

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	APPLIED BEHAVIOR ANALYSIS FOR THE TREATMENT OF AUTISM SPECTRUM DISORDERS
Policy Number	3.01.11
Category	Behavioral Health/ Government Mandate
Effective Date	10/25/12
Revised Date	10/24/13, 12/11/14, 12/10/15, 12/8/16, 12/14/17, 12/13/18
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>

## POLICY STATEMENT

- I. Based upon our criteria and assessment of peer reviewed literature, Applied Behavior Analysis (ABA) has been proven to be an effective treatment for individuals diagnosed with Autism Spectrum Disorder.
- The following services may be included in the assessment and treatment of the member's diagnosis:
- Medical Evaluation (Complete medical history);
  - Psychological and/or Psychiatric Evaluation.
- II. Applied Behavior Analysis is a one-to-one treatment designed specifically to treat significant behavioral problems for members who meet the DSM-5 criteria for Autism Spectrum Disorder. ABA will be considered **medically necessary** in accordance with the policy guidelines (see below) as a behavioral intervention for serious behavior impairments associated with Autism Spectrum Disorder and not as an early intervention program for developmental delays.

*Refer to Corporate Medical Policy #3.01.02 regarding Psychological Testing.*

*Refer to Corporate Medical Policy #1.01.49 regarding Telemedicine and Telehealth.*

## POLICY GUIDELINES

- Prior Authorization may be required for applied behavior analysis based on contract coverage. Please contact your local Customer Service Department to determine contract coverage.
- There are specific provider requirements for rendering ABA services. These requirements are clearly documented in the 'Description' section of this policy.
- The following information will be necessary for medical necessity determinations (when applicable):
  - The documented assessment report including the autism spectrum disorder diagnosis, with the DSM-5 criteria.
  - Any documented reports completed for psychological and/or other completed testing.
  - Copy of the member's Individualized Education Program Plan.
  - Progress notes and discharge plan of the Early Intervention Plan or Pre-School Special Education Program (when applicable).
  - The following documentation will be reviewed in making a medical necessity determination, for ABA:
    - A copy of the assessment or treatment plan to identify the target behaviors for Applied Behavior Analysis.
    - Frequency, duration and location of the requested Applied Behavior Analysis sessions.
    - Certification and credentials of the professional providing Applied Behavior Analysis.
    - The requested clinical supervision hours and documentation to support this request.

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- III. ABA programs must have a documented treatment plan with clear written descriptions of the treatment goals and objectives, as well as the discharge criteria. Treatment plan and progress notes documenting progress of treatment goals may be requested at any point during treatment for review for continuity of care and/or periodic concurrent medical necessity review. Requests for continuation of therapy must be accompanied by documentation maintained by the provider that outlines actual services received and a graphic representation documenting the progress made by the member which includes all the following:
  - A. There is reasonable expectation that the member will benefit from the continuation of ABA therapy as evidenced by mastery of skills defined in initial plan or a change of treatment approach from the initial plan; and
  - B. The treatment plan is updated on a monthly basis; and
  - C. The treatment plan is submitted for review every 12 months or as state-mandated; and
  - D. Measurable progress is documented and submitted every 12 months with the treatment plan. Continued progress is determined based on improvement in goals as outlined in the provider treatment plan and will focus on improvements in verbal skills, social functioning, and IQ (for children under 4 years); and
  - E. Treatment is not making the symptoms worse; and
  - F. There is a reasonable expectation, based on the member's clinical history that withdrawal of treatment will result in decompensation/loss of progress made or recurrence of signs and symptoms.
- V. ABA programs are designed to treat members in a one-to-one format; therefore, group therapy formats will not be considered as medically necessary for Applied Behavior Analysis.
- VI. Parent/Caregiver Support is expected to be a component of the Applied Behavior Program. Parent/ Caregiver participation is expected. Parent support groups are not considered medically necessary.
- VII. The Health Plan is not responsible for covering any services or treatment identified in a member's Individual Education Program Plan pursuant to the Education Law.
- VIII. Upon consent, the Health Plan will offer Member (Case) Management to individuals who engage in ABA programs when requested. Member Management is not a requirement for ABA.
- IX. Pharmacological intervention for members with Autism Spectrum Disorders may be indicated in cases when members have co-morbid mental health or medical conditions. *Please refer to The Health Plan's FLRx policies for more information and details.*
- X. Developmental, Individual, Relationship (DIR), Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACHCH), Relationship Development Intervention (RDI) and Floortime are not considered Applied Behavior Analysis and are considered as investigational as scientific evidence does not permit conclusions concerning the effect of these treatment models on outcomes.

