



# MEDICAL POLICY STATEMENT KENTUCKY MARKETPLACE PLANS

Policy Name	Policy Number	Date Effective
Applied Behavioral Analysis Therapy for Autism Spectrum Disorder	MM-0260	05/01/2020
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

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Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination

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## A. SUBJECT

### Applied Behavior Analysis Therapy for Autism Spectrum Disorder

## B. BACKGROUND

Autism Spectrum Disorder (ASD) can vary widely in severity and symptoms, depending on the developmental level and chronological age of the patient. ASD is often defined by specific impairments that affect socialization, communication, and stereotyped (repetitive) behavior. Children with autism spectrum disorders have pervasive clinically significant deficits which are present in early childhood in areas such as intellectual functioning, language, social communication and interactions, as well as restricted, repetitive patterns of behavior, interests and activities.

There is currently no cure for ASD, nor is there any one single treatment for the disorder. Individuals with ASD may be managed through a combination of therapies, including behavioral, cognitive, pharmacological, and educational interventions. The goal of treatment for members with ASD is to minimize the severity of ASD symptoms, maximize learning, facilitate social integration, and improve quality of life for both the members and their families/caregivers.

## C. DEFINITIONS

- **Autism Spectrum Disorder** - A neurological condition as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.
- **ASD treatment program attributes**<sup>1</sup> -
  - A high staff-to-student ratio (1:1 or 1:2);
  - Individualized programming for each child;
  - Family involvement;
  - Teachers with special expertise in working with children with autism;
  - Functional analysis of behavior problems;
  - Ongoing program evaluation and adjustment;
  - Close monitoring and modification as the child's needs change;
  - A curriculum emphasizing attention, imitation, communication, play, social interaction, regulation, and self-advocacy;
  - A highly supportive teaching environment;
  - Predictability and structure; and
  - Transition planning.
- **Autism Diagnostic Interview-Revised (ADI™-R)** - A structured clinical interview of caretakers for diagnosing ASD, planning treatment, and distinguishing ASD from other developmental disorders.
- **Autism Diagnostic Observation Schedule®**, *Second Edition (ADOS®-2)* - A semi-structured assessment of communication, social interaction, and play (or imaginative use of materials) for individuals suspected of having ASD.
- **BCaBA** - Behavioral Analyst Certification Board (BACB) certified assistant behavior analyst undergraduate level.
- **BCBA** - BACB certified behavior analyst graduate level.
- **BCBA-D** - BACB certified behavior analyst doctoral level.

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<sup>1</sup> <https://www.uptodate.com>



- **RBT** - BACB Registered Behavioral Technician.
- **Practice of applied behavioral analysis** - Designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in human behavior.
- **Qualified RBT supervisor** - BCBA/BCBA-D, BCaBA, or an individual licensed in another behavioral health profession who is competent in ABA and it is within their scope of practice.

#### D. POLICY

- I. Prior Authorization (PA) is required for all of the following:
  - A. Initial Treatment Plan for ABA therapy;
  - B. Continuation of ABA therapy; and
  - C. Transitioning ABA therapy to school environment.
- II. In accordance with the AAP recommendations, CareSource supports screening for ASD at 18 and 24 months of age.
- III. CareSource supports medical evidence that suggests ABA therapy should begin early in life, ideally by the age of 2, typically lasting up to 4 years, and is subject to the patient's response to intervention.
- IV. The number of ABA hours per week must be based on the member's specific needs and not general program structure as evidenced by all of the following:
  - A. Treatment is provided at the lowest level of intensity appropriate to the member's clinical needs and goals;
  - B. Detailed description of problems, goals and interventions support the need for requested intensity of treatment; and
  - C. Number of hours requested reflects actual number of hours intended to be provided.
- V. CareSource provides for state and federal required covered services as part of a comprehensive plan of treatment for ASD.
  - A. ABA therapy may be provided as part of the comprehensive plan of treatment for ASD when all of the following apply:
    1. Member is diagnosed with ASD by a licensed physician, a licensed psychologist, or licensed health care provider trained in ASD diagnosis who determines the care to be medically necessary;
    2. ABA is ordered by a licensed physician, a licensed psychologist, or licensed health care provider trained in ASD treatment who determines the care to be medically necessary;
    3. Provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of Kentucky to perform the services;
    4. Provided by a CareSource participating provider;
    5. Child and caregivers must be able and willing to participate; and
    6. Treatment Services require a Plan of Care (POC) that incorporates the results of the behavioral assessment, individualized goals based on the



results, transition and discharge plans, and information on coordination with other providers, as appropriate.

