



## MEDICAL POLICY STATEMENT

### Indiana Medicaid

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder - IN MCD - MM-0900	06/01/2022-12/31/2022
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 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.

Indiana Medicaid members 20 years and younger with autism spectrum disorder (ASD) acquired coverage for Applied Behavioral Analysis (ABA) on February 6, 2016. 405 IAC 5-22-12, the Indiana rule governing ABA services, was amended in 2019 and was effective March 1, 2019. This policy summarizes coverage requirements based upon the changes to the rule. The summary is based on State of Indiana regulations and documentation promulgated by the Indiana Office of the Secretary of Family and Social Services.

Per Indiana regulation, applied behavioral analysis therapy services, or ABA therapy services, means the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior.

The Members' symptoms or conditions should meet the diagnostic criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) diagnosis of autism spectrum disorder. The diagnosis should be made by a qualified provider such as a:

- Licensed physician
- Licensed Health Service Provider in Psychology (HSPP)
- Other behavioral health specialist with training and experience in the diagnosis and treatment of ASD and acting within the scope of licensure and expertise.

## C. Definitions

- **ABA Therapy-** applied behavioral analysis therapy services or ABA therapy services means the design, implementation and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior.
- **Autism Spectrum Disorder (ASD)** - Means any of the following pervasive developmental disorders as defined by the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association): Autism, or other condition that is specifically categorized as a pervasive developmental disorder in the *Manual*.
- **ABA Therapy Service Providers** – ABA therapy service providers include: a health services provider in psychology (HSPP), licensed or board certified behavior analyst

or a credentialed registered behavior technician (RBT). Behavior analysts may be doctoral level (BCBA-D), master-level (BCBA) or bachelor-level (BCaBA). Services performed by a BCaBA or a RBT must be under the direct supervision of a BCBA, BCBA-D, or an HSPP.

- **Caregiver/Family Training** - The goal of caregiver/family training is to maximize the child's outcomes. Caregiver/Family training helps the child generalize their skills – taking the skills they are learning in the one-to-one therapy to the community. Caregiver/Family training sessions focus on providing parents and caregiver with knowledge and skills on behavioral concepts and strategies to maximize and reinforce the child's learning and to support the maintenance and generalization of the skills and treatments they are teaching. Caregiver/family are expected to participate in ABA treatment and if unable to, the provider will assist them in acquiring skills to participate.
- **Qualified practitioner** - For purposes of the initial diagnosis and comprehensive diagnostic evaluation, a qualified provider includes any of the following
  - Licensed physician
  - Licensed HSPP
  - Licensed pediatrician
  - Licensed psychiatrist
  - Other behavioral health specialist with training and experience in the diagnosis and treatment of ASD
- **SMART goals** - Specific, measurable, attainable, relevant, and time-bound
- **Individualized Education Plan** – a written statement developed for a child by a group that includes:
  - A representative of the school corporation or public agency responsible for educating the child
  - The child's teacher
  - The child's parent, guardian, or custodian
- **Independent practitioner** - To provide ABA therapy, all services provided must be rendered by an appropriate practitioner:
  - Registered Behavior Technician (RBT);
  - Board Certified Assistant Behavior Analyst (BCaBA);
  - Board Certified Behavior Analyst (BCBA); or
  - Board Certified Behavior Analyst – Doctoral BCBA-D).
  - Health Service Provider in Psychology (HSPP)
- **Supervision** - Services performed by a BCaBA or RBT must be under the direct supervision of a BCBA, BCBA-D, or an HSPP.

#### D. Policy

- I. All ABA services require Prior Authorization (PA)
  - A. PA requests for ABA therapy will not be approved for longer than six months.
  - B. ABA therapy should not exceed 40 hours per week.
  - C. ABA services extending beyond 40 hours per week of direct therapy must meet medical necessity and require additional prior authorization.
  - D. Providers should refer to the Indiana Health Coverage Program (IHCP) ABA PA checklist.
- II. Determinations for hours and duration **will not be based** upon any of the following:
  - A. Other therapies that do not address the specific behaviors being targeted, or

- B. Any standardized formulas used to deduct hours based upon daily living activities.
- III. Short-term, adjunctive hours can be requested outside of the standard therapy prior authorization if one of the following conditions 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 dynamics;
  - F. Development of a non-mental health related co-morbidity or health crisis.
- IV. Services for members shall be available from the time of initial diagnosis through twenty (20) years of age.
- V. Qualified ABA Therapy Providers
- A. All services provided must be provided by a:
    - 1. Health Services Provider in Psychology (HSPP) or;
    - 2. Licensed or Board Certified Behavior Analyst or
    - 3. Credentialed registered behavior technician (RBT)\*
    - 4. Licensed or board-certified behavior analyst includes bachelor-level (BCaBA), master-level (BCBA) and doctoral-level (BCBA-D) providers.
- \* RBTs must have certification from the Behavior Analyst Certification Board (BACB).
- NOTE: Effective March 1, 2018, per Indiana Health Coverage Program Bulletin BT201774, BCBAs are able to bill for ABA services.
- VI. Reimbursement of ABA services will be made only to enrolled ABA therapists.
- A. New providers that want to provide ABA services, or providers already enrolled that want to continue being reimbursed for ABA services for dates of service (DOS) on or after March 1, 2018, must do one of the following:
    - 1. Enroll as a mental health provider with an ABA therapist specialty (provider type 11/provider specialty 615) to obtain an IHCP Provider ID for billing purposes.
    - 2. Providers already enrolled as a licensed HSPP (provider type 11/provider specialty 114) must add the new ABA specialty to their enrollment profile. This update must be made before March 1, 2018, to be reimbursed for DOS beginning March 1, 2018.
    - 3. Providers already enrolled as one of the identified group provider types and specialties listed in this IHCP bulletin, must have an enrolled ABA therapist linked to the service locations providing the ABA services before March 1, 2018, to be reimbursed for DOS beginning March 1, 2018.
- VII. Initial Authorization for Treatment Plan Development
- A. All ABA services require prior authorization. Authorization period will not exceed 6 months.
  - B. A BCBA may submit a prior authorization request.