### DESCRIPTION

The Autism Spectrum Disorder Mandate was passed in New York State. This Autism Spectrum Mandate states that Health Plans must provide medically necessary coverage for the screening, diagnosis, and treatment of Autism Spectrum Disorders. The mandate indicates the following:

- I. School districts are obligated to provide services to a member under an individualized educational program, an individualized family service plan or an individualized services plan. Health plans are obligated to pay for services provided outside an educational setting and outside the hours of service not covered by the individualized education plan.
- II. There is no age limit for ABA however; all evidenced based literature for ABA is for school aged children or younger.
- III. The NYS mandate only applies to certain contracts: Please contact your local customer service to determine eligibility and contract coverage. The NYS mandate applies to the following products:
  - A. Individual commercial policies;
  - B. Group commercial and blanket policies; and

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### C. Child Health Plus.

Autism Spectrum Disorder (ASD) is a complex neurodevelopment disorder characterized by problems in social interaction, verbal and non-verbal communication, limited interest and repetitive, stereotyped patterns of behavior and at times, self-injurious behaviors. Autism Spectrum Disorder affects individuals in different ways and the severity level varies among individuals. Severity is based on social communication impairments and restricted, repetitive patterns of behavior (DSM-5). Experts estimate that 1 in 88 children will have an Autism Spectrum Disorder (Centers for Disease Control and Prevention). Males are four times more likely to have ASD than females (Center for Disease Control, 2012).

The diagnosis of an ASD is usually made with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a structured parent interview, and the observation of the child. Some additional tests for psychological testing to make an accurate Autism Spectrum Diagnosis may include the following:

- I. Autism Diagnostic Observation Schedule ADOS or ADOS 2;
- II. Autism Diagnostic Interview-Revised (ADI-R);
- III. Adaptive Behavior Assessment System- Second Edition (ABAS-II);
- IV. Achenbach Child Behavior Checklist (CBCL);
- V. Achenbach Caregiver-Teacher Report (C-TRF).

Although there is continued research needed in Autism Spectrum Disorder, applied behavioral analysis is one of the most common and evidenced-based behavioral treatment methods to treat behavioral problems associated with Autism Spectrum Disorder with the goal to increase the individual's functioning. Applied Behavior Analysis systematically applies behavioral intervention techniques coupled with a functional analysis of environmental factors to determine the relationship between the individual and their environment to develop, maintain or restore the functioning of individuals with Autism Spectrum Disorder (BACB Inc., 2012). Individuals diagnosed with Autism may often experience and display ritualistic or challenging behaviors including self-injurious behaviors that interfere in activities of daily living. ABA techniques are the recommended treatment of choice intended to produce changes in the individual's behavior with Autism Spectrum Disorders. Challenging behaviors can include aggression, pica, and self-injurious behaviors such as destruction of property, self-harm or harm to others (Matson, 2011).

The functional analysis of ABA explicitly identifies the antecedent stimuli and the consequence associated with the relationship between the environment and the individual's behavior. ABA applies positive reinforcement techniques to teach and train adaptive and desirable behaviors. The goal of ABA is to specifically target behaviors and to apply specific behavioral techniques to eliminate severe behaviors (e.g., self-injurious behaviors, violent behaviors), teach new skills and maintain adaptive behaviors in his/her natural settings (e.g., home, school). ABA programs are intensive and tailored programs for the individual receiving treatment which is why the treatment format is one-to-one and face-to-face.

ABA is a behavioral treatment and should not be considered the Early Intervention Program for developmental delays. Early Intervention Programs may have a behavioral component and members may receive behavioral consultations within these programs however, these programs are not considered Applied Behavior Analysis.

