key characteristics which must be demonstrated throughout the assessment and treatment. These characteristics include:
 - a. Comprehensive assessment that describes specific levels of baseline behaviors when establishing treatment goals.
 - b. Establishing small units of behavior which builds towards larger changes in functioning in improved health and levels of independence.
 - c. Understanding the current function and behaviors targeted for treatment.
 - d. Use of individualized and detailed behavior analytic treatment.

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- e. Ongoing and frequent direct assessment, analysis and adjustments to the treatment plan by a Behavior Analyst by observations and objective data analysis.
- f. Use of treatment protocols that are implemented repeatedly, frequently and consistently across all environments.
- g. Direct support and training of family members and other involved qualified professionals.
- h. Services directed to the individual recipient and related to health and welfare.
- i. Supervision and management by a licensed provider with expertise and formal training in ABA for treatment of ASD. “Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2014) (2nd ed.).”
- j. The maximum number of units that can be used for supervision is 20% of the total number of hours of direct therapy services provided, unless clinical documentation is submitted that supports a need for additional units.
- k. Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs) when a recipient is capable of making significant, measurable, functional improvement in activities of daily living within a specified period of time.

Activities of daily living (ADLs) are basic self-care tasks such as toileting, bathing, dressing, and eating. Instrumental ADLs (IADLs) are more complex tasks that involve interactions with others and with the environment and enable the recipient to participate in family and outside activities. Examples of IADLs in children may include time management, organization of materials and possession and the ability to complete projects, engage in pre-academic or academic learning and play imaginatively. Examples of IADLs in adults may include using the telephone, shopping, preparing meals, housekeeping, using transportation, taking medication(s) and managing finances.

Requests for therapy must specify the functional deficits present and include a detailed description assessing the measurable degree of interference of the person having congenital or acquired disabilities, measurable deficits in skills for daily living. Potential for improvement must be documented on assessment.

1. Requests for therapy must meet at least one of the following:

- a) Prevent decline in function;
- b) Provide interventions, in the case of chronic or progressive limitation, to improve the likelihood of independent living and quality of life; or

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c) Provide treatment interventions for recipients who are making progress, but not at a rate comparable to the expectations of restorative care, rehabilitative or habilitative care.

2. Goals for ADL/IADL must have the expected outcomes that are:

- a) functional
- b) realistic
- c) relevant
- d) transferable to the receipt current or anticipated environment; and
- e) consistent with the best practice standards and accepted by the professional community as being safe and effective treatment for the purpose used.

j.

2. Focused Delivery Model

a. Focused ABA is treatment directly provided to the individual for a limited number of specific behavior targets.

1. The appropriate target behaviors are prioritized. When prioritizing multiple target areas, the following behaviors are considered:

- a. Behaviors that may threaten the health and safety of themselves or others; and
- b. Absence of developmentally appropriate adaptive, social or functional skills.

2. Treatment may be delivered in individual or small group format.

3. Comprehensive Delivery Model

a. Comprehensive ABA is treatment provided to the individual for a multiple number of targets across domains of functioning including cognitive, communicative, social, and emotional.

1. The behavior disorders may include co-occurring disorders such as aggression, self-injury, and other dangerous disorders.

2. Treatment hours are increased and decreased as recipient responds to treatment goals.

3. Treatment is intensive and initially provided in a structured therapy setting. As the recipient progresses towards treatment goals the setting may be expanded to alternative environments such as group settings.

4. Daily and Weekly Limits

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- a. Providers are limited to 12 hours of ABA services per day.
 - b. Recipients are limited to 40 hours of ABA services per week.
5. Services covered within the ABA delivery models
- a. Behavior Screening – A brief systematic process to determine developmental delays and disabilities during regular well-child doctor visits. Screens must be a nationally accepted Developmental Screen. A recommended list of screens may be found at: <https://www.cdc.gov/ncbddd/autism/hcp-screening.html>.

