Applied Behavior Analysis for the Treatment of Autism

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DESCRIPTION

Applicability: Federal Employee Program (FEP)

Note: The member's benefit plan determines coverage, applied behavior analysis (ABA) therapy for all other indications except for the treatment of autism will be considered a **non-covered benefit**.

Providers will need to complete the following form for all prior approval requests:

The Prior Approval Form

- The prior approval form is to be completed and submitted for all prior approval requests for ABA therapy services to include the initial evaluation/assessment and continuation of therapy requests.

Autism Spectrum Disorder
The diagnosis of autism spectrum disorder (ASD) has been validated by a documented comprehensive assessment demonstrating the presence of the following diagnostic criteria for autism spectrum disorder (ASD) based on The Diagnostic and Statistical Manual of Mental Disorders (DSM-5):

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive):

    1. Deficits in social-emotional reciprocity, ranging, for example from abnormal social approach and failure of normal back-and-forth conversation; to reduce sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and non-verbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers

Specify Current Severity: Severity is based on social communication impairments and restricted, repetitive patterns of behavior. (See below)

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by a least two of the following, currently or by history (examples are illustrative, not exhaustive):

1. Stereotyped or repetitive motor movements, use of objects or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity: Severity is based on social communication impairments and restricted, repetitive patterns of behavior. (See below)

C. Symptoms must be present in the early development period (but may not become fully manifested until social demands exceed limited capacities or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning

E. These disturbances are not better explained by intellectual disability (intellectual development disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Severity Levels for Autism Spectrum Disorder

Severity Level	Social Communication	Restricted, Repetitive Behaviors
Level 3 – Requiring very substantial support	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty in changing focus or action.
Level 2 – Requiring substantial support	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

Severity Levels for Autism Spectrum Disorder		
Severity Level	**Social Communication**	**Restricted, Repetitive Behaviors**
	to narrow special interests, and who has markedly odd nonverbal communication.	
Level 1 – Requiring support	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Children with autism spectrum disorder (ASD) vary widely in abilities, intelligence, and behaviors. Some children do not speak at all, others speak in limited phrases or conversations, and some have relatively normal language development. Repetitive play skills, resistance to change in routine and inability to share experiences with others and limited social and motor skills are generally evident. Unusual responses to sensory information, such as loud noises and lights, are also common. Affected children can exhibit unusual behaviors occasionally or seem shy around others sometimes without having ASD. What sets children with ASD apart is the consistency of their unusual behaviors. Symptoms of the disorder have to be present in all settings, not just at home or at school, and over considerable periods of time. With ASD, there is a lack of social interaction, impairment in nonverbal behaviors, and a failure to develop normal peer relations. A child with an ASD tends to ignore facial expressions and may not look at others; other children may fail to respect interpersonal boundaries and come too close and stare fixedly at another person.

The exact causes of autism spectrum disorder (ASD) are unknown, although genetic factors are strongly implicated. A clinical report published by the American Academy of Pediatrics (AAP) (2020) indicated that the prevalence of ASD in the United States is 1 in 59 children.

The treatment of ASD may take many different approaches, focusing on one or more aspects of the condition being treated. There is no single treatment that has consistently demonstrated benefit at the core symptoms of these disorders. Family therapy is generally supported as a valuable treatment because it offers emotional support and guidance to parents who will contend with a myriad of services to assist their child. Individual therapy using social story technique and behavioral cue coaching are very useful for the older child/adolescent with Asperger's syndrome and can make a difference in that child's acceptance by others. Educational therapy includes intensive one-on-one therapy involving a wide array of techniques focusing on improvement in social, communication, and language skills, and may include applied behavior analysis (ABA) (also known as applied behavior therapy [ABT]).

Applied behavior analysis (ABA) focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. These relevant environmental events are usually identified through a variety of specialized assessment methods. ABA is based on the fact that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as their genetic endowment and physiological variables. Therefore, when applied to autism spectrum disorder (ASD), ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments.

ABA should be part of person-centered treatment plan that addresses the whole person. The plan is developed based on assessments of the individual's behavioral, psychological, family, and medical health. The use of ABA begins with a thorough assessment of the individual for whom the treatment is requested. This assessment should include confirmation of a diagnosis of ASD made by a licensed medical professional, licensed psychologist, or other qualified health care professional. The evaluation of motor, language, social, adaptive, and/or cognitive functions is important to understand the individual's baseline status and potential for improvement.

Diagnostic instruments/assessments are typically longer, in pronounced detail concerning specific deficits and/or survey a broader swath of core behaviors in autism. Reliability and validity of the instruments are defined in depth. Reliability gauges the extent to which the instrument is free from measurement errors across time, across raters and within the test. Validity is the degree to which other evidence supports inferences drawn from the scores yielded by the instrument. This is often grouped into content, construct, and criteria related evidence. These assessments also provide a measure for severity of illness.