In order for ABA services to be eligible for coverage, the ABA services must be rendered by Licensed Behavior Analysts (LBA) or Certified Behavior Analyst Assistants (CBAA) under supervision by an LBA. Coverage may also be provided for individuals who perform tasks that require no professional skill or judgment that are necessary to the provision of ABA under the supervision and direction of an LBA or other authorized supervisor so long as such tasks are consistent with Article 167 of the NYS Education Law and any regulations promulgated there under.

Requirements for Licensed Behavior Analysts:

- I. Hold a master's or higher degree from a program registered by the New York State Education Department (the Department), or a program determined by the Department to be substantially equivalent;
- II. Have experience in the practice of applied behavior analysis satisfactory to the New York State Board of Applied Behavioral Analysis (the Board) and the Department in accordance with the commissioner's regulations;
- III. Pass an examination acceptable to the Board and the Department in accordance with the commissioner's regulations;
- IV. Be at least twenty-one years of age; and

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V. Be of good moral character as determined by the Department.

Requirements for Certified Behavior Analyst Assistants:

- I. Hold a bachelor's degree or higher degree from a program registered by the New York State Education Department (the Department), or a program determined by the Department to be substantially equivalent;
- II. Have experience in the practice of applied behavior analysis satisfactory to the New York State Board of Applied Behavioral Analysis (the Board) and the Department in accordance with the commissioner's regulations;
- III. Pass an examination acceptable to the Board and the Department in accordance with the commissioner's regulations;
- IV. Be at least twenty-one years of age; and
- V. Be of good moral character as determined by the Department.

Applied Behavior Analysis is facilitated by trained behavior analysts who are certified through The Behavior Analyst Certification Board, Inc. or licensed by the New York State Office of Professions. Applied Behavior Analysts develop and conduct behavioral assessment and then implement and provide interventions for a range of behaviors associated with Autism Spectrum Disorder.

### **RATIONALE**

Applied behavior analysis (ABA) is a scientifically validated approach to understand behavior and how it is affected by the environment. Applied behavior analysis is a behavioral therapy intervention founded by Ivar Lovaas and colleagues in the 1960's and uses various strategies to address behavioral problems prevalent in individuals with autism spectrum disorders. The Lovaas model of ABA suggests that treatment should begin by the age of three years old, the treatment may be intensive (up to 40 hours per week), and must involve the ABA techniques aim to develop social and communication skills which should be provided in a 1:1 treatment format (1987). It is to be noted that there is a continuum of symptom expression in individuals with Autism Spectrum Disorders. This range of symptom expression presents a complex challenge, at times, for diagnosis and also for the coordination of the treatment plan (Volkmar et. al., 1999). Therefore, each individual requires a unique treatment plan outlining services including variations in the duration and intensity including applied behavior analysis since all treatment plans will vary for each individual.

ABA has been the focus of hundreds of clinical studies that have been published in peer-reviewed journals measuring the efficacy of ABA and ABA as an intervention with children with Autism. The purpose of ABA is to decrease maladaptive behaviors while increasing adaptive behaviors so that the individual can function better in their environment (Matson, 2011). Therefore, ABA specifically focuses on those target "maladaptive" behaviors that may result in concerns for safety or that interfere in the individual's ability to function in school or in their home environment. In addition to aggression, ritualistic and self-injurious behaviors, feeding is also often a target behavior of ABA.

ABA studies have provided guidance for clinicians in establishing effective treatment programs for children with Autism. ABA is based on the premise that children with autism have biologically based learning difficulties and utilizing techniques from learning psychology supports adaptive behaviors and reduces severe problem behaviors with replacing them with positive functional behaviors.

Some important characteristics of an ABA program include the following:

- I. The individualized treatment plan which include the identification of target behaviors.
- II. An analysis of the relationship between the environment and the behavior.
- III. Observational data collection of the identified behavioral targets.
- IV. Ongoing assessment and adjustments to the treatment plan.
- V. Support and training of family members. And,
- VI. Supervision and the management of the behavior analyst (BACB, Inc., 2012).

