

MEDICAL POLICY STATEMENT INDIANA MEDICAID

Policy Name	Policy Number	Date Effective
Applied Behavioral Analysis Therapy for Autism Spectrum Disorder	MM-0900	01/01/2021-05/31/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

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 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 attributes¹** -
 - 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.

¹ <https://www.uptodate.com>



- **BCBA-D** - BACB certified behavior analyst doctoral level.
- **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, Health services provider in psychology (HSPP), or an individual licensed in another behavioral health profession who is competent in ABA and it is within their scope of practice.
- **Diagnostic Interview for Social and Communication Disorders (DISCO)** - A schedule for the diagnosis of autism spectrum disorder and assessment of member needs.

D. Policy

- I. Prior Authorization (PA) is required for all of the following:
 - A. Initial Treatment Plan for ABA therapy; and
 - B. Continuation of ABA therapy.

NOTE: Refer to the Indiana Health Coverage Program (IHCP) ABA PA checklist.

- II. In accordance with the AAP recommendations, CareSource supports screening for ASD at 18 and 24 months of age.
- III. 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.
- IV. 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, Health services provider in psychology (HSPP), 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, Health services provider in psychology (HSPP), or licensed health care provider trained in ASD treatment who determines the care to be medically necessary;
 3. ABA is provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of Indiana to perform the services;
 4. ABA is provided by a CareSource participating provider;



5. 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.

V. 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.

VI. Qualified ABA Therapy Providers

- A. All services provided must be provided by a:
 1. Credentialed RBT;
 2. Licensed or board certified behavioral analyst;
 - a. BCaBA
 - b. BCBA
 - c. BCBA-D;
 - or
 3. HSPP.
- B. Services delivered by a RBT must be supervised by a qualified RBT supervisor.
- C. Services delivered by a BCaBA or an RBT must be supervised by a BCBA, BCBA-D or HSPP.

VII. Initial Treatment Plan for ABA Therapy

- A. Prior Authorization is required. Authorization period will not exceed 6 months.
- B. A BCBA may submit a prior authorization request.
- C. ABA therapy services will not exceed forty hours per week.
- D. Short term, adjunctive hours may be requested outside of the standard therapy prior authorization if any of the following occurs:
 - a. Sudden increase in self-injurious behaviors;
 - b. Sudden increase in aggression or aggressive behaviors;
 - c. Increase in elopement behaviors;
 - d. Regression in major self-care or language activities;
 - e. A shift in family or home dynamic; or
 - f. Development of a non-mental health related comorbidity or health crisis with the patient.
- E. An ASD diagnosis must be primary in order for services to be reviewed for approval.
- F. When completing a diagnostic evaluation, a qualified provider must use the most recent version of the American Psychiatric Association's Diagnostic and Statistical manual of Mental Disorders at the time of the evaluation and include a recommended treatment referral for ABA therapy services. :
 1. ABA initial diagnosis and diagnostic evaluations must be performed by a qualified ASD diagnostician, limited to the following:
 - a. Licensed physician;
 - b. Licensed Psychologist;
 - c. HSPP; or
 - d. Licensed health care provider trained in ASD diagnosis and treatment;
 - and
 2. Using one of the following standardized diagnostic assessment tools:



- a. Autism Diagnostic Observation Schedule (ADOS); or
- b. Autism Diagnostic Interview Revised (ADI-R); or
- c. Diagnostic Interview for Social and Communication Disorder (DISCO).

NOTE: Other known evidence-based diagnostic tools may be used.

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.

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

REQUIREMENT	DETAILS
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: <ul style="list-style-type: none">1. Member's needs;2. Clinical-based evidence models supporting treatment efficacy and efficiency;3. Clear clinical documentation of target behaviors;4. Member's response to treatment;5. Parental participation; and6. Utilization of prior approved hours.<ul style="list-style-type: none">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.
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 available.



Proposed goals and objectives for member and parent/guardian; treatment plan	See IX. for criteria.
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VIII. Continuation of ABA therapy

- A. Prior authorization is required. Authorization period will not exceed 6 months.
- B. A BCBA may submit a prior authorization request.
- C. ABA therapy services will not exceed forty hours per week.
- D. Short term, adjunctive hours may be requested outside of the standard therapy prior authorization any of the following occurs:
 1. Sudden increase in self-injurious behaviors.
 2. Sudden increase in aggression or aggressive behaviors.
 3. Increase in elopement behaviors.
 4. Regression in major self-care or language activities.
 5. A shift in family or home dynamic.
 6. Development of a non-mental health related comorbidity or health crisis with the member.
- E. An ASD diagnosis must be primary in order for services to be reviewed for approval.
- F. In order for services to be reviewed for approval all of the following must be met:
 1. Member continues to demonstrate ASD behaviors;
 2. The treatment plan is updated and shows ABA therapy has been improving symptoms for two successive authorization periods (if applicable);
 3. There is reasonable expectation that member will continue to benefit from ABA therapy; and
 4. Member's potential improvement from ABA therapy is not yet met.
- G. Quantitative goals should 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.

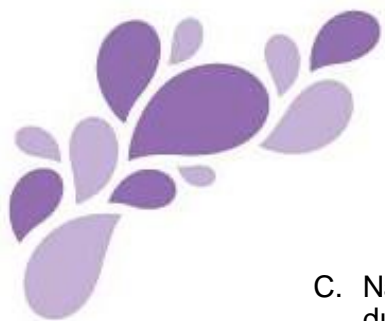
- H. All of the following documentation is required to be submitted with the PA for continuation of ABA therapy and for any subsequent interim assessment:

REQUIREMENT	DETAILS
Updated progress on member and parent/guardian goals; treatment plan.	See IX. for criteria.
Discharge or transition planning.	
Intensity and type of treatment requested.	List by hours per week



	<p>CareSource will approve a range of hours depending on the following:</p> <ol style="list-style-type: none">1. Member's needs;2. Clinical-based evidence models supporting treatment efficacy and efficiency;3. Clear clinical documentation of target behaviors;4. Member's response to treatment;5. Parental participation; and6. Utilization of prior approved hours.<ol style="list-style-type: none">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.
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- IX. 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.
- X. 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.

XI. 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. 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 not expected to bring measurable functional improvement or measurable functional improvement is not documented;
 - 8. 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);
 - 9. For more than one program manager/lead behavioral therapist for a member at any one time;
 - 10. For more than one agency/organization providing ABA therapy services for a member at any one time;
 - 11. For activities and therapy modalities that do not constitute application of ABA 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

- 12. 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

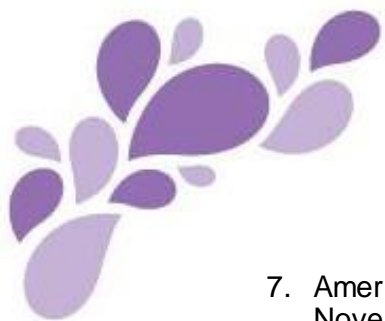
Applied Behavioral Analysis PY-0944

G. Review/Revision History

DATE		ACTION
Date Issued	01/22/2020	
Date Revised		
Date Effective	01/01/2021	
Date Archived	05/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

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