Examples of Assessments Include:

- Autism Specific Standardized Assessments
  - Autism Diagnostic Observation Schedule, second edition. (ADOS-2)
  - Autism Diagnostic Interview, revised. (ADI-R)
  - Social Responsiveness Scale, second edition. (SRS-2)
  - DSM-5 Checklist

- Other Standard Assessment Instruments
  - Vineland Adaptive Behavior Scale (VABS)
  - Adaptive Behavior Assessment Scale (ABAS)
  - Behavior Assessment System for Children (BASC)
  - Pervasive Developmental Disorder Behavior Inventory (PDDBI)

- Standardize Cognitive Assessments

  - Leiter International Performance Scale-R
  - Mullen Scales of Early Learning
  - Bayley Scales of Infant Development
  - Kaufmann Assessment Battery for Children, second edition. (K-ABC-II)
  - Wechsler Preschool and Primary Scale of Intelligence, third edition. (WPPSI-III)
  - Wechsler Intelligence Scale for Children, fourth edition. (WISC-IV)
  - Test of Non-Verbal Intelligence, fourth edition (TONI-4**)**

Curricular Assessments: These tools are developed to provide a curriculum-based individual assessment. They are criterion-refenced, as opposed to psychological testing, which is vetted, standardized and norm referenced. The latter provide a pathway to allow comparison of an individual member's score to a norm-referenced mean.

Examples Include:

- Assessment of Basic Language and Learning Skills (ABLLS)
- Verbal Behavior Milestones Assessment and Placement Program (VBMAPP)
- PEAK
- Essentials For Living (EFL)
- Assessment of Functional Living Skills (AFLS**).**

Goals of ABA Therapy
Overall goal of treatment is to:

- Maximize functioning
- Move the individual toward independence
- Improve the quality of life for the individual and family

Specific goals are to:

- Improve social functioning
- Improve communication skills (both functional and spontaneous)
- Improve adaptive skills
- Decrease nonfunctional or negative behaviors
- Promote academic functioning and cognition

To assure accurate measurement of progress and outcomes, the treatment plan must utilize 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. The use of standardized assessments in a systematic and repeated manner is critical to the proper and consistent measurement of an individual's response to treatment. Standardized assessments, as opposed to non-standardized assessments, are important because standardized assessments have been demonstrated to be consistent, reliable, and widely available. Furthermore, many have been validated for clinical accuracy as well. The use of standardized assessments early in the course of treatment, preferably before initiating treatment and at regularly scheduled intervals, thereafter, provides information about any impact of treatment on developmental trajectory, especially documenting improvement. Examples of widely accepted and used standardized assessments include the VB-MAPP and the Vineland. These types of assessments usually consist of multiple sets of questions focusing on a variety of different developmental areas including, physical, language, social, and learning, and are intended to provide a clinical picture of an individual at a particular point in time.

The assessments characteristic of ABA can be classified into 3 types.

- A *behavior identification assessment* is used to identify behavioral issues that may be targeted for specific interventional treatment. There are many different assessment tools available for this type of assessment, and utilization of such a tool is critical for the proper identification and evaluation of behavioral issues. Examples of such tools include the VB-MAPP and the Vineland.
- A *behavior identification supporting assessment.* This type of assessment is used in the identification and evaluation of disruptive behaviors such as repetitive

gestures, head banging, angry or violent outbursts, etc., this initial assessment should take approximately 20 hours. Additionally, these assessments may need to be repeated during the treatment period but are likely to take considerably less time to complete when repeated.

- A *behavior identification supporting assessment* may need to be repeated to further assess and characterize disruptive behaviors in order to understand social or environmental triggers of disruptive behaviors. Safety is very important. The environment in which these types of assessments are conducted should be carefully controlled, including the persons present at the time of evaluation. This is important to control for potential confounding elements that may interfere with proper assessment. Additionally, because aggressive or violent behaviors are often the types of disruptive behaviors for which this type of assessment is needed, there may be considerably risk to those present during the assessment period. In order to control for possible risk of harm, the assessment should be conducted in an environment that is away from areas that put others at unnecessary risk.

Comprehensive ABA should include one-on-one treatment with a certified or licensed physician, qualified healthcare provider, or ABT technician of between 30 to 40 hours per week. This recommendation is joined by the recommendations made in guidelines addressing non-medical interventions published by the Health Resources and Services Administration (HRSA, 2012), which states that "Children with ASD should be actively engaged in comprehensive intervention for a minimum of 25 hours per week throughout the year." They support this with the comment that "the vast majority of high-quality behavioral interventions found in the literature required 20 to 40 hours of treatment per week." A retrospective analysis of data on children with ASD found a statistical relationship between longer treatment duration and greater treatment intensity and skills acquisition. This analysis, however, did not determine the optimal number of treatment hours per week.

Comprehensive treatment, including ABA, refers to treatment of the multiple affected developmental domains, such as cognitive, communicative, social, emotional, and adaptive functioning. Maladaptive behaviors, such as noncompliance, tantrums, and stereotypical actions are also typically the focus of treatment). Comprehensive ABA treatment may be referred to as adaptive behavior treatment or adaptive behavior treatment with protocol modification.

