



DC Medicaid Managed Care Plan

# PROCESSES & GUIDELINES

for Autism Spectrum Disorder  
Services for Children

December 2024



DC AUTISM  
COLLABORATIVE



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## BACKGROUND

The DC Autism Collaborative (DC-AC), launched in the summer of 2020, is a multidisciplinary, public-private coalition of professionals, community leaders, and caregivers that strategically addresses barriers to Autism care and advocates for solutions that will increase early and equitable access to high-quality Autism diagnosis, treatment, and coordinated care.

## OVERVIEW

This document was developed by the DC Autism Collaborative (DC-AC) Policy group, as part of their goals to outline clear guidelines and standardized processes across all of the DC Medicaid Managed Care Plans (MCPs) regarding Autism Spectrum Disorder (Autism) and behavioral health coverage. As part of the first steps towards meeting this goal, this group collaborated with the MCPs to gather information regarding the areas identified by the DC-AC Policy group, including specific questions identified by providers for clarification. The first version of this document was published in August 2022. This document has been updated to accurately represent current practices, including changes in the DC Medicaid MCPs<sup>1</sup>, to expand to nearby service coverage areas (e.g., Maryland), and to increase usability for providers. Information was gathered as part of interviews with representatives from each organization and summarized for clarity and brevity. Information may be incomplete or absent if responses could not be obtained prior to publication.

## GUIDANCE

This document is intended to be used by health care providers, particularly those delivering screening, evaluation, and treatment to children with a diagnosis or high likelihood of Autism. It is intended to clarify to providers what each MCP insurance plan requires in terms of documentation and information, with a particular focus on diagnostic services, ABA treatment, and case management. This document does not necessarily encompass the full array of treatment services a child may need or be deemed medically necessary. As providers use this document, please use this [survey](#) to capture any feedback, including clarifying questions, accuracy, and continued barriers or challenges. The information in this document is accurate as of time of publication, based on information provided to the DC-AC Policy Group by MCPs, and is subject to modification based on any policy and/or regulatory changes in the District of Columbia and Maryland.

**For parents and caregivers who come across this document, Table 3 on associated services (page 10) may be of particular interest.**

<sup>1</sup> Current DC Medicaid MCPs as of publication in December 2024: Amerigroup DC Medicaid, AmeriHealth Caritas DC, MedStar Family Choice DC, and Health Services for Children with Special Needs Health Plan.



Table 1: Requirements for Coverage of Autism Diagnostic Services

Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
Is a physician's order required for psychological/neuropsychological testing?	No	No	Yes	Not a separate order (included as part of prior authorization request)	6-18yo need to have been previously seen by a mental healthcare provider whose name, credentials, and phone number are needed <6 need referral from a pediatrician including name and contact information, and symptoms/ behaviors of concern (or same mental healthcare provider information as 6-18yo)
How are codes covered and authorized? <sup>2</sup>					
96138/96139	Not covered	Not covered	Not covered	Prior authorization required in some circumstances <sup>3</sup>	Prior authorization required <sup>4</sup>
96112/96113	No prior authorization required <sup>5</sup>	No prior authorization required	Prior authorization required	No prior authorization required	Not covered
90791	No prior authorization required <sup>5</sup>	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required (but <a href="#">can only be billed for conditions listed here</a> [Autism not on the list])
96130/96131	No prior authorization required <sup>5</sup>	Prior authorization required	Prior authorization required	Prior authorization required in some circumstances <sup>6</sup>	Prior authorization required, up to 4 total hours (for minors) <sup>7</sup>
96136/96137	No prior authorization required <sup>5</sup>	Prior authorization required	Prior authorization required	Prior authorization required in some circumstances <sup>8</sup>	Prior authorization required <sup>9</sup>

<sup>2</sup> For all insurances, prior authorization is required based on the CPT codes billed rather than the testing tools used.

<sup>3</sup> If an evaluation request is below 96138 (1)/96139 (10) within a rolling period of 36 months, a prior authorization is NOT required, but if more units than listed are requested within 36 months then a prior authorization is required.

<sup>4</sup> Maryland Optum: Up to 1 unit of 96138; unlimited number of units of 96139

<sup>5</sup> An EPSDT service visit (such as a well-child visit) is required for approval coverage.

