Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

MEDICAL POLICY STATEMENT
North Carolina Marketplace

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder-NC MP-MM-1379	07/01/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates 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. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Applied Behavior Analysis for Autism Spectrum Disorder

B. Background

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revised (DSM-5-TR) classifies Autism Spectrum Disorder (ASD) as a Neurodevelopmental Disorder that can vary widely in severity and symptoms, depending on the developmental level and chronological age of the individual. ASD is characterized by specific developmental deficits that affect socialization, communication, academic and personal functioning. Individuals are typically diagnosed before entering grade school, and symptoms are noticed across multiple contexts, including social reciprocity, nonverbal communicative behaviors, and skills in developing, maintaining and understanding relationships. Restricted, repetitive patterns of behavior, interests or activities are also present.

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/or 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 families/caregivers. Applied behavior analysis (ABA), one such therapy, may be provided in centers or at home and provides an evidence-based practice for the treatment of ASD.

C. Definitions

- **Autism Spectrum Disorder (ASD)** - DSM-5-TR disorder with identified diagnostic criteria and associated severity levels characterized by persistent deficits in social communication and interaction across multiple contexts and the presence of restricted, repetitive patterns of behavior, interests, or activities causing significant impairment.
- **Applied Behavior Analysis (ABA)** - The design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.
- **Caregiver/Family Training** - Training taught by a therapist to parents/caregivers on how to implement methods utilized in a clinical setting into other environments, such as the home or community, to maximize outcomes furthering generalization of skills and maximizing and reinforcing methods being taught
- **Standardized Diagnostic Assessment Tools** - Evidence-based tools designed to assist with identification of symptoms and criteria for a diagnosis or disorder. Common tools for the diagnosis of ASD, include the following:
  - Autism Diagnostic Observation Schedule (ADOS)
  - Autism Diagnostic Interview Revised (ADI-R)
  - Childhood Autism Rating Scale, 2nd edition (CARS-2)
- **SMART Goals** - Goals that are specific (S), measurable (M), attainable (A),

relevant (R), and time-bound (T).

- **Independent Practitioner** - All ABA services must be provided by a Behavior Analyst Certification Board (BACB)-certified behavior professional/paraprofessional:
  - Board Certified Assistant Behavior Analyst (BCaBA)
  - Board-Certified Behavior Analyst (BCBA)
  - Board Certified Behavior Analyst - Doctoral (BCBA-D)
  - Registered Behavior Technician (RBT)
- **Supervision** - Directing, guiding, training, and assessing individuals who provide behavior-analytic services with responsibilities in accordance with the board from which the practitioner received a license.
  - Services delivered by an RBT or a BCaBA must be supervised by a BCBA, BCBA-D, or a licensed psychologist who has tested in ABA and is certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology.
  - A certified RBT or BCaBA may provide ABA under the supervision of an independent practitioner (supervisor), must be enrolled in the Marketplace program, and affiliated with the organization under which he/she is employed or contracted.

D. Policy

I. General Guidelines

A. Medical necessity review is required for all ABA services initially with a baseline and then, again, every 6 months. Medical review must be submitted with appropriate documentation as indicated in this policy.

B. ABA therapy should begin early in life, ideally by the age of two (2), typically lasting up to three (3) to four (4) years and is subject to the member's response to treatment.

C. Members under the age of 21 will be assessed. Treatment goals and intensity will be based on individual needs and progress in treatment with a focus on remediation of symptoms.

II. Initiation of ABA Services

A. Documentation: CareSource must receive documentation that confirms the following medical criteria:

1. Definitive, primary diagnosis of ASD made by a qualified practitioner who is independent of the ABA provider and has a relationship with the member, including the following:
   a. Pediatric psychiatrist
   b. Psychologist
   c. Pediatric neurologist
   d. Developmental pediatrician

   The final diagnosis must be made by a licensed psychologist, physician or other licensed practitioner acting within an applicable scope of practice under state law.
2. Standardized diagnostic assessment tools were used as part of a referral for ABA services.

3. Description of clinical symptoms present within the past year that require treatment.

B. A licensed ABA practitioner will perform a behavior identification assessment and develop a treatment plan before services are provided. Behavioral assessments are generally not to exceed 8 hours every 6 months unless additional justification is provided.