Comprehensive ABA may involve the following treatment methods:

- **Focused ABA Treatment**: Refers to treatment provided directly to the individual for a limited number of behavioral targets. It is not restricted by age, cognitive level, or co-occurring conditions. Focused ABA treatment may involve increasing socially appropriate behavior (for example, increasing social initiations) or reducing problem behavior (for example, aggression) as the primary target. Even when reduction of problem behavior is the primary goal, it is critical to also target

increases in appropriate alternative behavior, because the absence of appropriate behavior is often the precursor to serious behavior disorders.

- Focused ABA plans are appropriate for individuals who (a) need treatment only for a limited number of key functional skills or (b) have such acute problem behavior that its treatment should be the priority.
  - Examples of key functional skills include, but are not limited to, establishing instruction-following, social communication skills, compliance with medical and dental procedures, sleep hygiene, self-care skills, safety skills, and independent leisure skills (for example, appropriate participation in family and community activities).
  - Examples of severe problem behaviors requiring focused intervention include, but are not limited to, self-injury, aggression, threats, pica, elopement, feeding disorders, stereotypic motor or vocal behavior, property destruction, noncompliance and disruptive behavior, or dysfunctional social behavior.

- **Comprehensive ABA Treatment**: Refers to treatment of the multiple affected developmental domains, such as cognitive, communicative, social, emotional, and adaptive functioning. Although there are different types of comprehensive treatment, one example is early intensive behavioral intervention where the overarching goal is to close the gap between the individual's level of functioning and that of typically developing peers. Comprehensive treatment may also be appropriate for older individuals diagnosed with ASD, particularly if they engage in server or dangerous behaviors across environments.
  - Initially, treatment is typically provided in structured therapy sessions, which are integrated with more naturalistic methods as appropriate. As the individual progresses and meets established criteria for participation in larger or different settings, treatment in those settings and in the larger community should be provided.
  - Training family members and other caregivers to manage problem behavior and to interact with the individual with ASD in a therapeutic manner is a critical component of this treatment model.

Many of the treatments utilized in applied behavior analysis (ABA) are conducted by behavior analysts and technicians. Supervision of behavior analysts and technicians by a licensed or certified professional is a requirement in the 2014 BACB guidelines, which states 2 hours of supervision for every 10 hours of direct treatment is the general standard of care.

Behavior Analyst Certification Board, Inc

The Behavior Analyst Certification Board, Inc (BABC) is a nonprofit 501(c)(3) corporation that was established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services. The BACB adheres to international standards for boards and grant professional credentials. The BACB certification procedures and content undergo regular psychometric review and validation, pursuant to a job analysis survey of the profession and standards established by content experts in the field.

The Behavior Analyst Certification Board's credentialing programs are accredited by the National Commission for Certifying Agencies in Washington, DC. NCCA is the accreditation body of the Institute for Credentialing Excellence.

BACB's Mission: Protect consumers of behavior analysis services by systematically establishing, promoting and disseminating professional standards.

Behavior Analyst Certification Board, Inc Credentials

Board Certified Behavior Analyst (BCAB, BCBA-D):
The BCBA and BCBA-D are independent practitioners who also may work as an employee or independent contractors for an organization.

- **BCBA-D** - are board certified behavior analysts who have earned a Doctorate Degree and the BCBA-D certification with all the training and experience requirements set forth by the Behavioral Analyst Certification Board.
- **BCBA** – are board certified behavior analysts who have earned a master's degree and the BCBA certification with all the training and experience requirements set forth by the Behavior Analyst Certification Board.

The BCBA or BCBA-D is primarily responsible for the following:

- Conducts descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results.
- Designs and supervises behavior analytic interventions.
- Able to effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for the range of cases.
- Seeks the consultation of more experienced practitioners when necessary.
- Teaches others to carry out ethical and effective behavior analytic interventions based on published research and designs and delivers instruction in behavior analysis.

- Supervise the work of Board-Certified Assistant Behavior Analysts (BCaBA) and others who implement behavior analytic interventions (Registered Behavior Technician (RBT)).

Board Certified Assistant Behavior Analyst (BCaAB)
BCaBA is an undergraduate-level certification in behavior analysis. Professionals who are certified at the BCaBA level may not practice independently but must be supervised by someone at the BCBA/BCBA-D level. In addition, BCaBAs can supervise the work of Registered Behavior Technicians, and others who implement behavior-analytic interventions.

BCaBA - are board certified assistant behavior analysts who have earned a bachelor's degree and the BCaBA certification with all the training and experience requirements set forth by the Behavior Analyst Certification Board.

- **Registered Behavior Technician (RBT):**
  The Registered Behavior Technician (RBT) is a paraprofessional who practices under the close, ongoing supervision of a BCBA or BCaBA. The RBT is primarily responsible for the direct implementation of behavior analytic services. The RBT does not design intervention or assessment plans. It is the responsibility of the RBT supervisor to determine which tasks an RBT may perform as a function of his or her training, experience and competence. The BACB certificant supervising the RBT is responsible for the work performed by the RBT on the cases they are overseeing.