Refer to MSM Chapter 600 for coverage of developmental screens.
 - b. Comprehensive Evaluations – Is the further review and diagnosis of the child’s behavior and development. Coverage of this service is found within MSM Chapter 600.
 - c. Behavior Assessment – A comprehensive assessment is an individualized examination which establishes the presence or absence of developmental delays and/or disabilities and determines the recipient’s readiness for change and identifies the strengths or problem areas that may affect the recipient’s treatment. The comprehensive assessment process includes an extensive recipient history which may include: current medical conditions, past medical history, labs and diagnostics, medication history, substance abuse history, legal history, family, educational and social history, and risk assessment. The information collected from this comprehensive assessment shall be used to determine appropriate interventions and treatment planning.
 - d. Adaptive Behavior Treatment Intervention – Is the systematic use of behavior techniques and intervention procedures to include intensive direction instruction by the interventionist and family training and support.
 - e. Adaptive Behavior Family Treatment – The training in behavior 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. The training is broken down into two components:

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1. Family Treatment with the child present – Is training that includes the parent/guardian or authorized representative in behavior techniques during the behavior intervention with the child.
 2. Family Treatment without the child present – Is training in behavior techniques provided to the parent/guardian or authorized representative without the child present. The training may be for the review of prior adaptive behavior treatment sessions to break down the exhibited behavior and training techniques.
- f. Tests acceptable as diagnostic tools for ASD include:
1. Autism Diagnostic Observation Schedule, 2nd Ed. (ADOS-2)
 2. Childhood Autism Rating Scale, 2nd Ed. (CARS-2)
 3. Gilliam Autism Rating Scale, 3rd Ed. (GARS-3)
 4. Fetal Alcohol Spectrum Disorders (FASD) Diagnostic Category.
- g. If Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) criteria alone are used as the sole basis for diagnosis the provider must submit documentation of the specific DSM-5 criteria that were met.
6. The coverage of ABA services requires the following medical coverage criteria to be met:
- a. The recipient must be Medicaid Eligible;
 - b. Have an established supporting diagnosis of ASD, FASD, or other condition for which ABA is recognized as medically necessary. The diagnosis is to be completed only one time. Repeat testing should not be performed when full criteria were previously met. Diagnosis is to be documented on the [FA-11F](#).

Tests acceptable as diagnostic tools for ASD include:

1. Autism Diagnostic Observation Schedule, 2nd Ed. (ADOS-2)
2. Childhood Autism Rating Scale, 2nd Ed. (CARS-2)
3. Gilliam Autism Rating Scale, 3rd Ed. (GARS-3)
4. Fetal Alcohol Spectrum Disorders (FASD) Diagnostic Category.

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If Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) criteria alone are used as the sole basis for diagnosis the provider must submit documentation of the specific DSM-5 criteria that were met.

- c. The individual exhibits excesses and/or deficits of behavior that impedes access to age-appropriate home or community activities (examples include, but are not limited to aggression, self-injury, elopement, and/or social interaction, independent living, play and/or communication skills, etc.);
 - d. ABA services are rendered in accordance with the individual's treatment plan with realistic and obtainable treatment goals to address the behavior dysfunction;
 - e. Treatment may vary in intensity and duration based on clinical standards. Approval of fewer hours than recommended/supported in clinical literature requires justification based on objective findings in the medical records;
 - f. A reasonable expectation on the part of the treating healthcare professional that the individual will improve, or maintain to the maximum extent practical functional gains with behavior intervention services;
 - g. The treatment plan must be based on evidence-based assessment criteria and the individual's test results; and
 - h. Services must be prior authorized.
7. Services may be delivered in an individual or group (two to eight individuals) treatment session.
 8. Services may be delivered in the natural setting (i.e. home, school and community-based settings, including clinics).
 9. Individuals with Disabilities Education Act (IDEA) related services:
 - a. Part C, Early Intervention ages zero up to three years old – Services identified on an Individualized Family Services Plan (IFSP) may be billed to the DHCFP when the providers are enrolled and meet the provider qualifications as outlined under “provider qualifications” for ABA service. These providers must directly bill the DHCFP.
 - b. Part B, Special Education and related services ages three up to 21 years old – Services identified on an Individualized Educational Program (IEP) may be billed to the DHCFP when the providers are enrolled and meet the provider qualifications as outlined under “provider qualifications” for ABA services. These providers must directly bill DHCFP.