C. Initial Treatment Plan: An initial ABA treatment plan for the member and parent/caregiver training will be developed by the member, family/caregiver, and provider and must include the following:

1. Biopsychosocial information, including, but not limited to:
   a. Current family structure.
   b. Medication history, including dosage and prescribing physician.
   c. Medical history.
   d. School placement and hours in school per week, including homeschool instruction and the following:
      01. ABA provided as part of the school/home program should be coordinated to assure medical necessity.
      02. Goals are not to be educational, in nature, but focus on targeted symptoms, behaviors, and functional impairments of ASD.
      03. If submitted, an individualized educational program (IEP) will be included in the review.
      04. ABA should not occur in an academic setting.
   e. History of ABA services, including service dates (duration), type of therapy received, results, and progress notes. When previous ABA therapy information is unknown, documentation must be provided regarding why information is inaccessible and how/if this will affect treatment.
   f. All behavioral health diagnoses and services, including any hospitalizations.
   g. Other services the member is receiving (i.e., speech therapy (ST), occupational therapy (OT), physical therapy (PT)), including evidence of coordination with other disciplines involved in the assessment.
   h. Caregiver proficiency and involvement in treatment.
   i. Any major life changes.
2. Rationale for ABA services and how ABA addresses current areas of need, including the following:
   a. A history with symptom intensity and symptom duration, as well as how the symptoms affect the member’s ability to function in various settings, such as home/family, peer, and school environments.
   b. Evidence of previous therapy (i.e., outcomes from previous ABA treatment, ST, OT, PT, if applicable).
   c. Type, duration, results of therapy and how the results will influence the proposed treatment.
3. Goals related to core deficits of an ASD diagnosis (i.e., communication problems, relationship development, social behaviors, problem behaviors) and including the following:

a. Goals must be outcome-, performance-based, and individualized.
b. Goals must be based on the behavioral assessment and a standardized developmental and/or functional skills assessment/curriculum, (i.e., Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment of Basic Language and Learning Skills (ABLLS-R). Examples may include teaching parents to implement behavioral techniques in the home or working on adaptive living skills in the home environment.
c. Goals must be focused on targeted symptoms, behaviors and functional impairments.
d. A description of treatment activities and documentation of active participation by member caregiver/family in the implementation of the treatment program.
e. Baseline objectives clearly related to target behaviors, including measurable SMART goals that define how member improvement will be noted, outcome-oriented interventions, frequency of treatment (i.e., number of hours per week), and duration of treatment.

4. Behavioral Intervention Plan.
5. A prescription with the number of ABA hours requested per week based on the member's specific needs and not on a 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.
6. A plan to modify the intensity and duration of treatment over time based on the member's progress, including an individualized discharge plan specific to treatment needs.
7. Coordination with other behavioral health and medical providers.
8. Individualized to the caregiver/family needs, values, priorities and circumstances.

D. Authorization for Initial Course of Treatment
1. Once ABA evaluation is authorized and completed, treatment plan goals and hours must be submitted for approval.
2. Individual treatment plans submitted by the treating BCBA must include the above information in Scetion II. C. plus the following:
   a. Baseline measurements
   b. Progress reports
   c. Anticipated timelines to reach goals according to initial assessment
   d. The specific number of hours a week requested for treatment based on the member's needs. Benefit has been shown at various intensities of service. CareSource will approve a range of hours, depending on the following:
      01. Member needs

02. Clinical, evidence-based models supporting treatment efficacy
03. Clear, clinical documentation of target behaviors
04. Member response to treatment
05. Parental participation
06. Utilization of prior approved hours

e. Regular review and adjustment of hours per week is required to address behavioral goals. When original authorized treatment plan hours vary, documentation regarding rationale must be provided.

3. Individualized parent/guardian training, including the following:
   a. Documented plans for the training
   b. Parent/guardian ability and willingness to learn and use therapy techniques in the home setting
4. School transition plans that include the following:
   a. Attendance at school if age appropriate
   b. Plans to transition to school, if not currently attending
   c. Plans to be able to attend school without additional ABA therapy outside the school setting
5. Documentation that a licensed or certified behavior analyst will be providing the ABA therapy services.