VI. This policy is for members under the age of 21 diagnosed with ASD where ABA therapy is deemed medically necessary. Evidence for ABA beyond this age is limited and is therefore not covered.

VII. Qualified ABA Therapy Providers

- A. All services provided must be provided by a board certified behavior analyst:
  - 1. RBT;
  - 2. BCaBA;
  - 3. BCBA; or
  - 4. BCBA-D.
- B. Services delivered by a RBT must be supervised by a qualified RBT supervisor.
- C. Services delivered by a BCaBA must be supervised by a BCBA, BCBA-D or a licensed/ registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who has tested in ABA.

VIII. Initial Treatment Plan for ABA Therapy

- A. Prior Authorization is required. Authorization is required every six months.
- B. An ASD diagnosis must be primary in order for services to be reviewed for approval.
- C. A comprehensive diagnostic must be completed to diagnose ASD and must meet all of the following criteria:
  - 1. ABA initial diagnosis and comprehensive diagnostic evaluations must be performed by a qualified ASD diagnostician, limited to the following:
    - a. Licensed physician;
    - b. Licensed psychologist; or
    - c. Licensed health care provider trained in ASD diagnosis and treatment;
 and
  - 2. Using one of the following standardized diagnostic assessment tools:
    - 1. Autism Diagnostic Observation Schedule (ADOS); or
    - 2. Autism Diagnostic Interview Revised (ADI-R).

NOTE: Other known evidence-based diagnostic tools may be used, but only in addition to the tools listed in VIII. C. 2.

NOTE: When testing with the above standardized instruments that are over one year old submit recent clinical notes describing behaviors which demonstrate the member still has ASD and would benefit from ABA therapy services.

D. All of the following documentation is required to be submitted with the initial PA:

REQUIREMENT	DETAILS
Complete Diagnostic Evaluation	See VIII. C. for criteria.
Referral for ABA services	



An order for ABA therapy with specific number of hours and specific treatment requested per week.	List by hours per week CareSource will approve a range of hours depending on the following: <ol style="list-style-type: none"> <li>1. Member's needs;</li> <li>2. Clinical-based evidence models supporting treatment efficacy and efficiency;</li> <li>3. Clear clinical documentation of target behaviors;</li> <li>4. Member's response to treatment;</li> <li>5. Parental participation; and</li> <li>6. Utilization of prior approved hours.           <ol style="list-style-type: none"> <li>a. Regular review and adjustment of hours per week is required to address behavioral goals. When original authorized treatment plan hours vary, documentation regarding variation must be provided.</li> </ol> </li> </ol>
Type of ASD treatment program	See definitions for criteria.
Evidence of less intensive behavior treatment or other therapy	Include type, duration, and results of therapy as well as how the results will influence the proposed treatment.
Previous ABA therapy	Include type, duration, and results of therapy as well as how the results will influence the proposed treatment.
Behavioral, psychological, school, and medical history	If school age, hours that member is in school (including home school). IEP if applicable.
Proposed goals and objectives for member and parent/guardian; treatment plan	See XII. for criteria.

IX. Continuation of ABA therapy

- A. Prior authorization is required. Authorization is required every 6 months.
- B. An ASD diagnosis must be primary in order for services to be reviewed for approval.
- C. In order for services to be reviewed for approval all of the following must be met:
  1. Member must show progress with the initial treatment plan goals;
  2. Member continues to demonstrate ASD behaviors;
  3. The treatment plan is updated and shows ABA therapy has been improving symptoms for two successive authorization periods (if applicable);
  4. There is reasonable expectation that member will continue to benefit from ABA therapy; and
  5. Member's potential improvement from ABA therapy is not yet met.



