

## Developmental Individual-Difference Relationship-Based (DIR) UM Guideline

**Subject:** Developmental Individual-difference

Relationship-based (DIR) UM Guideline

**Current Effective Date:** 07/01/2020

**Status:** Revised

**Last Review Date:** 08/19/2020

### Description

Autism treatment focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. Developmental Individual-Difference Relationship Based (DIR) provides a foundation for understanding human development and the critical role of social-emotional development. DIR treatment can help to increase communication skills and improve attention, focus, social skills, and memory. Along with other autism treatment it can improve academics and decrease problem behavior.

### Clinical Indications

#### Medically Necessary:

##### Assessment and Planning

The assessment and planning for an initial course of DIR intervention services may be covered for an individual with Autism Spectrum Disorder (ASD) when the following selection criteria are met:

- A. A diagnosis of ASD has been made by a licensed medical professional or other qualified health care professional as is consistent with state licensing requirements; and
- B. Documentation is provided which describes the person-centered treatment plan that includes all of the following:
  1. Addresses the identified behavioral, physical, psychological, family, and medical concerns; and
  2. Has measurable goals in objective and measurable terms based on standardized assessments that address the behaviors and impairments for which the intervention is to be applied, for each goal:
    - baseline measurements,
    - progress to date, and
    - anticipated timeline for achievement based on both the initial assessment and subsequent interim assessments over the duration of the intervention); and

3. Documents that DIR services will be delivered by an appropriate provider who is licensed or certified according to applicable state laws and benefit plan requirements; and
- C. Assessments of physical, motor, language, social, and adaptive functions have been completed; and
- D. The treatment plan incorporates goals appropriate for the individual's age and impairments including social, communication, language skills or adaptive functioning that have been identified as deficient relative to age expected norms with these elements for each target:
  1. Family education and training interventions including the behavior parents/caregivers are expected to demonstrate. Parents/caregivers can learn techniques through written materials, workshops, and websites made available to them; and
  2. Anticipated timeline for achievement of the goal(s), based on both the initial assessment and subsequent interim assessments over the duration of the intervention; and
  3. Plan for generalization; and
  4. Estimated date of mastery; and
  5. Anticipated timeline for achievement of the goal(s), based on both the initial assessment and subsequent interim assessments over the duration of the intervention; and
  6. Discharge or transition planning.

### Continued Stay Criteria

Continuation of treatment may be covered for an individual with ASD when ALL of the following selection criteria are met:

- A. The individual continues to meet the criteria above for an initial course of DIR services;  
AND
- B. The treatment plan will be updated and submitted, in general, every 6 months or as required by a state mandate, AND
- C. The treatment plan includes age and impairment appropriate goals and measures of progress. The treatment plan should include measures of the progress made with:
  - social skills,
  - communication skills,
  - language skills,
  - adaptive functioning, and
  - specific behaviors or deficits targeted.

Clinically significant progress in social skills, communication skills, language skills, and adaptive functioning must be documented as follows:

1. Interim progress assessment at least every 6 months based on clinical progress toward treatment plan goals; AND
  2. Developmental status as measured by standardized assessments no less frequent than every 6 months; AND
- D. For each goal in the person-centered treatment plan, the following is documented:
1. Progress-to-date relative to baseline measures is described; AND
  2. Anticipated timeline for achievement of the goal(s), based on both the initial assessment and subsequent interim assessments over the duration of the intervention; AND
  3. Family education and training interventions including the behavior parents/caregivers are expected to demonstrate and utilize outside the treatment setting (for example, at home or in the community); AND
  4. Estimated date of mastery; AND
  5. Plan for generalization; AND
  6. Transition and discharge planning.

**Note:** The number of hours allotted for direct treatment with the individual should reflect the treatment plan. The hours should be reviewed regularly, and adjusted to address the behavioral targets and key functional skills of the individual, based on the results of the assessments mentioned above.

**Not Medically Necessary:**

To the extent there is a state mandate or specific benefit coverage for DIR services for an individual that allows DIR treatment to be reviewed using clinical criteria, DIR services will be considered not covered and not medically necessary when either:

- A. The criteria above are not met; OR
- B. There is no documentation of clinically significant progress in any of the following areas as measured by an interim progress evaluation through standardized assessments:
  1. Adaptive functioning; OR
  2. Communication skills; OR
  3. Language skills; OR
  4. Social skills.