<sup>6</sup> If an evaluation request is below 96130 (1)/96131 (6) within a rolling period of 36 months, a prior authorization is NOT required, but if more units than listed are requested within 36 months then a prior authorization is required.



Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
<b>90846</b>	No prior authorization required <sup>5</sup>	No prior authorization required	Prior authorization required	No prior authorization required	Prior authorization required (and <a href="#">can only be billed for conditions listed here</a> [Autism not on the list])
<b>Are there caps on the number of units that can be billed?</b>	Follow the Medicaid fee schedule <sup>10</sup>	Follow the Medicaid fee schedule <sup>10</sup>	Follow the Medicaid fee schedule <sup>10</sup>	No preset limit on codes	Each code has different limits
<b>Are there specific providers who are allowed to bill these codes?</b>	Physical therapists, occupational therapists, speech-language pathologists, nurses (registered nurses or nurse practitioners), psychologists, board certified behavior analysts (BCBAs), audiologists, certified assistive technology specialists, and certified auditory verbal therapists or educators	Psychological testing codes are billed by psychologist and neuropsychologists. Evaluations provided by other providers would be billed under medical codes specific to their session	Providers should bill under the appropriate specialty and would be billed under medical codes specific to their session	Providers can bill within their scope and license	Information not provided at time of publication
<b>Are specific guidelines followed when making a decision to authorize testing?</b>	Prior Authorization not required for diagnostic testing. MCG Guidelines are utilized for all treatment services.	InterQual, <sup>11</sup> EPSDT requirements indicating service coverage	InterQual <sup>11</sup> , DBH policies, DC Medicaid fee schedule, MFC-DC BH policies	ASD clinical guidelines and InterQual <sup>11</sup>	Internal guidelines

<sup>7</sup> To get 3 units of 96131 the request MUST be submitted as “psychological testing-child” and NOT as “psychological testing.”

<sup>8</sup> If an evaluation request is below 96136 (1)/96137 (10) within a rolling period of 36 months, a prior authorization is NOT required, but if more units than listed are requested within 36 months then a prior authorization is required.

<sup>9</sup> Maryland Optum: Up to 1 unit of 96136; unlimited number of units of 96137

<sup>10</sup> DC Medicaid fee schedule unit maximums: 96138/96139 - not on the fee schedule, 96112 - Max Unit: 1, 96113: Max Unit: 6 (With certain modifiers, only 1), 90791: Max Unit 1 (With certain modifiers, 10), 96130: Max Unit 1 (With certain modifiers, 10), 96131: Max Unit 7 (With certain modifiers, 10), 96136: Max Unit 1, 96137: Max Unit 11, 90846: Max Unit 1

<sup>11</sup> InterQual guidelines are proprietary. More information about these criteria can be found at the Change Healthcare website: <https://www.changehealthcare.com/clinical-decision-support/interqual>

Table 2: **Applied Behavior Analysis (ABA)  
Treatment Services**

Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
<b>Is a physician's order required beyond a diagnostic report?</b>	Yes, if being referred for services (ABA, PT, OT, SLP, etc.).	ABA must be listed as recommended in the evaluation, but a physician's order is not required	Yes	Yes	Yes
<b>Who can provide the physician's order?</b>	The diagnosing healthcare provider can make the order or PCP. The diagnostic report must be submitted with the order.	N/A	Pediatricians, neurologists, developmental pediatricians, psychiatrists, and child/adolescent psychiatrists.	A request form has to come from an MD, NP, or DO.	A general or developmental pediatrician, licensed clinical psychologist, nurse practitioner, psychiatrist, or neurologist.
<b>Is prior authorization required?</b>	Yes	Yes	Yes	Yes	Yes
<b>Who can provide the diagnosis in order for services to be covered?</b>					
<b>Licensed clinical psychologists?</b>	Yes	Yes	No	Yes	Yes
<b>Developmental pediatricians?</b>	Yes	Yes	Yes	Yes	Yes



Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
General pediatricians?	Yes	Yes	Yes	Yes	Yes
Psychiatrists?	Yes	Yes	Yes	Yes	Yes
Nurse practitioners?	Yes	Yes	No	Yes	Yes
Physician assistants?	Yes	Yes	No	Yes	No
Other?	No	No	Neurologist	No specific requirements	Neurologist
Are there required components to make the diagnosis in order to approve coverage of ABA?	<p>No requirement for non-EPSDT eligible enrollees.</p> <p>EPSDT eligible enrollees require EPSDT service visit (well-child visit) for approval coverage of ABA.</p>	Structured assessment and behavioral health observation	No. This is at the discretion of the referring physician.	No specific protocols are required.	Full name and DOB of patient, evidence of parent/caregiver interview, developmental/psychosocial history, documentation of current skill deficits related to the core deficits of ASD, direct observation identifying the primary features of ASD present (can overlap with current skill deficits), confirmed diagnosis of ASD, dated signature by qualified health care professional.





Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
<b>Is the ADOS required? – Autism Diagnostic Observation Schedule</b>	No	No	No	No	No
<b>Is a diagnosis of ASD required for services to be covered?</b>	Yes	Yes; provisional diagnosis or unspecified neurodevelopmental disorder may be reviewed on a case-by-case basis	Yes	No, but must have medical necessity; hours coverage based on BCBA evaluation recommendation rather than diagnosis	Yes
<b>Is there a limit to services (annually/lifetime)? What documentation is required to continue ongoing services?</b>	For ongoing services, provider will complete another evaluation every 12 months.	Services are approved up to 6 months at a time <sup>12</sup> . The provider must then submit progress to goals, barriers to progress, what if any changes will be made to the treatment plan, updated standardized testing (ex. VBMAPP/Vineland) as a standard measure of progress, information on family engagement, collaboration with other providers/schools and sample schedule with expected days/times of treatment	Decisions are made on a case-by-case basis	New authorization usually needed every 6 months; continuation requests require treatment plan that includes documentation of progress	Eligible until age 21, documentation only required in some circumstances <sup>13</sup>

<sup>12</sup> Following the diagnostic assessment, up to 32 units/8 hours are approved to develop the original treatment plan, which must include goals, maladaptive behaviors which may be barriers to progress, standardized testing (ex. VBMAPP/Vineland) as a standard measure of functioning, planned family engagement, planned collaboration with other providers/schools and a sample schedule with expected days/times of treatment. After this is accepted, the member is approved for services: 97153 up to 40hr per week based on child's age and need, 97155 up to 4 hours per week, 97151 up to 4 hours to update the treatment plan; 3 month authorizations for Early Intervention



Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
If the child has an IFSP/ IEP, does it have to be reviewed before services are authorized?	No	No	Yes	No	No
Can services be provided through medical insurance if they are also part of the child's IFSP? What about an IEP?	Yes, on some occasions. Depending on the school, child's needs, etc.	Yes IFSP – services provided through Strong Start are covered by AmeriHealth; IEP – services in school are not covered by AmeriHealth, but outside-of-school services can be covered	Decisions are made on a case-by-case basis	Services provided through IFSP/ IEP that are education-related are outside the scope of HSCSN. Enrollees can get services in addition to what is received in school, but services delivered in the school setting are considered as part of total service need.	Yes, members can seek outside services in addition to in-school related services. ABA providers can go into schools to assist with behavior in collaboration with the school. ABA providers are not allowed to assist with academics
Where can the ABA provider network be found?	<a href="#">Find a Doctor   Amerigroup DC Medicaid (myamerigroup.com)</a>	<a href="https://www.amerhealthcaritasdc.com/provider/tools/find-doctor.aspx">https://www.amerhealthcaritasdc.com/provider/tools/find-doctor.aspx</a> or call Enrollee Services at 1-800-408-7511	<a href="https://www.medstarfamilychoicedc.com/enrollees/find-a-provider">https://www.medstarfamilychoicedc.com/enrollees/find-a-provider</a> , for additional support call Enrollee Services <a href="https://www.medstarfamilychoicedc.com/providers/provider-resources">https://www.medstarfamilychoicedc.com/providers/provider-resources</a>	<a href="https://hscsnhealthplan.org/enrollees/search-health-providers">https://hscsnhealthplan.org/enrollees/search-health-providers</a>	Call 800-888-1965 or online at: <a href="#">Optum Maryland - Autism Information</a>

<sup>13</sup> If diagnosis was made at age 3:0 or younger and it's been 2 years since that diagnosis [the clinical confirmation of continued Autism Spectrum Disorder diagnosis is required to continue services.](#)