- D. Quantitative goals must be based on standardized assessments specifically developed for serial administration in children with developmental disabilities, including any of the following:
1. Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP);
  2. Assessment of Functional Living Skills® (AFLS®);
  3. Assessment of Basic Language and Learning Skills™, Revised (ABLLS™-R);
  4. Early Start Denver Model Curriculum Checklist for Young Children with Autism (ESDM); or
  5. PEAK Relational Training System – Direct Training (PEAK-DT).

NOTE: Colored graphs must be sent electronically.

- E. All of the following documentation is required to be submitted with the PA for continuation of ABA therapy and for any subsequent interim assessment:

REQUIREMENT	DETAILS
Updated progress on member and parent/guardian goals; treatment plan.	See XII. for criteria.
Discharge or transition planning.	
Intensity and type of treatment requested.	List by hours per week CareSource will approve a range of hours depending on the following: <ol style="list-style-type: none"> <li>1. Member’s needs;</li> <li>2. Clinical-based evidence models supporting treatment efficacy and efficiency;</li> <li>3. Clear clinical documentation of target behaviors;</li> <li>4. Member’s response to treatment;</li> <li>5. Parental participation; and</li> <li>6. Utilization of prior approved hours.               <ol style="list-style-type: none"> <li>a. Regular review and adjustment of hours per week is required to address behavioral goals. When original authorized treatment plan hours vary, documentation regarding variation must be provided.</li> </ol> </li> </ol>

- X. Discontinuation of ABA Therapy
- A. Any of the following criteria may result in a discontinuation of ABA therapy (this list is not all inclusive):
1. Member is not benefiting from ABA therapy.
    - a. Member is unable to demonstrate meaningful progress in member’s behavior for two successive authorization periods as demonstrated through standardized assessments; and there is no reasonable



- expectation that the member's symptoms will become worse or will reoccur if ABA therapy is not provided; and member has reached their cognitive potential;
  - b. ABA therapy is making symptoms worsen; or
  - c. Member is not able to maintain long-term benefits;
- or
- 2. Member no longer requires the intensity level of ABA therapy.
    - a. Member's symptoms have stabilized to where the member can be discharged to a less intensive type of treatment to manage their symptoms.
- XI. Transitioning ABA therapy to school environment
- A. Prior authorization is required. Authorization is generally limited to a maximum of 4 months for services provided in the school.
  - B. A member's level of academic and functional performance with identified strengths, preferences, interests, and challenges should be considered when transitioning ABA therapy to a school environment.
  - C. Refer to IX. D. for standardized assessment.
- XII. Medical record requirements for ABA therapy include all of the following:
- A. The treatment plan must show a clear connection between the results of the behavioral assessment to the member specific goals. The goals must focus on identified areas of specific behaviors or targeted deficits. The goals must include baseline data, measurement, and mastery criteria to address the core deficits of ASD;
  - B. Treatment plan with quantifiable age-appropriate goals, rationale, interventions, progress toward goals, and target dates for goals to be met;
  - C. Treatment plan is based on member's other daily activities not otherwise noted in the exclusions below;
  - D. Dates of all visits;
  - E. Total number of timed minutes with CPT codes/type of treatment;
  - F. Place of service;
  - G. Names of individuals present at each session. If individual is not present for the duration of the visit, document start and stop time for that individual;
  - H. Relationships/credentials of individuals present at each session;
  - I. Number of participants in group therapy/treatment;
  - J. Results and how relevant diagnostic testing and/or screening is reflected in the treatment plan;
  - K. Any updates to behavioral, psychological, school, or medical history;
  - L. Interventions and/or education provided in each visit;
  - M. Collaboration of care among providers and community resources;
  - N. Signature, date, and credentials of treating provider; and
  - O. Crisis plan and notation that copy was provided to caregiver.
- XIII. Medical record requirements for ABA supervision include all of the following:
- A. Dates of supervision visit;
  - B. Start and end times of visit;
  - C. Names of individuals present at each session. If individual is not present for the duration of the visit, document start and stop time for that individual;



- D. Relationships/credentials of individuals present at each session;
- E. Review of services provided (number and type);
- F. Review of data that will form the basis of a continued treatment plan;
- G. Review of progress;
- H. Results of monitoring tools to note progress;
- I. Changes to treatment plan;
- J. Collaboration of care among providers; and
- K. Date, signature and credentials of treating provider.

