



# MEDICAL POLICY STATEMENT

## Georgia Medicaid

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder-GA MCD-MM-0212	07/01/2026
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, 5<sup>th</sup> Edition, Text Revised (DSM-5-TR)* classifies Autism Spectrum Disorder (ASD) as a neurodevelopmental disorder characterized by specific developmental deficits that affect socialization, communication, academic and personal functioning. Diagnoses typically occur before entering grade school, and symptoms are noticed across multiple contexts (eg, social reciprocity, nonverbal communicative behaviors, skills in developing, maintaining, and understanding relationships). Restricted, repetitive patterns of behavior, interests or activities are also often present.

Currently, there is no cure for ASD, nor is there any single treatment for the disorder. The diagnosis may be managed through a combination of therapies, including behavioral, cognitive, pharmacological and educational interventions with a goal of minimizing the severity of symptoms, maximizing learning, facilitating social integration and improving quality of life. Applied behavior analysis (ABA), one such therapy, may be provided in centers or at home and provides an evidence-based practice for treatment.

ABA focuses on understanding behavior functioning and interaction with the environment, aiming to improve human conditions through behavior change. It is a flexible treatment adapted to individual needs, teaching useful and generalizable skills involving individual, group and family training. Qualified practitioners oversee ABA programs and must meet state registration, certification or licensure requirements. Clinical decisions regarding telehealth delivery should consider individual needs, strengths, preferred service modalities, caregiver availability and environmental support.

Social skills instruction is an important component of management of ASD. A 2012 meta-analysis of 5 randomized trials (196 participants) found that participation in social skills groups improved overall social competence and friendship quality in the short term. A 2020 study demonstrated efficacy of a modified group cognitive behavioral therapy program in children delivered in a community context. A 2021 study showed benefits of group cognitive behavioral treatment in adolescents. As children near entry in public/private school systems, research supports the use of group therapy for school readiness and improved social skills. Training must include clearly defined goals, teach desired behaviors, prompt the natural display of desired behaviors, provide reinforcement of demonstrated behaviors and include practice of desired behaviors with goals of generalizability outside the therapeutic setting (eg, impairments in social-emotional reciprocity, restrictive or obsessional interests, aggressive behaviors).

The public school system becomes responsible for the provision of services and education at school-age with services outlined in an individualized education program (IEP) and reviewed annually. DCH reiterates that ASD services do not include education services available through programs funded under 20 US Code Chapter 3, section 1400

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of the Individuals with Disabilities Education Act (IDEA), which was reauthorized 2004 and most recently amended through Public Law 114-95, Every Student Succeeds Act.

CareSource follows the Georgia Department of Community Health (DCH) and applicable state and federal laws in the provision of ABA services based on a DSM-5-TR diagnosis.

### C. Definitions

- **Behavioral Assessment** – Separate from the initial diagnostic evaluation, the administration of an industry-standard assessment tool for skill acquisition and/or behavior reduction required to substantiate future treatment services.
- **Caregiver/Family Training** – Training taught by a therapist to parents/caregivers on how to implement methods utilized in a clinical setting into other environments to maximize outcomes furthering generalization of skills and maximizing and reinforcing methods being taught.
- **Direction** – Includes, but is not limited to, the QHCP observing implementation of a member's protocols with member and providing instructions and corrective feedback as needed and/or demonstrating correct implementation of a new or modified protocol with the member while the QHCP observes and provides feedback.
- **Plan of Care (POC)** – A document submitted for authorization of treatment services that includes member goals, background, parent/caregiver training and other criteria associated with treatment.
- **Qualified Health Care Professional (QHCP)** – An individual licensed, certified, or permitted to provide ASD services and enrolled with Georgia Medicaid, including physicians, psychologists, BCBA-D, or a BCBA.
- **Supervision** – The direct clinical review, for the purpose of training or teaching, by a physician, psychiatrist, BCBA-D, or BCBA to promote the development of the practitioner's clinical skills and may include, without being limited to, the review of case presentations, audiotapes, videotapes, and direct observation.