Table 3: Case Management and Other Services

Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
Where can enrollees find information regarding case management?	Amerigroup Member site - <a href="#">Home   Amerigroup DC Medicaid (myamerigroup.com)</a>	<a href="https://www.amerihealthcaritasdc.com/pdf/member/care-management.pdf">https://www.amerihealthcaritasdc.com/pdf/member/care-management.pdf</a> or call Enrollee Services at 1-800-408-7511	Case Management services: 855-798-4244	All enrollees assigned to a care manager	In their Participant Handbook. To request Case Management services enrollees can call 800-888-1965 and request a Case Management referral.
What is the average case load of a case manager?	50 per case manager	For children working with Strong Start, approximately 120-130 per case manager; For children who have aged out of early intervention, assigned to complex case management and approximately 80-100 enrollees per case manager. Also have short-term care coordination available	Up to 75 enrollees actively in contact, but no one is ever turned away	Maximum of 75 for higher acuity; maximum of 100 for lower acuity	Varies
What is the training background of case managers and/or areas of specialization?	BS and MS prepared nurses and social workers	RNs & licensed social workers with early intervention team specialized in early childhood/ASD	RN and SWs, integrated behavioral and physical health expertise	Care managers are social workers or nurses. Specific specialized care managers related to Katie Beckett waiver, CFSA involvement, obstetric care, early intervention	Clinical Social Workers and Counselors with various specialties

Question	Amerigroup DC	AmeriHealth Caritas	MedStar Family Choice	HSCSN	Optum (Maryland Department of Behavioral Health)
<b>What other health promotion programs or health services are offered?</b>	Respite care for all members  Enrollees can receive up to \$75 worth of sensory support items	<a href="https://www.amerihealthcaritasdc.com/pdf/member/030221-enrollee-resource-compendium.pdf">https://www.amerihealthcaritasdc.com/pdf/member/030221-enrollee-resource-compendium.pdf</a>	Information not provided at time of publication	Transportation, respite care for under 21, support groups, recreation programs, youth athletics, special events, healthy living, parent advocacy, male caregivers, wellness programming, holiday events, wellness incentive	Case Management offers a variety of behavioral health services which can be located on the Optum, MD website ( <a href="https://optum.com">optum.com</a> ). These include, but are not limited to, targeted case management, respite (via 1915i program), PRP, RRP, RTC, substance use services, Mobile Treatment, etc.  Separate system for respite in DDA
<b>Are any services explicitly excluded from coverage for patients with Autism?</b>	No	Experimental Treatments	Experimental Treatments	No	Information not provided at time of publication
<b>Where can families find out about other benefits?</b>	Amerigroup Member - <a href="https://www.amerigroup.com">Home   Amerigroup DC Medicaid (myamerigroup.com)</a>	<a href="https://www.amerihealthcaritasdc.com/member/eng/medicaid/benefits/index.aspx">https://www.amerihealthcaritasdc.com/member/eng/medicaid/benefits/index.aspx</a>	<a href="https://www.medstarfamilychoicedc.com/enrollees/general-benefits">https://www.medstarfamilychoicedc.com/enrollees/general-benefits</a>	<a href="https://hscsnhealthplan.org/enrollees/handbook">Current Enrollees in the Health Plan   Health Services for Children with Special Needs, Inc. (HSCSN) (hscsnhealthplan.org); https://hscsnhealthplan.org/enrollees/handbook;</a>  <a href="https://hscsnhealthplan.org/events-calendar/hscsn-new-enrollee-orientation">Events Calendar   (hscsnhealthplan.org); https://hscsnhealthplan.org/events-calendar/hscsn-new-enrollee-orientation</a>	From their Participant Handbook

# PROCESSES FOR PRIOR AUTHORIZATION AND CASE MANAGEMENT

## Amerigroup DC

### To submit a prior authorization request:

1. Find the prior authorization form (for diagnostic testing or treatment services) in the portal: [Log In to Availity®](#)
  - No specific information must be included in a prior authorization request for testing. A physician's order is required for services (ABA, PT, OT, SLP, etc.). The diagnosing healthcare provider can make the order or PCP. The diagnostic report must be submitted with the order.
2. Submit the prior authorization request through the portal.
3. Find out about the status of the request via fax and call.
  - Find out more about the appeal process at the Amerigroup Provider site – [Home | Amerigroup District of Columbia, Inc.](#)