RBT – must be at least 18 years of age, possess a minimum of a high school diploma or national equivalent, complete 40 hours of training, pass RBT Competency Assessment and pass the RBT exam.

Coordination with Other Professionals
Applied behavior analysis (ABA) therapy is typically provided by a treatment team rather than individual provider.

Consultation with other professionals helps ensure client progress through efforts to coordinate care and ensure consistency including during transition periods and discharge.

Treatment goals are most likely achieved when there is a shared understanding and coordination among all healthcare providers and professionals. Examples include collaboration between the prescribing physician and the Behavior Analyst to determine the effects of medication on treatment targets. Another example involves a consistent approach across professionals from different disciplines in how behaviors are managed across environments and setting. Professional collaboration that leads to consistency will produce the best outcomes for the client and their families.

Parent and Caregiver Training

Training of parents and other caregivers usually involves a systematic, individualized curriculum on the basics of ABA. It is common for treatment plans to include several objective and measurable goals for parents and other caregivers. Training emphasizes skill development and support so that caregivers become competent in implementing treatment protocols across critical environments. Training usually involves an individualized behavioral assessment, case formulation, and then customized didactic presentations, modeling and demonstrations of the skill, and practice with vivo support for each specific skill. Ongoing activities involve supervision and coaching during implementation, problem-solving as issues arise, and support for implementation of strategies in new environments to ensure optimal gains and promote generalization and maintenance of therapeutic changes.

Discharge, Transition Planning, and Continuity of Care

The desired outcomes for discharge should be specified at the initiation of services and refined throughout the treatment process. Transition and discharge planning from a treatment program should include a written plan that specifies details of monitoring and follow-up as is appropriate for the individual and the family. Parents, community caregivers, and other involved professionals should be consulted as the planning process accelerates with 3-6 months prior to the first change in service.

A description of roles and responsibilities of all providers and effective dates for behavioral targets that must be achieved prior to the next phase should be specified and coordinated with all providers, the individual, and family members.

Discharge and transition planning from all treatment programs should generally involve a gradual step down in services. Discharge from a comprehensive ABA treatment program often requires 6 months or longer, for example, an individual in a comprehensive treatment program might step down to a focused treatment to address a few remaining goals prior to transition out of treatment.

PRIOR APPROVAL

Prior approval required

POLICY

The intent of this medical policy is to address applied behavior analysis (ABA) therapy for the treatment of autism in the outpatient setting.

Providers will need to complete the following form for all prior approval requests:

The Prior Approval Form

- The prior approval form is to be completed and submitted for all prior approval requests for ABA therapy services to include the ABA treatment assessment, the initial ABA treatment service request and continuation of therapy requests.

Applied Behavior Analysis (ABA) Therapy Provided Inpatient, Residential or Partial Hospitalization Settings

If ABA therapy is being provided as part of the treatment plan in an inpatient, residential or partial hospitalization setting, medical necessity at that level of care will be inclusive of this therapy, an additional authorization specific to the ABA therapy is not needed.

If prior to discharge from one of these higher levels of care, if ongoing ABA therapy will be part of the patient's outpatient treatment plan a medical necessity review will need to be completed using the guidelines below for the outpatient applied behavior analysis therapy.

Note: *The member's benefit plan determines coverage and applied behavior analysis (ABA) therapy for all other indications except for the treatment of autism is considered a* ***non-covered benefit****.*

Outpatient Applied Behavior Analysis (ABA) Therapy

Coverage for outpatient applied behavior analysis (ABA) may be subject to the following:

- Care management requirements
- Subject to any deductibles, copayments or coinsurance provisions that apply to the medical or surgical services covered under the plan.
- ABA therapy services are subject to prior approval; however, prior approval does not guarantee coverage.

Benefits are not available for the following:

- Therapy duplicates services provided by educational setting and/or is part of scholastic education
- Treatment is not clinically appropriate in terms of type, frequency, extent, site, and duration

- Treatment is primarily for the convenience of the patient, physician, or other health care provider (ABA is therapy, not babysitting)
- Member does not have the diagnosis of autism spectrum disorder (ASD)

Note: *The member's benefit plan determines coverage and educational classes and programs when performed for applied behavior analysis when performed as part of an educational class or program; or provided in or by a school/educational setting; or provided as a replacement for services that are the responsibility of the educational system is considered a* ***non-covered benefit.***

Parent/Caregiver support is expected to be a component of the applied behavior analysis (ABA) therapy program, as they will need to provide additional hours of behavioral interventions. However, parent support groups are considered **not medically necessary.**

Applied Behavior Analysis (ABA) Treatment Assessment

The initial assessment of care of autism spectrum disorder (ASD) using applied behavior analysis (ABA) may be considered **medically necessary** when **ALL** the following criteria are met:

- Patient has a diagnosis of autism spectrum disorder (ASD) consistent with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association criteria above; **and**

- A medical evaluation including neurological examination has been completed; **and**
- Any person who is providing or supervising applied behavior analysis shall:
    - Be licensed as a medical doctor, doctor of osteopathy, or psychologist in the state in which the applied behavior analysis services are being performed; **or**
    - Behavior Analyst Certification Board, Inc (BACB) certified providers (undergraduate-level certification in behavior analysis must be supervised by someone certified at the BCBA/BCBA-D level; may supervise RBT's, and others who implement behavior-analytic interventions).