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- c. School Health Services Medicaid Services Manual 2800 is to be referenced for these services.

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Applied Behavior Analysis (ABA)

State Policy

The Medicaid Services Manual (MSM) is on the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfp.nv.gov> (select "Manuals" from the "Resources" webpage).

- [MSM Chapter 3700](#) covers policy for Applied Behavior Analysis (ABA) providers.
- [MSM Chapter 1500](#) covers policy for the Healthy Kids Program.
- [MSM Chapter 400](#) covers policy for behavioral health providers.
- [MSM Chapter 100](#) contains important information applicable to all provider types, including information regarding medical necessity.

Rates

Reimbursement rates for Applied Behavior Analysis (ABA) provider type 85 are listed online on the DHCFP website on the [Rates](#) webpage. Rates are also available on the Provider Web Portal at www.medicaid.nv.gov through the Search Fee Schedule function, which can be accessed on the [Provider Login \(EVS\)](#) webpage under Resources (you do not need to log in).

EPSDT Screenings for All Children Include Autism Spectrum Disorder

The Centers for Medicare & Medicaid Services (CMS) released guidance on July 7, 2014, indicating all children must receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) screenings designed to identify health and developmental issues, which include Autism Spectrum Disorder (ASD). Currently, Nevada Medicaid and Nevada Check Up cover developmental screens (Current Procedural Terminology (CPT) code 96110) which are provided by Special Clinics (provider type (PT) 17), Physicians (PT 20), Advanced Practice Registered Nurses (PT 24) and Physician's Assistants (PT 77).

Authorization Requirements

Authorization is required for most behavioral health services, including those referred through the EPSDT program. Use the Authorization Criteria search function in the Provider Web Portal at www.medicaid.nv.gov to verify which services require authorization. Authorization Criteria can be accessed on the [Provider Login \(EVS\)](#) webpage under Resources (you do not need to log in).

- Behavioral Initial Assessment and re-assessments do not require prior authorization. Assessments are limited to one in every 180 days or unless prior authorized.
- Adaptive Behavioral Treatment (individual and group) requires prior authorization.

For questions regarding authorization, call Nevada Medicaid at (800) 525-2395 or refer to MSM Chapter 3700. Prior authorization may be requested through the Nevada Medicaid [Provider Web Portal](#):

- Form FA-11E: Applied Behavior Analysis (ABA) Authorization Request
- Form FA-11F: Autism Spectrum Disorder (ASD) Diagnosis Certification for Requesting Initial Applied Behavior Analysis (ABA) Services

Providers should confirm they have a valid diagnosis before submitting their request. Allowance for ABA therapy for recipients in Nevada must have a clear diagnosis of ASD using either a widely accepted diagnostic test (generally those listed on the FA-11F form) or by performing a clinical evaluation using DSM-5 criteria for ASD. If the latter method is used, the specific diagnostic criteria met must be listed in a clinical report for review.

Incomplete prior authorization requests cannot be processed. Incomplete prior authorization requests will be pended to the provider for additional information. The submitter will have five business days to supply the missing information, or a technical denial will be issued.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.



Applied Behavior Analysis (ABA)

Limits for Authorizations

Focused Delivery Model: 15-25 hours per week for all ABA services. Focused ABA is treatment directly provided to the individual for a limited number of specific behavioral targets.

Comprehensive Delivery Model: 25-40 hours per week for all ABA services. Comprehensive ABA is treatment provided to the individual for a multiple number of targets across domains of functioning including cognitive, communicative, social and emotional.

