

Which Medicaid Health Plans must cover autism treatment, including ABA?

ALL Medicaid Health Plans must cover autism treatment, including ABA, if the treatment is medically necessary under EPSDT guidelines. Medicaid Health Plans include: Traditional Medicaid (fee-for-service); Hoosier Care Connect; Hoosier Health Wise; and MED Works. For adults, autism treatment is through the mental health benefits.

Medicaid carriers include Anthem, CareSource, MHS and MDWise (insurance companies that are contracted by the State of Indiana to manage some Medicaid Health Plans). You do not have to “switch Medicaid types” to access ABA coverage.

What is EPSDT?

EPSDT stands for Early, Periodic, Screening, Diagnosis and Treatment. EPSDT is a program under ALL Medicaid health insurance plans that requires Medicaid to cover medically necessary services linked to a diagnosis for children ages 0-21, in order to address and prevent potentially disabling conditions. You do not have to “apply for EPSDT.” EPSDT is part of all Medicaid health plans. However, your doctor or provider may have to preauthorize services.

What is EPSDT “Medical Necessity”?

The EPSDT medical necessity standard is described as follows: While there is no federal definition of preventive medical necessity, federal amount, duration and scope rules require that coverage limits must be sufficient to ensure that the purpose of a benefit can be reasonably achieved. Since the purpose of EPSDT is to prevent the onset of or worsening of disability and illness in children, the standard of coverage is necessarily broad.

The standard of medical necessity used by a state must be one that ensures a sufficient level of coverage to not merely treat an already-existing illness or injury, but also to prevent the development or worsening of conditions, illnesses and disabilities.

EPSDT is a prevention program; therefore, what is called medically necessary should include services to treat autism AND also services to help prevent a child’s autism or disability from autism from getting worse. Decisions must be made on a case-by-case basis. The insurance carriers may not have hard caps on services or blanket policies about service limits that apply to all children. Decisions about medical necessity must be specific to the individual child.

EPSDT coverage for autism is NOT limited to ABA. It may also include services such as speech therapy, occupational therapy, physical therapy, physician, psychiatry services, and other medically necessary services and treatments. Pre-authorization for services may be required. You must follow the pre-authorization rules for your plan.

Does a child have to be diagnosed with autism to get ABA through Medicaid?

Yes, at this time, a child must have a medical diagnosis of autism to get ABA therapy through Medicaid, including through the EPDST program. The diagnosis must be made by a Qualified Medical Professional (QMP). This includes a physician, Health Service Provider in Psychology (HSPP), Pediatrician, Psychiatrist or other behavioral specialist with training and experience in diagnosis and treatment of Autism Spectrum Disorder (ASD).

An educational evaluation by a public school team or a school psychologist is NOT a medical diagnosis of ASD, even if the child qualified for educational services under ASD. An educational determination can only qualify a child for educational services, not medically necessary ones.

While Board Certified Behavior Analysts (BCBAs) may treat persons with autism by providing ABA services, a BCBA may not diagnose ASD, since it is considered outside their scope of practice (per the Association of Professional Behavior Analysts or APBA).

Do all ABA providers accept Medicaid?

No. They may choose to participate in all Medicaid plans, some plans, or none. A provider must be a participating provider with Medicaid AND be a participating provider who is credentialed by the insurance carrier who may be managing the Medicaid plan.

For example, if you have Medicaid managed by MHS and your ABA provider is a participating provider in Medicaid, but NOT with MHS, they cannot get paid by MHS Medicaid managed plans. They must be “credentialed” by MHS and be in the MHS network.

How do I know if my provider is “in network” with my Medicaid Health Plan?

Your ABA provider must be a Medicaid Health Plan Provider. ABA providers have their own provider category. You can search for a provider in your area at: [Indiana Medicaid Provider Services, Provider Search](#). You can also use this link to look up doctors, dentists, psychiatrists, etc. who are Medicaid providers in your area.

It is important to note that just because a provider is a Medicaid Health Plan Provider, that does *not* mean that they are also a provider under the managed care company that manages your child’s Medicaid Health Plan. They must be credentialed with that managed care company as well. This includes Anthem, MHS, and MDWise. Check to see if your ABA provider is also credentialed as a network provider in your Medicaid Health Plan.

Traditional Medicaid, or fee-for-service Medicaid includes all providers; therefore, all ABA Medicaid providers can bill Traditional Medicaid.

If a provider states that they “do not take” Traditional Medicaid, they certainly can bill it, but are choosing not to bill Traditional Medicaid because it is billed differently than the managed Medicaid plans.

If you are on a Medicaid plan managed by Anthem, MHS or MDWise, you can go to their websites and enter your plan information to search their provider lists. We do hear reports from families that these lists are not complete or are not up to date, so you will want to confirm what you find with the ABA provider directly by calling them or searching their website.

In addition, check to be sure that a provider is accepting new Medicaid patients if you are switching providers or just beginning therapy. If you cannot find a provider who is taking new patients in your area, contact Medicaid Member Services for assistance at 800-457-4584.

Note: Being a Medicaid Waiver Provider is NOT the same thing as being a Medicaid Health Plan Provider. Although Medicaid Waivers and the Health Plans are related, they are two different systems with different services, provider applications and qualifications, different management systems and different rules.

Questions? Contact Michelle Trivedi, The Arc Insurance Advocacy Center Manager at mtrivedi@arcind.org, 317-977-2375 or 800-382-9100

May 2019