Initial Applied Behavior Analysis (ABA) Treatment Request

The initial treatment request of care of autism spectrum disorder (ASD) using applied behavior analysis (ABA) may be considered **medically necessary** when **ALL** the following criteria are met:

- The ABA services recommended do not duplicate services provided or available to the member by other medical or behavioral health professionals. Examples include but are not limited to behavioral health treatment such as individual, group, and family therapies; occupational, physical and speech therapies; **and**
- Approved treatment goals and clinical documentation must be focused on active ASD core symptoms and deficits that inhibit daily functioning. This includes a plan for stimulus and response generalization in novel contexts; **and**
- For ***comprehensive treatment*** the requested ABA services are directed toward reducing the gap between the member's chronological and developmental ages such that the member can develop or restore function to the maximum extent practical; **or**

- For ***focused treatment*** the requested ABA services are designed to reduce the burden of selected treatment targeted symptoms on the member, family, and other significant people in the environment, and to target increases in appropriate alternative behaviors; **and**

- Treatment is provided at the least restrictive and most clinically appropriate environment to deliver care safely, effectively, and efficiently; **and**

- Treatment intensity does not exceed the member's functional ability to participate and/or is not for the convenience of the patient, caregiver, treating provider or other professional; **and**

- Treatment is clinically appropriate and designed to meet the individualized needs of the member regarding type, frequency, intensity, extent, site, and duration of services; **and**

- Treatment occurs in the setting(s) where target behaviors are occurring and/or where treatment is likely to have an impact on target behaviors; **and**

- Any person who is providing or supervising applied behavior analysis shall:
    - Be licensed as a medical doctor, doctor of osteopathy, or psychologist in the state in which the applied behavior analysis services are being performed; **or**
    - Behavior Analyst Certification Board, Inc (BACB) certified providers (undergraduate-level certification in behavior analysis must be supervised by someone certified at the BCBA/BCBA-D level; may supervise RBT's, and others who implement behavior-analytic interventions); **and**
- A comprehensive medical record is submitted by the BCBA to include:
    - All initial assessments performed by the BCBA. Preferred assessments must be developmentally and age appropriate and include the ABLLS, VB-MAPP, or other developmental measurements employed; **and**
    - Individualized treatment plan with clinically significant and measurable goals that clearly address the active symptoms and signs of the member's core deficits of ASD; **and**
    - Goals should be written with measurable criteria that can be reasonably achieved within six months; **and**
    - Goals should include documentation of core symptoms of ASD identified on the treatment plan, date of treatment introduction, estimated date of mastery, and a specific plan for generalization of skills; **and**
    - Functional Behavior Assessment to address targeted problematic behaviors with operational definition and provide data to measure progress, as clinically indicated; **and**
    - Documentation of treatment participants, procedures and setting; **and**
- The treatment plan must include a plan to support the member's ability to generalize skills across stimuli, contexts, and individuals, via caregiver training or an appropriate alternative. Provider should be able to demonstrate how operational control will be transferred to caregivers.
- Although not required for the initial service request, transition and aftercare planning should begin during the early phases of treatment.

Notes:

- *Telehealth/ Telemedicine is not an approved method of service delivery for direct ABA services (e.g., 97153, 97154, 0373T). Telehealth/ Telemedicine for parent education (e.g., 97156 and 97157) and direct supervision (e.g., 97155) activities can be covered if allowed as an eligible telehealth/ telemedicine service under the member benefit plan. It is recommended that telehealth/ telemedicine service*

delivery be combined with face- to- face service delivery of direct supervision activities.

- *ABA therapy services are subject to prior approval; however, prior approval does not guarantee coverage.*
- *The authorization approval for ABA therapy services is not inclusive of other services being provided (i.e., occupational therapy, speech therapy, physical therapy, educational services (day care, preschool, school, early interventional services), etc.). The approval is specific to applied behavior analysis therapy.*
- *A medical necessity review of the individual's progress in meeting the objectives of the treatment plan shall be reviewed every six months unless it is determined that an earlier review is required, medical necessity review requests for the treatment of an individual receiving ABA therapy may be requested no more than every 3 months.*
- *Documentation of onsite supervision of the applied behavior analysis must be provided.*

Continued Treatment Service Request for Applied Behavior Analysis (ABA)

The continued treatment service request of care of autism spectrum disorder (ASD) using applied behavior analysis (ABA) may be considered **medically necessary** when **ALL** the following criteria are met:

- ABA services recommended do not duplicate services provided or available to the member by other medical or behavioral health professionals. Examples include but are not limited to behavioral health treatment such as individual, group, and family therapies; occupational, physical, and speech therapies; **and**
- Approved treatment goals and clinical documentation must be focused on active ASD core symptoms and deficits that inhibit daily functioning. This includes a plan for stimulus and response generalization in novel contexts; **and**
- Adaptive Behavior Testing (such as the Vineland Adaptive Behavior Scale (VABS), and Adaptive Behavior Assessment System (ABAS), Behavior Assessment System for Children: Adaptive Skills (BASC 3), Pervasive Developmental Disorder Behavior Inventory (PDDBI)) completed annually; **and**
- For ***comprehensive treatment***, the requested ABA services are focused on reducing the gap between the member's chronological and developmental ages such that the member is able to develop or restore function to the maximum extent practical; **or**

- For ***focused treatment*** the requested ABA services are designed to reduce the burden of selected treatment targeted symptoms on the member, family and other significant people in the environment, and to target increases in appropriate alternative behaviors.