Session limits may be exceeded with prior authorization and documentation of medical necessity. Requests above the policy limits will be reviewed on a case-by-case basis at the provider request.

Supervision is allowed up to 20% of the treatment hours.

Request timelines

- **Initial request:** Providers are instructed to submit the initial request no more than 15 *business days before* and no more than 15 *calendar days after* the start date of service.
- **Continued service requests:** If the recipient requires additional services or dates of service (DOS) beyond the last authorized date, you may request review for continued service(s) prior to the last authorized date. The request must be received by Nevada Medicaid by the last authorized date, and it is recommended these be submitted 5 to 15 days prior to the last authorized date.
- **Unscheduled revisions:** Submit whenever a significant change in the recipient's condition warrants a change to previously authorized services. The units that were approved for services prior to the start date of the Unscheduled Revision are no longer valid, and only the newly approved units can be used from the new date forward. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period.
- **Retrospective request:** Submit no later than 90 days from the recipient's Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to requests that are submitted retrospectively.
- **Reconsideration request:** The provider may request Reconsideration at any point within the date range requested on the PA.

Billing and Claim Instructions

- Each service provided must be billed with the National Provider Identifier (NPI) of the actual provider of the service, not the supervising clinician.
- Claims must be submitted with diagnosis code F84.0 (Autism Spectrum Disorder), diagnosis code Q86.0 (Fetal alcohol syndrome) or other condition for which ABA is recognized as medically necessary.
- Date span billing is not permitted.
- Providers permitted to bill the PT 85 billing codes include:
 - PT 85 (Applied Behavior Analysis)
 - PT 60 (School Health Services)
 - PT 47 (Indian Health Services/Tribal Clinics/Tribal FQHCs)

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. For billing instructions, see the [Electronic Verification System \(EVS\) Chapter 3 Claims](#) on the [EVS User Manual](#) webpage and the Transaction 837P companion guide, which is located on the [Electronic Claims/EDI](#) webpage.



Applied Behavior Analysis (ABA)

National Correct Coding Initiative (NCCI) Edits and Service Limitations

The objective of the National Correct Coding Initiative (NCCI) is to promote correct coding methodologies. The Centers for Medicare & Medicaid Services (CMS) is responsible for the development and administration of the NCCI Edits: *"The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices."*

Nevada's Medicaid Management Information System (MMIS) uses NCCI Edits in the processing of Nevada Medicaid claims. DHCFP receives quarterly and annual NCCI Edit updates that are added to the MMIS. Providers can find the most current Annual Code report and the quarterly Medically Unlikely Edits (MUE), Procedure to Procedure (PTP) and Add-On Code reports on the following website:

<https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html>

It is not possible to provide the most current quarterly or annual changes in this billing guide; for the most current information please reference the website link provided above.

Providers are reminded to bill procedures with the correct modifier combinations, units of service provided and correct code combinations.

Note: It is the responsibility of providers to ensure the use of current CPT codes, service limitations and MUEs are applied when billing claims.

Ordering, Prescribing or Referring (OPR) Provider Requirements

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (\$455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the NPI of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature:

<https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx>

Electronic Claims instructions: When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A. For ordered services such as Durable Medical Equipment, use Loop ID-2420E. For detailed information, refer to the 837P FFS Companion Guide located at: <https://www.medicaid.nv.gov/providers/edi.aspx>

Direct Data Entry/Provider Web Portal instructions: On the Service Detail line enter the OPR provider's NPI in the Referring/Ordering Provider ID field and select "Yes" or "No" to indicate if it is an Ordering Provider. For further instructions, see the Electronic Verification System (EVS) User Manual Chapter 3 located at:

<https://www.medicaid.nv.gov/providers/evsusermanual.aspx>

Specialty 312 and 314 Services

Claims **and** prior authorization requests for services provided by a Licensed and Board Certified Assistant Behavior Analyst (BCaBA) and a Registered Behavior Technician (RBT) must include modifier UD.