#### XIV. Exclusions

- A. ABA Therapy is not covered in the following circumstances:
  - 1. When solely based on the benefit of the family, caregiver or therapist;
  - 2. When solely focused on recreational or educational outcomes;
  - 3. When making symptoms worse or when member is showing regression;
  - 4. ABA therapy or supervision provided by telemedicine;
  - 5. For symptoms and/or behaviors that are not part of core symptoms of ASD (e.g., impulsivity due to ADHD, reading difficulties due to learning disabilities, or excessive worry due to an anxiety disorder). Other treatments will be considered to treat symptoms not associated with autism;
  - 6. If academic or adaptive deficits are included in the treatment plan, then the focus should be on addressing autistic symptoms that are impeding these deficits in the home environment (i.e. reduce frequency of self-stimulatory behavior to allow child to be able to follow through with toilet training or complete a mathematic sorting task) rather than on any academic targets;
  - 7. When ABA therapy services are performed in a school setting, except for transition period as described above;
  - 8. When ABA therapy services are not expected to bring measurable functional improvement or measurable functional improvement is not documented;
  - 9. When therapy services are duplicative in addressing the same behavioral goals using the same techniques as the treatment plan, including services performed under an individualized educational program (IEP);
  - 10. For more than one program manager/lead behavioral therapist for a member at any one time;
  - 11. For more than one agency/organization providing ABA therapy services for a member at any one time;
  - 12. For activities and therapy modalities that do not constitute application of ABA analysis techniques for treatment of autism. Examples include, but are not limited to:
    - a. Taking member to appointments or activities outside of the home (i.e. recreational activities, eating out, shopping, medical appointments, etc.);
    - b. Assisting the member with academic work or functioning as a tutor, educational or other aide for the member in school;
    - c. Doing house work or chores, or assisting the member with house work or chores, except when the member has demonstrated a pattern of significant behavioral difficulties during specific house work/chores, or acquiring the skills to do specific house or chores is part of the ABA treatment plan for member;
    - d. Travel time;





- e. Speech Therapy;
- f. Physical Therapy;
- g. Occupational Therapy;
- h. Vocational Rehabilitation;
- i. Supportive Respite Care;
- j. Recreational Therapy; and
- k. Orientation and mobility skills.

and

13. Any services not backed by credible research demonstrating that there is a measurable and beneficial health outcome are considered experimental or investigational.

NOTE: Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified, and provider prepay review.

#### E. CONDITIONS OF COVERAGE

#### F. RELATED POLICIES/RULES

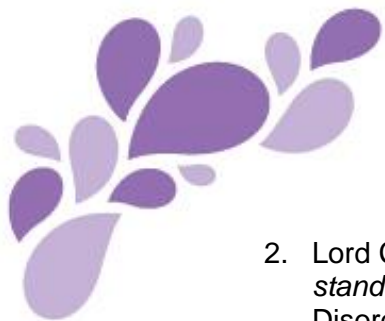
Applied Behavioral Analysis PY-0709  
 Evidence of Coverage and Health Insurance Contract Kentucky

#### G. REVIEW/REVISION HISTORY

	DATE	ACTION
<b>Date Issued</b>	10/04/2018	
<b>Date Revised</b>	01/27/2020	Added program attributes, definitions of provider types and of ABA, title changed, clarified services needing a PA, changed NP to health care provider trained in ASD, added IV, added willingness to participate in program, added description of plan of care, added ages, clarified provider requirements, added must have ASD diagnosis, added home school and IEP, added documentation requirements, added must include type of ASD treatment program with PA, revised continuation of AGA therapy requirements, Added AFLS, ESDM and PEAK-DT assessments, revised discontinuation criteria, added section on transitioning ABA therapy to school environment, revised exclusions, and removed PA checklist.
<b>Date Effective</b>	05/01/2020	

#### H. REFERENCES

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**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**

*Independent medical review – 1/2020*