<b>Program Requirements</b>
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The need for DIR services must be determined by a Qualified Healthcare Professional (QHP) capable of making a diagnosis of autism. ***QHPs are licensed health care professionals, who are qualified by education, training, or licensure/regulation (when applicable) to perform a professional service within his/her scope of practice.*** Once a child has a diagnosis of autism, a QHP must assess the child to determine the need for DIR therapy. To develop a DIR treatment plan, QHPs must have specialized training and endorsements, including, but not limited to:

- DIRFloortime® Advanced Practitioner
- NJAIMH – Level II and IV Infant Mental Health Endorsed – Alliance for IMH
- Clinical, Developmental Models of Autism Intervention- DMAI
- Certificate of the Center for Autism and Early Childhood Mental Health,
- Early Start Denver Model (ESDM),
- Relationship Development Intervention (RDI)
- Licensed Independent Practitioner-LCSW, LPC, LMFT

\*Use of DIR/Floortime™ should be included in Treatment Plan with the documentation to support the coding.

### Coding

2020 Health Behavior Intervention Services	Description
96156EP	Health behavior assessment or re-assessment
96158EP (30 mins) 96159EP (additional 15 mins)	Health behavior intervention (individual treatment), initial 30 mins Health behavior intervention (individual treatment), each additional 15 mins
96164EP (30 mins) 96165EP (additional 15 mins)	Health behavior intervention (group-led), initial 30 mins Health behavior intervention (group-led), each additional 15 mins
96167EP (30 mins) 96168EP (additional 15 mins)	Health behavior intervention, family with child, initial 30 mins Health behavior intervention, family with child, each additional 15 mins
96170EP (30 mins) 96171EP (additional 15 mins)	Health behavior intervention, family without child, initial 30 mins Health behavior intervention, family without child, each additional 15 mins

Where indicated, DIR services may be provided with an initial 30 minute code followed by an add-on code for each additional 15 minutes required. EPSDT services are provided to meet individual medical necessity and do not allow for the denial of services based on preset limitations. The following limits are for guidance purposes only and must be overridden when medically necessary based on individual need.

Code	Unit Description	Suggested Daily Limits
96156EP	untimed	1 unit
96158EP	30 minutes	1 unit
96159EP	15 minutes	30 units
Code	Unit Description	Suggested Daily Limits
96164EP	30 minutes	1 unit
96165EP	15 minutes	22 units
96167EP	30 minutes	1 unit
96168EP	15 minutes	14 units
96170EP	30 minutes	1 unit
96171EP	15 minutes	14 units

### Discussion/General Information

Research on DIR/Floortime™ and interventions based on this model suggests that this treatment could improve autism outcomes with caveats related to limited literature and methodological concerns (ref #1). The available literature suggests that DIR/Floortime™ and related treatments are often administered for 10 to 15 hours per week (2 to 5 hours per day) for intervals ranging from 3 months to a year to test effectiveness. Effectiveness was evaluated with a variety of instruments including the Functional Emotional Assessment Scale ([FEAS](#)), Functional Emotional Developmental Questionnaire ([FEDQ](#)), Childhood Autism Rating Scale ([CARS](#)), Circles of Communication ([CoC](#)), Child Behavior Rating Scale (CBRS), Assessment of Child Socio-Communication, Assessment Scale of Children with ASD, and Vineland Adaptive Behavioral Scales ([VABS-3](#)).

#### **Eligible Provider Information:**

Once an individual is diagnosed with ASD, the MCO shall authorize a QHP to assess the child for the development of a proposed treatment plan. Qualified individuals must be a NJFC Medicaid provider or work for a NJFC Medicaid provider. Providers must be licensed by New Jersey, certified by a nationally accredited credentialing body or by a recognized provider of continuing education. Licensed/credentialed disciplines may include a:

- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Psychologist
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Associate Counselor (LAC)
- Licensed Occupational Therapist (OT)
- Licensed Social Worker (LSW)
- Licensed Clinical Professional Counselor (LCPC)
- Masters Level or a Baccalaureate degree under the supervision of a licensed independent practitioner.

DIR specialties, qualifications and credentialing requirements are listed in the table below.