Applied Behavior Analysis (ABA)

Covered Services

The table on the following pages lists covered codes, code descriptions, and prior authorization / billing information as needed. The “Do Not Report” list is not all-inclusive. Providers are responsible for reviewing the current American Medical Association (AMA) CPT Professional Edition code book for the use of appropriate codes within the provider’s scope of practice. **For coverage and limitations, and the list of non-covered services, refer to MSM Chapter 3700.**



Applied Behavior Analysis (ABA)

ABA Services					
Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report: List is not all inclusive; please review billing rules in the AMA CPT Professional Edition code book
Assessments					
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, 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	15 minutes	1 session of 16 units per 180 days	Not required	on same day in conjunction with: 90785 -- 90899, 96101 -- 96125, 96150, 96151, 96152, 96153, 96154, 96155, H0031
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	15 minutes	1 session of 4 units per 180 days	Not required	on same day in conjunction with: 90791, 90792, 90785 -- 90899, 96101 -- 96125, 96150, 96151, 96152, 96153, 96154, 96155, H0032



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Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report: List is not all inclusive; please review billing rules in the AMA CPT Professional Edition code book
<p>Limit of 40 hours per recipient per week combined, regardless of NPI for CPT codes: 0362T, 0373T, 97151-97158.</p> <p>Each individual servicing provider may provide billable services for no more than 12 hours on any given day. The following CPT codes apply toward this limitation: 0362T, 0373T, 97151-97153, 97155-97156.</p>					
0362T	<p>Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:</p> <ul style="list-style-type: none"> administered by the physician or other qualified health care professional who is on site with the assistance of two or more technicians for a patient who exhibits destructive behavior completed in an environment that is customized to the patient's behavior Per the AMA CPT Professional Edition code book, code 0362T is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians [e.g., one hour with three technicians equals one hour of service]. 	15 minutes	1 session of 4 units per 180 days	Not required	on same day in conjunction with: 90785 -- 90899, 96101 -- 96125, 96150, 96151, 96152, 96153, 96154, 96155, H0032
Adaptive Behavior Treatment – Individual					
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	15 minutes		Required	in conjunction with: 90785 -- 90899, 96105 -- 96171, 97129, H2014, H2017, H2017 HQ



Applied Behavior Analysis (ABA)

Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report: List is not all inclusive; please review billing rules in the AMA CPT Professional Edition code book
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	15 minutes	The maximum number of units that can be used for supervision is 20% of the total number of hours	Required	in conjunction with: 90789 -- 90899, 96015 -- 96171, 97129, H2014, H2017, H2017 HQ
0373T	Adaptive behavior treatment by protocol with modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> administered by the physician or other qualified healthcare professional who is on-site with the assistance of two or more technicians for a patient who exhibits destructive behavior completed in an environment that is customized to the patient's behavior Per the AMA CPT Professional Edition code book, code 0373T is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians [e.g., one hour with three technicians equals one hour of service]. 	15 minutes		Required	in conjunction with: 90789-90899, 96015, 96110, 96116, 96121, 96156, 96158, 96159, 96164, 96156, 96167, 96168, 96170, 96171, H2014, H2017, H2017 HQ



Applied Behavior Analysis (ABA)

Code	Description	Unit	Session Limit	Prior Authorization	Do Not Report: List is not all inclusive; please review billing rules in the AMA CPT Professional Edition code book
Adaptive Behavior Treatment – Group and/or Family					
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	15 minutes		Required	if group is larger than 8, in conjunction with: 90785 -- 90899, 92508, 96105 -- 96171, 97150, H2014, H2017, H2017 HQ
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	15 minutes		Required	if the group is larger than 8, in conjunction with: 90785 -- 90899, 96105 -- 96171, 90853, 92508, 97150, H2014, H2017, H2017 HQ
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	15 minutes	4 units (1 hour) per calendar week	Required	in conjunction with: 90785 -- 90899, 96105 -- 96171, 90791, 90792, 90846, 90847, 90887, H2014, H2017, H2017 HQ, S5110, S5110 HQ
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 minutes	15 minutes	1 session of 4 units per calendar month	Required	in conjunction with: 90785 -- 90899, 96015 -- 96171, 92508, 97150, H2014, H2017, H2017 HQ

All session limits may be exceeded with prior authorization and documented medical necessity.