### D. Policy

#### I. General Guidelines

The member's treatment record (eg, plans of care, treatment plans, behavior support plans, functional assessments) must be completed by the QHCP, signed by the BCBA and parent/ legal guardian (if minor age) or by the member, if applicable, and submitted to CareSource at the time the QHCP requests a medical necessity review for behavioral assessment or treatment services. Guardianship documentation must be provided for any member 18 and over, as applicable.

A. Medical review must be submitted with appropriate documentation as indicated by DCH's *ASD Services Manual*.

1. The ASD Services Manual outlines authorized providers of ABA services, authorization time periods, and any limitations surrounding authorization requests. Certain services may be allocated into 28-day periods and not eligible for carryover, even if an authorization is approved for 6 months.

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2. Eligibility conditions for ABA services can be located in section 701 of the *ASD Services Manual*.
- B. Diagnostic Evaluations
- Evaluations should be comprehensive with multiple informants covering multiple domains and completed prior to requesting a review of medical necessity for behavioral assessment or treatment services. Evaluations should meet requirements listed in section 801 of the *ASD Services Manual*.
- C. Diagnostic Reevaluations
- The *ASD Services Manual* outlines conditions in which a diagnostic reevaluation must occur. At a minimum, 1 clinician observational assessment must reconfirm the diagnosis. School psychoeducation assessments are not acceptable.
- II. Review of Medical Necessity
- CareSource considers ABA services medically necessary when the following criteria are met:
- A. Behavioral Assessment (BA) Prior Authorization (PA)
1. An independent practitioner must conduct a BA and develop a POC before services are provided. Comprehensive BAs are not to exceed 8 hours every 6 months unless additional justification is provided.
  2. BAs should assess skill acquisition and maladaptive behaviors via requirements in section 802 of the *ASD Services Manual*.
  3. Summarized results will be used to develop interventions for the POC, which is signed by the parent/guardian or member (if 18 and over) and submitted to CareSource at the time of the review request.
  4. With appropriate consent, behavior analysts should conduct record reviews of available data when receiving members from other facilities; however, BAs and POCs must be developed by the current provider. Additional instructions are provided in the *ASD Services Manual*.
  5. Medical necessity review documentation that should be submitted to CareSource for a BA authorization can be found in section 802 of the *ASD Services Manual*.
- NOTE:** Documentation should show that the member has symptoms that would benefit from treatment and must be related to the diagnosis. Symptoms reported should be specific to the member and not a repetition of DSM criteria or language (eg, stereotyped or repetitive motor movements vs. lines up toy cars by size; hypo-reactivity to sensory input vs. frequently and consistently scalds hands with use of water that is too hot).
- B. Treatment Services Prior Authorization (PA)
- Documentation submitted to substantiate requests for a treatment PA can be found in section 803 of the *ASD Services Manual*.
1. Medical necessary will determine approved hours per week (eg, typically 10-30 hours) but should be commensurate with skill deficit or behavioral excesses as identified in the BA.
  2. Active parent/caregiver participation and involvement is required to increase behavior improvement in behaviors identified as causing limitations or

deficits in functional skills.

C. Continued Authorization for Services

Documents to substantiate requests for review of medical necessity for follow-up services after an initial treatment PA can be found in section 803 of the *ASD Services Manual*.

**NOTE:** If services stopped or were terminated for any reason for a temporary length of time (eg, cancelled over summer break after school year ends, vacation or visitation with a noncustodial parent, a change in school hours), additional authorizations should be submitted as continuations. CareSource will not process those requests as initial requests.

III. Plan of Care (POC)

The POC must be submitted for review, signed by BCBA and the parent/caregiver authorizing treatment services and comply with all guidance provided by the *ASD Services Manual* in Section 804, which also provides guidance on school plans necessary and training of school personnel.

- A. For comprehensive, high intensity services direct assessments should be completed and updated with each plan of care, including initial submission. Social Savvy can be utilized for group hours in conjunction with another tool.
- B. DCH requires submission of a member's IEP, IFSP or 504 if the provider is requesting school-based services.