- Treatment is provided at the least restrictive and most clinically appropriate environment to deliver care safely, effectively and efficiently; **and**
- Treatment intensity does not exceed the member's functional ability to participate; **and**
- Treatment occurs in the setting(s) where target behaviors are occurring and/or where treatment is likely to have an impact on target behaviors; **and**
- Treatment is clinically appropriate and designed to meet the individualized needs of the member regarding type, frequency, intensity, extent, site and duration of services; **and**
- Any person who is providing or supervising applied behavior analysis shall:
    - Be licensed as a medical doctor, doctor of osteopathy, or psychologist in the state in which the applied behavior analysis services are being performed; **or**
    - Behavior Analyst Certification Board, Inc (BACB) certified providers (undergraduate-level certification in behavior analysis must be supervised by someone certified at the BCBA/BCBA-D level; may supervise RBT's, and others who implement behavior-analytic interventions); **and**
- A complete medical record is submitted by the BCBA to include:
    - Collected data, including additional non-standardized testing such as ABLLS, VB-MAPP or other developmentally appropriate assessments, celebration charts, graphs, progress notes that link to interventions of specific treatment plan goals/objectives; **and**
    - Individualized treatment plan with clinically significant and measurable goals that clearly address the active symptoms and signs of the member's core deficits of ASD; **and**
    - Goals should be written with measurable criteria that can be reasonably achieved within six months; **and**
    - Goals should include documentation of core symptoms of ASD identified on the treatment plan, date of treatment introduction, measured baseline of targeted goal, objective present level of behavior, mastery criteria, estimated date of mastery, a specific plan for generalization of skills, and the number of hours per week estimated to achieve each goal; **and**

- Functional Behavior Assessment to address targeted problematic behaviors with operational definition and provide data to measure progress, as clinically indicated; **and**

- Documentation of treatment participants, procedures and setting; **and**

- On concurrent review, the current ABA treatment demonstrates significant improvement and clinically significant progress to develop or restore the function of the member:

  - Significant improvement is mastery of a minimum of 50 percent of stated goals found in the submitted treatment plan.

  - For members who do not master 50 percent of stated goals and/or fail to demonstrate measurable and substantial evidence toward developing or restoring the maximum function of the member, the treatment plan should clearly address the barriers to treatment success.

  - There are reasonable expectations of mastery of proposed goals within the requested six-month treatment period and that achievement of goals will assist in the member's independence and functional improvements.

  - If six-month goals are continued into the next treatment plan, these goals must be connected to long-term goals that are clinically significant and with a reasonable expectation of mastery. When the mastery criteria have been modified to meet an incremental short-term objective, the overall goal is considered to be "continued."

  - There is a reasonable expectation that a member is able to, or demonstrates the capacity to, acquire and develop clinically significant generalized skills to assist in his or her independence and functional improvements.

  - If the member does not demonstrate significant improvement or progress achieving goals for successive authorization periods, benefit coverage of ABA services may be reduced or denied

- The treatment plan for generalization of skills includes:

  - A plan for caregiver training that includes assessment of the caregivers' skills, measurable goals for skill acquisition and monitoring of the caregivers' use of skills. Generalization of skills should be assessed during parent/caregiver training to ensure the member can demonstrate skill with caregivers in the natural environment during non-therapeutic times. Documentation should include the caregivers' ability to implement treatment plan procedures and evaluation of the following areas:

- Member's ability to demonstrate the use of replacement skills and/or reductions in aberrant behavior in natural settings.
- Family/caregivers' ability to successfully prompt and teach skills and effectively utilize behavior reduction strategies.
- An alternative plan if caregivers' participation does not result in generalization of skills.

- Transition and aftercare planning should:
  - Begin during the early phases of treatment and will change over time based upon response to treatment and presented needs.
  - Focus on the skills and supports required for the member for transitioning toward their natural environment, as appropriate to their realistic developmental abilities.
  - Identify appropriate services and supports for the time period following ABA treatment.
  - Include a planning process and documentation with active involvement and collaboration with a multidisciplinary team to include caregivers.
  - Long term outcomes must be developed specifically for the individual with ASD, be functional in nature, and focus on skills needed in current and future environments.
  - Realistic expectations should be set with current treatment plan goals connecting to long term outcomes.