### For provider to request case management support:

1. Send fax to Provider Services (Fax# 800-964-3627), Phone: 1-800-454-3730.
2. Providers can also call the Case Management phone number 1-833-346-1663

## AmeriHealth Caritas

### To submit a prior authorization request:

1. Find the prior authorization form (for diagnostic testing or treatment services) at <https://www.amerihealthcaritasdc.com/pdf/provider/provider-behavioral-health-prior-authorization-request-form.pdf>
  - Include the following information in the prior authorization request: Clinical interview within past 30 days; behavioral observation, symptoms supporting the need for testing, list of assessment tools they want to utilize

2. Submit the request through NaviNet; by telephone (202-408-4823 or 1-800-408-7510), or by fax (202-408-1031 or 1-877-759-6216). To contact the Behavioral Health Utilization Management team directly, call 1-877-464-2911 or email to [IntegratedBHUMOPT@amerihealthcaritas.com](mailto:IntegratedBHUMOPT@amerihealthcaritas.com)
3. Find out about the status of the request via fax.
  - Find out more about the appeal process at <https://www.amerihealthcaritasdc.com/pdf/provider/manual.pdf>

### For provider to request case management support:

1. Submit this referral form: <https://www.amerihealthcaritasdc.com/pdf/provider/resources/let-us-know-intervention-form.pdf>

## MedStar Family Choice

### To submit a prior authorization request:

1. Find the prior authorization form (for diagnostic testing or treatment services) at: [https://www.medstarfamilychoicedc.com/providers/utilization-management Non-Pharmacy & DME request](https://www.medstarfamilychoicedc.com/providers/utilization-management-Non-Pharmacy-&-DME-request)
  - Prior authorization request should include explanation of why evaluation is needed and clinical symptoms prompting evaluation request
2. Fax the form to 202-243-6307 (include supporting clinical documentation)
3. Denial would come as a letter which includes appeal information (mail and fax), attempt verbal communication via phone
  - Denial letter provides comprehensive information for the appeal process

### For provider to request case management support:

1. Providers can request for patients by sending a fax (202-243-6253) or calling customer service (855-798-4244)



## ✓ HSCSN

### To submit a prior authorization request:

1. For diagnostic testing: find the prior authorization form at: [Provider Forms | Health Providers | Health Services for Children with Special Needs, Inc. \(HSCSN\) \(hscsnhealthplan.org\)](#)
  - Referring physician order has to be included in the prior authorization request; the prior authorization form has all required information
2. For ABA treatment services: The form is used specifically for ABA evaluation: [Provider Forms | Health Providers | Health Services for Children with Special Needs, Inc. \(HSCSN\) \(hscsnhealthplan.org\)](#)
  - Prior authorization is based on medical necessity as determined by the ABA evaluation
3. Email the form to UM@hscsnhealth.org or fax to (202) 721-7190
4. If there is a denial, the prescribing provider and enrollee receive a letter via mail (and possibly email if requested)
  - Denial letter provides comprehensive information on appeals; information can also be found at [Appeals and Fair Hearings | Health Providers | Health Services for Children with Special Needs, Inc. \(HSCSN\) \(hscsnhealthplan.org\)](#)

## ✓ Optum (Maryland Department of Behavioral Health)

### To submit a prior authorization request:

1. For diagnostic testing, find the prior authorization form at: <https://omd.infomc.biz/ipc>

2. For ABA treatment services, No specific form is needed; only the CDE (comprehensive diagnostic evaluation) and contact from provide.
- Families can optionally share documentation for pre-review (to support the prior authorization request) by emailing [ombhaba@optum.com](mailto:ombhaba@optum.com) or fax to 844-882-9917
3. Submit the prior authorization request through the online portal.
4. Find out the status of the request via the portal as well as a letter mailed to the provider and enrollee.
  - The appeal process is outlined in the denial letter sent when there is a clinical denial.

### For provider to request case management support:

1. Providers can call 800-888-1965 to refer a patient for coordination of care for behavioral health services. Case management is only available for members with autism and another co-occurring diagnosis.





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