This policy highlights evidenced based literature to establish ABA and its treatment efficacy in functional areas for children diagnosed with Autism Spectrum Disorders. However, it should be noted that several studies also indicate that there are limitations in the research which begs for future studies. For example, studies suggest that children who have received ABA intervention, have demonstrated an increased ability to integrate into school and maintaining gains in adaptive behavior over long periods of time (McEachin, Smith & Lovaas, 1993). However, the sample size of this study is small and in addition, the increased IQ scores do not establish any kind of relationship with functional outcomes such as

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interpersonal skills. Also, the evidenced based literature does identify treatment patterns for pre-school and younger school aged children but the literature has yet to establish these patterns for older children and adults. Matson (2011) confirms that the challenging behaviors often seen in young children are not much different than those behaviors seen in adults diagnosed with Autism Spectrum Disorders. Further, ABA should also be considered an intervention for adults on the spectrum but that more longitudinal research is needed in this area to show long term effects of these behavioral interventions on challenging behaviors. Eikeseth (2009) identified future opportunities for ABA research including the need to research effective treatment interventions for older children and adults but also the need to identify treatment interventions for children who respond less favorable to ABA, the need to identify the specific characteristics of children correlated to specific techniques/outcomes, and additional research to examine the cost/benefits of the interventions.

Virues-Ortega conducted meta-analysis (2010) to examine outcomes of several studies conducted to evaluate the effectiveness of ABA found that Applied Behavior Analysis intervention leads to positive effects for intellectual functioning, language development, and adaptive behavior of daily living skills in individuals with Autism. With treating the target and undesirable behaviors, the individual is able to attend to and focus on other skills that increase their functioning and development in all areas. Further, this study found that language related outcomes (IQ, receptive and expressive language, communication) were distinctly greater than outcomes in non-verbal IQ, daily living skills and social functioning. This finding is important since language impairments are a hallmark feature of autism. In addition, meta-regression analysis also explored the impact of intervention intensity and duration and found that overall language skills benefited more from the duration of the intervention while functional and psychosocial adaptive behaviors benefited more from the intensity of the intervention.

Eikeseth (2009) evaluated research on early intervention for children with autism and identified studies demonstrating that children receiving ABA made significantly more gains than control group children on standardized measures of IQ, language and adaptive functioning. Studies also included data on maladaptive behavior, personality, school performance and change in diagnosis and these studies also demonstrated ABA treated children made significantly more gains than the control group on IQ and adaptive functioning. Eikeseth concluded that ABA treatment demonstrated efficacy in increasing global functioning in pre-school children with autism when treatment is intensive and delivered by trained therapists.

**CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

**CPT Codes**

<b>Code</b>	<b>Description</b>
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 <i>(effective 1/1/19)</i>
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 <i>(effective 1/1/19)</i>
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 <i>(effective 1/1/19)</i>

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<b>Code</b>	<b>Description</b>
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 ( <i>effective 1/1/19</i> )
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 ( <i>effective 1/1/19</i> )
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 ( <i>effective 1/1/19</i> )
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 ( <i>effective 1/1/19</i> )
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or 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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**HCPCS Codes**

<b>Code</b>	<b>Description</b>
H0031	Mental health assessment, by nonphysician
H0032	Mental health service plan development by nonphysician
H2000	Comprehensive multidisciplinary evaluation
H2014	Skills training and development, per 15 mins
H2019	Therapeutic behavioral services, per 15 minutes
H2021	Community-based wrap-around services, per 15 mins

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
F84.0	Autistic disorder ( <del>code range</del> )
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

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Matson JL, et al. Issues in the management of challenging behaviors of adults with Autism Spectrum Disorder. CNS Drugs 2011;25(7):597-606.

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\*Key Article

**KEY WORDS**

Applied Behavior Analysis (ABA), Autism, Autism Spectrum Disorders, Pervasive Developmental Disorders (PDD)

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a Local Coverage Determination (LCD) for psychiatry and psychology services.

Please refer to the following LCD websites for Medicare Members:

[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ver=51&CntrctrSelected=298\\*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+\(13201%2c+A+and+B+and+HHH+MAC%2cJ++K\)&s=All&DocType=Active&bc=AggAAAQBAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ver=51&CntrctrSelected=298*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2cJ++K)&s=All&DocType=Active&bc=AggAAAQBAAAA&)