Notes:

- *Telehealth/ Telemedicine is not an approved method of service delivery for direct ABA services (e.g., 97153, 97154, 0373T). Telehealth/ Telemedicine for parent education (e.g., 97156 and 97157) and direct supervision (e.g., 97155) activities can be covered if allowed as an eligible telehealth/ telemedicine service under the member benefit plan. It is recommended that telehealth/ telemedicine service delivery be combined with face- to- face service delivery of direct supervision activities.*
- *ABA therapy services are subject to prior approval; however, prior approval does not guarantee coverage.*
- *The authorization approval for ABA therapy services is not inclusive of other services being provided (i.e., occupational therapy, speech therapy, physical therapy, educational services (day care, preschool, school, early interventional services), etc.). The approval is specific to applied behavior analysis therapy.*

- *A medical necessity review of the individual's progress in meeting the objectives of the treatment plan shall be reviewed every six months unless it is determined that an earlier review is required, medical necessity review requests for the treatment of an individual receiving ABA therapy may be requested no more than every 3 months.*
- *Documentation of onsite supervision of the applied behavior analysis must be provided.*

Discharge Criteria

The continuation of applied behavior analysis (ABA) for the treatment of autism spectrum disorder (ASD to achieve specific behavior goals is considered **not medically necessary** when one or more of the following have been met:

- Based on documentation the member shows improvement from baseline in targeted skill deficits and problematic behaviors such that goals are achieved or maximum benefit has been reached; **or**
- Caregivers have refused treatment recommendations or are unable to participate in the treatment program and/or do not follow through on treatment recommendations to a degree that compromises the effectiveness of the services prescribed/proposed; **or**
- Behavioral issues are exacerbated by the treatment; **or**
- Patient is unlikely to continue to benefit or maintain gains from continued care:
    - Based on documentation provided there has been no clinically significant progress/measurable improvement for a period of at least 3 months in the member's behavior(s) or skill deficits in any of the following measures:
        - Adaptive functions
        - Communication/language skills
        - Social/family interactions
        - Behaviors interfering with functioning/relationships
            - ☐ Repetitive restrictive behaviors
            - ☐ Disruptive/aggressive self-injurious behaviors

Resumption of Treatment

Resumption of applied behavior analysis (ABA) for the treatment of autism spectrum disorder (ASD) may be considered **medically necessary** when **ALL** the following criteria are met:

- A minimum of 12 months has elapsed since the end of previous ABA treatment; **and**
- Medical necessity criteria above are met for initial assessment.

Not Medically Necessary

The treatment of autism spectrum disorder (ASD) using applied behavior analysis (ABA) is considered **not medically necessary** in all other circumstances including but not limited to the following:

- To achieve non-specific behavioral goals or general improvement in behavior.
- As a means of supportive care rather than time-limited behavioral intervention.
- To achieve high-level social discourse (communication involving a social element)
- Social skills training.
- Patient can safely and effectively be treated at a less intensive level of service that will likely produce equivalent therapeutic results.

Policy Guidelines

Documentation Requirements
Documentation supporting the medical necessity criteria described in the policy must be included in the prior approval. Documentation requirements described in the policy criteria must be included in the prior approval.

Additionally clinical notes indicating the following:

1. The intensity or extensiveness of treatment requested correspond to the developmental and adaptive behavioral needs of the patient.
2. The hours of services requested reflect the number of behavioral targets, services, and key functional skills to be addressed, with a clinical summary justifying the hours requested for each behavioral target.

3. The intensity of ABA treatment should be informed by the need for least restrictive forms and levels of ABA treatment. ABA not only meets medical necessity criteria but while doing so provides the least restrictive and least intrusive treatment environment.

The Prior Approval Form

- The prior approval form is to be completed and submitted for all prior approval requests for ABA therapy services to include the ABA treatment assessment, the initial ABA treatment service request and continuation of ABA treatment requests.

Definitions

- **Baseline data:** objective and quantitative measures of the percentage, frequency or intensity and duration of skill/behavior prior to intervention.
- **Caregiver Training:** Caregiver participation is a crucial part of ABA treatment and should begin at the onset of services. Provider's clinical recommendations for amount and type of caregiver training sessions should be mutually agreed upon by caregivers and provider. Caregiver participation is expected for at least 80% of agreed upon caregiver training sessions scheduled between provider and caregiver.
    - Caregiver training is defined as the education and development of caregiver-mediated ABA strategies, protocols, or techniques directed at facilitating, improving, or generalizing social interaction, skill acquisition and behavior management, to include observational measures for assurance of treatment integrity. Caregiver training is necessary to address member's appropriate generalization of skills, including activities of daily living, and to potentially decrease familial stressors by increasing member's independence.
    - Caregiver training goals submitted for each authorization period must be specific to the member's identified needs and should include goal mastery criteria, data collection and behavior management procedures if applicable, and procedures to address ABA principles such as reinforcement, prompting, fading, and shaping. Each caregiver goal should include date of introduction, current performance level, and a specific plan for generalization. Goals should include measurable criteria for the acquisition of specific caregiving skills.
    - It is recommended that one hour of caregiver training occurs for the first 10 hours of direct line therapy, with an additional 0.5 hours for every additional 10 hours of scheduled direct line therapy unless contraindicated or caregiver declines. Caregiver training hours should increase to a higher ratio of total direct line therapy hours if member goals address activities of daily living, as provider plans for transition to lower level of care within the next 6 months or,

as member comes within one year of termination of benefits based on benefit coverage.