III. Continuation of ABA

Requests for continuation of ABA services are to be submitted every six months and must meet the following criteria:

A. Definitive diagnosis of ASD persists, and member continues to demonstrate ASD symptoms that will benefit from treatment.
B. Treatment plan as noted in D. II. C., plus the following updates:
   1. An updated progress report, including treatment plan and assessment scores that note improvement and the member's response to treatment from baseline targeted symptoms, behaviors, and functional impairments.
   2. Medical necessity determination that member would benefit from continued ABA therapy.

IV. Discontinuation of ABA Therapy

Titration and/or discontinuation of ABA therapy should occur when the following conditions are met (not an all-inclusive list):

A. Treatment ceases to produce significant meaningful progress.
B. Member behavior does not demonstrate meaningful progress for two successive 6-month authorization periods as demonstrated via standardized assessments.
C. ABA therapy is making symptoms, behaviors or impairments worse.
D. Symptoms have stabilized, allowing member transition to a less intensive type of treatment or level of care to manage symptoms.

V. Parent/caregiver Training

Training will evolve as goals are met. ABA services must include documentation of the following:

A. Parents/caregivers will demonstrate an understanding and agreement to comply

with the requirements of treatment.

B. The treatment request should address how the parents/caregivers will be trained in skills that can be generalized to the home and other environments.
C. The treatment plan should include methods by which the parents/caregivers will demonstrate trained skills.
D. Documentation of barriers to parent involvement and how those are being addressed (e.g., parents having the skills to assist with generalization of skills developed by the member).
E. How the parent/caregiver addresses treatment goals when treatment professionals are not present and parent/caregiver overall skill abilities.
F. Parent/caregiver training and time involvement, including any materials or meetings occurring on a routine basis.
G. Parent/caregiver should be actively working on at least one unmet goal.

VI. Telehealth

Parent/caregiver training and supervision may be provided by telehealth. 1:1 ABA services may be provided via telehealth in instances deemed medically necessary with supporting documentation that provides a plan for the provision of service delivery.

VII. Exclusions

A. Reimbursement for the following services or activities is not permitted:
    1. Any that are not evidence-based in ABA.
    2. Any not documented in the treatment plan.
    3. Any based on experimental, behavioral methods or modes.
    4. Education/related services or activities described under Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §1400 (IDEA).
    5. Any that are vocational in nature and otherwise available through a program funded under Section 110 of the Rehabilitation Act of 1973.
    6. Components of adult day care programs.
B. Basis is solely for the benefit of the family, caregiver or therapist.
C. Treatment is solely focused on recreational or educational outcomes.
D. Treatment makes symptoms worse or member shows regression.
E. Symptoms and/or behaviors not part of core symptoms of ASD (e.g., impulsivity due to ADHD, reading difficulties due to learning disabilities, excessive worry due to an anxiety disorder).
F. If academic or adaptive deficits are included in the treatment plan, treatment should address autistic symptoms impeding deficits in the home environment (i.e., reduce frequency of self-stimulatory behavior to follow through with toilet training or complete a mathematic sorting task) rather than on academic targets.
G. ABA therapy services are not expected to bring measurable functional improvement or measurable functional improvement is not documented.
H. Duplicative therapy services addressing same behavioral goals using the same techniques as the treatment plan, including services performed under an IEP.
I. More than one program manager/lead behavioral therapist or more than one agency/organization providing ABA for a member at any one time.

K. Services provided by family or household members.
L. Care that is primarily custodial in nature not requiring trained/professional ABA staff, shadowing, para-professional, or companion services in any setting.
M. Personal training or life coaching.
N. Services that are more costly than an alternative service(s), which are as likely to produce equivalent diagnostic or therapeutic results for the member.
O. Any program or service performed in nonconventional settings, even if the services are performed by a licensed provider (i.e., spas/resorts, vocational or recreational settings, Outward Bound, wilderness, camp or ranch programs).

E. Conditions of Coverage

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 prepayment review.

F. Related Policies/Rules

Medical Records Documentation for Practitioners
Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	02/01/2023	New Policy
Date Revised	04/12/2023	Removed telehealth exclusions. Approved at Committee.
Date Effective	07/01/2023	
Date Archived		

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