Practice of Applied Behavior Analysis Defined

NRS 641D.080 “Practice of applied behavior analysis” defined.

1. “Practice of applied behavior analysis” means the design, implementation and evaluation of instructional and environmental modifications to produce socially significant improvement in human behavior, including, without limitation:

(a) The empirical identification of functional relations between environment and behavior;

(b) The use of contextual factors, motivating operations, antecedent stimuli, positive reinforcement and other procedures to help a person develop new behaviors, increase or decrease existing behaviors and engage in certain behavior under specific environmental conditions; and

(c) The use of interventions based on scientific research and the direct and indirect observation and measurement of relations between environment and behavior.

2. The term does not include diagnosis, psychological testing, psychotherapy, cognitive therapy, psychoanalysis or counseling.

(Added to NRS by [2017, 4221](#); A [2019, 2535](#); [2021, 1625](#))—(Substituted in revision for NRS 437.040)

Occupational Therapy Defined

NRS 640A.050 “Occupational therapy” defined. “Occupational therapy” means the use of evaluations, teachings and interventions to facilitate the activities of daily living of a client in groups or on an individual basis to enable the client to participate in and perform activities of daily living in various settings, including, without limitation, at home, at school, in the workplace and in the community. The term includes:

1. Providing services for habilitation, rehabilitation and the promotion of health and wellness to a client;

2. Assisting a client in achieving the highest practicable physical, cognitive and psychosocial well-being to improve the physical and mental health of the client and the quality of life of the client;

3. Teaching a client skills for daily living;

4. Assisting a client in the development of cognitive and perceptual motor skills, and in the integration of sensory functions;

5. Assisting a client in learning to play and to use his or her leisure time constructively;

6. Assisting a client in developing functional skills necessary to be considered for employment;

7. Assessing the need for, designing, constructing and training a client in the use and application of selected orthotic devices and adaptive equipment;

8. Assessing the need for prosthetic devices for the upper body and training a client in the functional use of prosthetic devices;

9. Teaching a client crafts and exercises designed to enhance his or her ability to function normally;

10. Administering to a client manual tests of his or her muscles and range of motion, and interpreting the results of those tests;

11. Incorporating into the treatment of a client the safe and appropriate use of physical agent modalities and techniques which have been acquired through an appropriate program of education approved by the Board pursuant to subsection 2 of [NRS 640A.120](#), or through a program of continuing education or higher education; and

12. Adapting the environment of a client to reduce the effects of handicaps. (Added to NRS by [1991, 986](#); A [2013, 275](#))

Occupational Therapy – Scope of Services Defined

NAC 640A.230 Scope of services with and without referral of patient by licensed provider of health care. (NRS 640A.110)

1. An occupational therapist may practice occupational therapy on a patient for specific medical conditions if the patient has been referred to the occupational therapist by a provider of health care licensed to practice in this state.

2. An occupational therapist may, without referral, provide occupational therapy services, including, without limitation, evaluation, planning and implementing a program of intervention, monitoring services and consultation for a person whose ability to perform the tasks of daily living is impaired by:

- (a) Developmental deficiencies;
- (b) The aging process;
- (c) Environmental deprivation;
- (d) Sensory impairment;
- (e) Psychological or social dysfunction; or
- (f) Other conditions.