- If parents decline or are unable to participate in caregiver training, a generalization plan should be created to address member's skill generalization across environments and people. Should 80% not be attainable over the course of an authorization period, a plan to increase parent participation should also be included in the request for ongoing care.

- Caregiver training does not include training of teachers, other school staff, other health professionals or other counselors or trainers in ABA techniques. However, caregiver training can include teaching caregivers how to train other professionals or people involved in the member's life.

- **Clinical Significance**: Clinical significance is the measurement of practical importance of a treatment effect-whether it creates a meaningful difference and has an impact that is noticeable in daily life.

- **Core Deficits of Autism**: persistent deficits in social communication and social interaction across multiple contexts AND, restricted, repetitive patterns of behavior, interests, and activities

- **Duration**: Treatment duration is effectively managed by evaluating the client's response to treatment. This evaluation can be conducted prior to the conclusion of the authorization period. Some individuals will continue to demonstrate medical necessity and require continued treatment across multiple authorization periods.

- **Functional Analysis:** Empirically supported process of making systematic changes to the environment to evaluate the effects of the four testing conditions of play (control), contingent attention, contingent escape and the alone condition, on the target behavior, which allows the practitioner to determine the antecedents and consequences maintaining the behavior.

- **Functional Behavior Assessment:** comprises descriptive assessment procedures designed to identify environmental events that occur just before and just after occurrences of potential target behaviors and that may influence those behaviors. That information may be gathered by interviewing the member's caregivers; having care givers complete checklists, rating scales or questionnaires; and/or observing and recording occurrences of target behaviors and environmental events in everyday situations (AMA CPT, 2019).

- **Generalization:** skills acquired in one setting are applied to many contexts, stimuli, materials, people, and/or settings to be practical, useful, and functional for the individual. Generalized behavior change involves systematic planning and needs to be a central part of every intervention and every caregiver training strategy.

- **Intensity:** Will vary with each individual and should reflect goals of treatment, specific needs of the individual, and responses to treatment. Intensity is typically measured in terms of hours per week of direct treatment. Intensity often determine whether the treatment falls into the category of either Focused or Comprehensive.

- **Interpersonal Care:** interventions that do not diagnose or treat a disease, and that provide either improved communication between individuals, or a social interaction replacement.

- **Long-Term Objective:** An objective and measurable goal that details the overall terminal mastery criteria of a skill being taught. Specifically, this terminal mastery criteria will indicate that a member can demonstrate the desired skill across people, places, and time, which suggests the skill no longer requires further teaching.

- **Mastery criteria:** objectively and quantitatively stated percentage, frequency or intensity and duration in which a member must display skill/behavior to be considered an acquired skill/behavior.

- **Neurological Evaluation**: Minimal elements include
    - Evaluation of cranial nerves I-XII
    - Evaluation of all four extremities, to include motor, sensory and reflex testing
    - Evaluation of coordination
    - Evaluation of facial and/or somatic dysmorphism
    - Evaluation of seizures or seizure activity
- **Non standardized instruments:** include, but not limited to, curriculum referenced assessment, stimulus preference- assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the Individual patient and behaviors (AMA CPT, 2019).

- **Present Level of Performance:** objective and quantitative measures of the percentage, frequency or intensity and duration of skill/behavior prior to intervention.

- **Respite Care**: care that provides respite for the individual's family or persons caring for the individual.

- **Short-Term Objective:** An intermediate, objective and measurable goal that details the incremental increases a member must demonstrate in moving toward the identified Long-Term Objective.

- **Standardized Assessments:** include, but not limited to, behavior checklists, rating scales, and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way with all patients. (AMA CPT, 2019) The listed assessments are not meant to be exhaustive but

serve as a general guideline to quantify baseline intelligence and adaptive behaviors and when repeated, measure treatment outcomes. The autism specific assessments assist not only in the confirmation of diagnosis but more importantly, in the severity and intensity of the baseline core ASD behaviors.

PROCEDURE CODES AND BILLING GUIDELINES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnosis codes.

- 97151 Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 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
- 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
- 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
- 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
- 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
- 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
- 97157 Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
- 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
- 0362T Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician and other qualified health care professional with the

assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient.

- 0373T Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians time, face-to-face with patient.

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POLICY HISTORY

Date	Reason	Action
December 2021	Annual Review	Policy Revised
March 2021	Interim Review	Policy Revised
December 2020	Annual Review	Policy Renewed
May 2020	Interim Review	Policy Revised
February 2020	Interim Review	Policy Revised
December 2019	Annual Review	Policy Revised

December 2018	Annual Review	Policy Renewed
December 2017	Annual Review	Policy Revised
March 2017	Interim Review	Policy Revised
January 2017	Interim Review	Policy Revised
December 2016		New Policy Created

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