<b>Provider Specialty</b>	<b>Qualifications</b>	<b>Credentialing Requirements</b>
DIRFloortime® Advanced Certificate	<ul style="list-style-type: none"> <li>▪ DIR 203: Coaching Caregivers, Teachers or Other Care Providers</li> </ul>	Interdisciplinary Council on Development and Learning (ICDL)
DIRFloortime® Expert Certificate	<ul style="list-style-type: none"> <li>▪ DIR 204B Becoming an Expert DIRFloortime® Provider</li> </ul>	Interdisciplinary Council on Development and Learning (ICDL)
Developmental Models in Autism Intervention (DMAI) Certificate	<ul style="list-style-type: none"> <li>▪ 15 Graduate Credits through the College of Education and Human Services, Department of Early Childhood, Elementary and Literacy Education</li> </ul>	Center for Autism and Early Childhood Mental Health
Certified Autism Specialist	<ul style="list-style-type: none"> <li>▪ Masters degree</li> <li>▪ Two years experience</li> <li>▪ 14 CE hours</li> <li>▪ Autism Competency Exam</li> </ul>	International Board of Credentialing and Continuing Education Standards ( <u>IBCCES</u> )
Early Start Denver Model	May be the following: <ul style="list-style-type: none"> <li>• Psychologist</li> </ul>	ESDM Certified

	<ul style="list-style-type: none"> <li>• Behavior specialist (BCBA)</li> <li>• Occupational therapist</li> <li>• Speech and language pathologist</li> <li>• Early intervention specialist</li> <li>• Developmental pediatrician</li> </ul> <p>And requires</p> <ul style="list-style-type: none"> <li>▪ Attend a training workshop</li> <li>▪ Submit video showing them using ESDM techniques in therapy sessions</li> <li>▪ Demonstrate they can use these techniques correctly and reliably</li> </ul>	
<b>Level III Infant Mental Health Specialist</b> <b>Level IV Clinical Mentor</b>	Multiple levels of degrees and certified individuals with training requirements and testing. Multiple years of experience required	NJ AIMH Endorsement

**Service provision:**

- **Code 96156EP** is to be used for billing for development of the initial assessment and development of a treatment plan as well as reassessment and progress reporting by the QHP. Allowable activities include face-to-face time with the patient and/or caregivers to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report.
- **Codes 96158EP-96159EP** are provided individually, by or under the direction of, a QHP.
- **Codes 96164EP-96165EP** are billed for QHP group-led sessions for a minimum of 2 individual patients to a maximum of 8 individual patients. Billing is made for each child in the group session.
- **Codes 96167EP-96168EP** are billed by the QHP for treatment guidance services provided to a family with an autistic child **with** the child present. Family members/caretakers are taught to apply the same treatment protocols and interventions to reduce unwanted behaviors and reinforce appropriate behavior. The provider may bill for each set of parents/caregivers once. In the event of two autistic children with the same parents/caregivers, you would only allow billing for the parents or caregivers once.

- **Codes 96170EP–96171EP** are billed by the QHP for treatment guidance services provided to a family with an autistic child **without** the child present. Family members/caretakers are taught to apply the same treatment protocols and interventions to reduce unwanted behaviors and reinforce appropriate behavior. The provider may bill for each set of parents/caregivers. In the event of two autistic children with the same parents/caregivers, you would only allow billing for the parents or caregivers once.

**Location of services:** DIR services may be provided in the therapist’s office, a community setting or a child’s home.

### Definitions

**D.I.R.**-The Developmental, Individual-differences, & Relationship-based model developed to provide a foundational framework for understanding human development. It explains the critical role of social-emotional development starting at birth and continuing throughout the lifespan. It also provides a framework for understanding how each person individually perceives and interacts with the world differently.” Taken from <https://www.icdl.com/dir>.

### Acronyms

CPT: Current Procedural Terminology  
DIR: Developmental Individual-difference Relationship-based  
DMAI: Developmental Models of Autism Intervention  
DSM: Diagnostic and Statistical Manual of Mental Disorder  
EPSDT: Early and Periodic Screening, Diagnostic and Treatment  
IMH: Infant Mental Health  
NJAIMH: New Jersey Association for Infant Mental Health  
NJFC: New Jersey Family Care  
QHP: Qualified Healthcare Professional

### References

Boshoff K, Bowen H, Paton H et al. Child development outcomes of DIR/Floortime™ -based Programs: a systematic review. Can J Occup Ther 2020; 87:153-164.

**Government Agency, Medical Society, and Other Authoritative Publications:**

### Websites for Additional Information



1. State of New Jersey, Department of Human Services, [Division of Medial Assistances and Health Services](#)
2. New Jersey Association for Infant Mental [Health](#)

History		
Status	Date	Action
New	06/17/2020	Developed and reviewed by Health Plan
MOC Approved	06/25/2020	Approved by the Medical Operations Committee
Revised	7/20/2020	Added Clinical Indication Section
MOC Approved	8/27/2020	Approved by the Medical Operations Committee