IV. Parent/Caregiver Training

Training will evolve as goals are met. Parent/caregiver(s) must actively work on at least 1 unmet goal with the provider while documenting and tracking 2-4 goals. The POC must include documentation of the following:

- A. understanding/agreement to comply with the requirements of treatment
- B. how the parent/caregiver(s) will be trained in skills generalizable to the home and other environments, how the treatment goals are addressed when providers are not present, and overall skill abilities
- C. methods by which the parent/caregiver(s) will demonstrate trained skills (presence during sessions is not sufficient for a goal or method of training)
- D. barriers to parent involvement and how those are being addressed (eg, parents having the skills to assist with generalization of skills developed by the member)
- E. training and time involvement, including any materials or meetings occurring on a routine basis

V. 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 or maximum benefit has been reached.
- 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.

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- D. Symptoms have stabilized allowing member transition to a less intensive type of treatment or level of care to manage symptoms.
- E. Parent/caregiver(s) have refused treatment recommendations, are unable to participate in the treatment program and/or do not follow through on treatment recommendations to an extent that compromises the effectiveness of the services for member progress.

#### VI. Telehealth Guidance

The *ASD Services Manual* publishes applicable codes, modifiers and allowable provider types. Additionally, *Part II Policies and Procedures for Telehealth Guidance* provides information for telehealth billing requirements, only billable if the provider is in GA or within 50 miles of the GA border when services are rendered. Telehealth services must be appropriate for the individual member and not used as the primary method of treatment.

Providers utilizing telehealth must base decisions on currently evidence and clinical consensus considering assessed needs, strengths, preferences and resources of members/caregivers. Professional ethics governing in-person care also apply to telehealth, along with considerations for interstate licensure, state regulations and potential discomfort with technology. Providers must identify protocols for clinical appropriateness (eg, risk assessment, safety planning) to ensure therapeutic benefit and competence of delivering care via telehealth. Peer reviewed studies and literature should guide selection of appropriate screeners and questionnaires for assessing telehealth service suitability for clients.

#### VII. Exclusions

ABA is not covered in the following circumstances:

- A. rehabilitative services or duplicative services for the provision of aba
- B. any services not documented in the POC
- C. methods or modes considered experimental
- D. educational-related services/activities described under IDEA
- E. vocational services funded under the Rehabilitation Act of 1973
- F. components of adult day care programs
- G. treatment for the benefit of family, caregiver or therapist
- H. treatment unexpected to cause measurable, functional improvement or improvement is not documented
- I. treatment solely focused on recreation goals or in nonconventional settings
- J. services provided by family or household members
- K. care primarily custodial in nature and not requiring trained/professional ABA staff
- L. shadowing, para-professional, companion services, personal training or life coaching in any setting
- M. services more costly than an alternative service(s) as likely to produce equivalent diagnostic or therapeutic results

E. Conditions of Coverage

- I. 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.
- II. CareSource reserves the right to request supervision documentation.

F. Related Policies/Rules

Applied Behavior Analysis for Autism Spectrum Disorder – Reimbursement Policy

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	11/29/2017	
<b>Date Revised</b>	04/19/2018	Added “qualified healthcare profession” re: final diagnosis criteria. Section III. Diagnosis
	04/01/2020	Updated policy. Annual review.
	04/28/2021	Updated medical necessity criteria, exclusions, discontinuation criteria. Added GAMMIS language. Clarified documents referenced. Title change
	12/01/2021	Removed telehealth exclusion; Changed assessment from 3 to 5 years; removed Appendix G; added note D.2.k.
	04/27/2022	Updated definitions. Reorganized. Approved at Committee.
	04/12/2023	Annual review. Expanded background. Added sections VII-X.
	03/13/2024	Added sections VII – X & MUE information to Section E. Updated H. Approved at Committee.
	04/24/2024	Added II.A.5. GAMMIS update 4/1/24. Approved at Committee.
	07/31/2024	Added direction (GAMMIS update 7/1/24), D.III.E., VIII.D., IX.A.1.a.-b., X., E.III.A-C., updated references. Approved at Committee.
	09/25/2024	Out of cycle review. Added documentation submission prior to claim submission.
	03/12/2025	Out of cycle review. Removed parent guardian signature on daily progress notes prior to claims. Approved by Committee.
	02/11/2026	Annual review. Split payment info into PY-1634. Removed copied pasted info from <i>ASD Manual</i> . Referenced applicable section. Updated references. Approved at Committee.
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<b>Date Archived</b>		

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