

## Common Denials from Insurance Carriers for ABA and Points to Share at your Appeal or Hearing

- **ADOS Requirement** - denying treatment until an Autism Diagnostic Observation Schedule (ADOS) diagnosis and assessment tool is completed, even if the child is already diagnosed.
  - The autism insurance mandate, mandates treatment begin if the individual has ASD and meets medical necessity. Treatment needs to begin and then an ADOS can be completed. Currently, Ohio lacks enough certified ADOS providers resulting on long waitlist with certified ADOS practitioners. This is not a good assessment for treatment plan develop or current functioning level.
- **Partial denial of treatment hours** – Ex. Your behavior analyst requested 25 hours a week and the insurer approved 20 hours a week. That is a partial denial of 5 hours per week.
- **ABA is experimental or educational** - Not True! ABA is the most prescribed, evidenced-based treatment and generally accepted medical treatment for ASD proven by the new AMA permanent medical CPT billing codes.
- **Fail First Option** - Insurer tells you to try a less intensive treatment model first, “fail first” option. This is a mental health parity violation. We do not tell medical disease patients they can only receive treatments for their medical condition that is inadequate because it is less intense. Surgical/medical and mental/behavioral health conditions are medical conditions/diseases and need to be treated with the generally accepted treatment for that disease/condition.
- **The location is not allowed.** Research shows ABA treatment needs to be provided across multiple environments to assure generalization of learned skills. Clinicians need to observe and treat consumers in multiple environments, including schools.
- **Treatment plan** does not support the level of treatment hours requested. The behavior analyst will need to review the treatment plan and explain why there are a limited number of goals on the plan.
- **Not enough hours in the day** - Child only has enough time in his day for a few hours of treatment due to schooling hours. Treatment can occur on weekends, evenings and school hours.
- **Treatment gains are plateauing.** The consumer “Maintaining functioning” is an element of medical necessity and some consumers may take longer to make gains on certain goals.
- **ABA is not effective after age of 12.** ABA started with treating adults with ASD in institutional settings. This allowed many of these adults to leave institutions to less institutionalized settings. Provide research articles to support treatment at any age.

- **Autism is not mental health**, it is developmental disability or an educational diagnosis. In 2013, the American Psychiatric Association released the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 is now the standard reference that healthcare providers use to diagnose mental and behavioral conditions. ASD is listed as a MH disorder. See the below link for the DSM-5, ASD specific language <https://www.autismspeaks.org/dsm-5-criteria>.
- **Because parents/caregivers are not participating** in treatment or educational training, we are not approving treatment hours. The consumer has a right to mental health treatments no matter if parents are involved. Add strategies in the treatment plan that will encourage the parents/caregivers to become involved.