3. An occupational therapist may provide the occupational therapy services listed in subsection 2 in a nonmedical setting, including, without limitation, a residential setting, an educational setting, a vocational setting, a recreational setting, or a center that provides for the care of adults or children during the day.

4. As used in this section:

(a) "Consultation" includes working with providers of health care and other persons involved in the care of a patient to provide advice and services.

(b) "Monitoring services" includes those services which are characterized by regular contact at least once per month to:

(1) Check or regulate adaptive and positioning equipment to ensure its proper use; or

(2) Assess the level of skills of a patient, including, without limitation, the adaptive skills of the patient.

(c) "Specific medical conditions" includes those conditions of acute trauma, infection, disease, aging or postsurgical status where custom requires the involvement of a provider of health care. (Added to NAC by Bd. of Occupational Therapy, eff. 12-23-92; A by R083-99, 9-27-99; R210-07, 9-18-2008)

Joe Lombardo
Governor



Heather Hartley
Executive Director

STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

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August 1, 2024

To the Department of Health and Human Services (DHHS),
Division of Health Care Financing and Policy (DHCFP)

It has come to the attention of the Board of Occupational Therapy, through our constituents, that your agency is currently drafting a revision of the Medicaid Services Manual, specifically Section 3704. It is the Board of Occupational Therapy's duty to uphold our mission to protect public health, safety, and welfare by ensuring that only competent occupational therapy practitioners are licensed in the state and that they maintain the highest level of professional conduct. This includes managing, updating, and ensuring compliance with the scope of practice within Nevada's legislative framework.

The Board has concerns regarding Section 3704.2A, particularly the inclusion of Activities of Daily Living (ADLs) and Instrumental ADLs (I/ADLs) for Medicaid recipients as a covered service for Applied Behavior Analysis (ABA). ADLs and IADLs are integral to the practice of occupational therapy, defined under NRS 640A.050, which encompasses evaluations, teachings, and interventions to facilitate daily living activities. Including these activities under a behavior therapy billing code for ABA practitioners presents a significant scope of practice, billing, and patient safety issues.

The State of Nevada does not have NRS legislation defining ADLs as part of the ABA scope of practice as their scope of practice is based clearly on behaviors. For patient safety and adherence to professional standards, these activities of ADLs and I/ADLs should remain under the purview of occupational therapy. Including ADLs and I/ADLs as a covered service under ABA billing codes could lead to future complications with insurance billing, as ABA therapists do not possess the anatomical, physiological, and neurological training that occupational therapists receive. This training is essential for the comprehensive assessment and intervention planning that allows occupational therapists to effectively incorporate ADLs and I/ADLs into their practice and again is part of the Occupation Therapy Board's mission to uphold.

A recent article by the Association for Behavior Analysis International, "The Scope of Practice of Applied Behavior Analysis in State Licensure Laws," published in 2024, highlights the variations in ABA licensure laws across states. The study indicates that these differences can significantly impact the profession and patient care. Occupational licensure laws vary widely,

often affecting scope of practice boundaries and patient care (DeMers et al., 2008; Dower et al., 2013).

Nevada has historically aligned closely with California's legislation and Medicaid guidelines. California explicitly excludes ADLs from covered ABA services, reinforcing the importance of maintaining distinct scopes of practice. In 2014, California Medicaid articulated that services primarily assisting with ADLs do not meet medical necessity criteria for ABA reimbursement, and this stance was reaffirmed in 2023 during their revision process.

In conclusion, we strongly recommend that the proposed revisions to Section 3704 exclude ADLs and IADLs from the ABA scope of practice to ensure patient safety and uphold the professional standards and scope of practice of occupational therapy.

Thank you for considering our concerns. We look forward to a collaborative effort to maintain the highest standards of care for Nevada's Medicaid recipients.

Sincerely,

State of Nevada Board of Occupational Therapy
On Behalf of the Board,
Chair Jose Pablo (JP) Castillo, OTD, OTR/L

References attached for convenience