- E. An ASD diagnosis must be present in order for services to be reviewed for approval.
- F. When completing a diagnostic evaluation, a qualified provider must use standardized assessments and 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. ASD 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.

#### VIII. ABA Treatment Authorization

- A. An independent practitioner will perform a behavior identification assessment and develop a treatment plan before services are provided.
- B. For initiation of ABA services, documentation needs to show medical necessity through the following criteria:
  - 1. Behavioral, psychological, developmental, and medical history
    - a. ABA provided as part of the school/home program should be coordinated to assure medical necessity; and the goals are not to be education related, but will focus on targeted symptoms, behaviors, and functional impairments. The hours spent in a school/home school setting should be included. If submitted, an optional individualized educational program (IEP) will be included in the review.
    - b. Includes a history with symptom intensity and symptom duration; as well as demonstrate how the symptoms affect the member's ability to function in various settings such as family, peer, and school
      - 01. Includes evidence of previous therapy such as ABA, speech therapy, and occupational therapy if applicable
      - 02. Including type, duration, results of previous therapy (if any) and how the results will influence the proposed treatment
    - c. Includes evidence of coordination with other disciplines involved in the assessment such as occupational therapy and speech therapy.
  - 2. Treatment plan must include ALL of the following:
    - a. The treatment plan developed will describe treatment activities and goals and documentation of active participation by the recipient's caregiver/family in the implementation of the treatment program. If the family is unable to participate, the provider will assist them in acquiring skills in order to participate.
    - b. Includes baseline objectives that are clearly related to target behaviors. 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.
    - c. Includes outcome performance-based individualized goals based on behavioral assessment and a standardized developmental and/or functional skills assessment/curriculum such as, but not limited to Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills (ABLLS-R).

- d. Includes prescription for ABA. Hours must be based on the member's specific needs and not on a general program structure as evidenced by all of the following:
    - 01. Detailed description of problems, goals and interventions support the need for requested intensity of treatment; and
    - 02. Includes a plan to modify intensity and duration over time based on the child's progress. Discharge plan should be individualized and specific to each child's treatment needs.
  - e. The updated individual treatment plan addresses:
    - 01. Plans for parent/guardian training and, when applicable, school transition
    - 02. School attendance or homeschooling when applicable
    - 03. Daily activities
    - 04. Documentation that ABA services will be delivered by an appropriate provider licensed or certified as a behavior analyst
  - f. For each updated goal in the individual treatment plan, the following is documented:
    - 01. Progress to date
    - 02. Anticipated timeline for achievement of each goal based on both the initial assessment and subsequent interim assessments over the duration of the intervention
- IX. For continuation of ABA services, documentation needs to show ALL of the following criteria:
- A. The member continues to meet criteria for ABA therapy; and
  - B. Treatment plan includes the following updates:
    - 1. An updated progress report including treatment plan and assessment scores that notes improvement/member's response to treatment from baseline targeted symptoms, behaviors, and functional impairments; and
    - 2. There is a reasonable expectation based upon a CareSource medical necessity determination that the member would benefit from continued ABA therapy.
- X. Exclusions
- A. Reimbursement is not permitted under any of the following situations:
    - 1. Services or activities not stated in the treatment plan;
    - 2. Services or activities based on experimental behavior methods or mode
    - 3. Education and related services or activities as described for the individual under the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §1400 et seq. (IDEA);
    - 4. Services or activities that are vocational in nature and otherwise available to the recipient through a program funded under Section 110 of the Rehabilitation Act of 1973; or
    - 5. Services or activities that are a component of adult day care programs.
  - B. When solely based on the benefit of the family, caregiver or therapist;
  - C. When solely focused on recreational or educational outcomes;
  - D. When making symptoms worse or when member is showing regression;
  - E. 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;



- F. If academic or adaptive deficits are included in the treatment plan, 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;
- G. When ABA therapy services are not expected to bring measurable functional improvement or measurable functional improvement is not documented;
- H. When therapy services are duplicative in addressing the same behavioral goals using the same techniques as the treatment plan, including services performed under an IEP;
- I. For more than one program manager/lead behavioral therapist for a member at any one time;
- J. For more than one agency/organization providing ABA therapy services for a member at any one time;
- M. Services provided by family or household members are not covered.
- N. Treatment will not be covered if the care is primarily custodial in nature (that do not require the special attention of trained/professional ABA staff), shadow, para-professional, or companion services in any setting.

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 Behavior Analysis Therapy for Autism Spectrum Disorder Administrative Policy  
Behavioral Health Service Documentation Standards

#### G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	01/22/2020	
<b>Date Revised</b>	09/01/2021	Added to Background: ABA services may be provided in centers or at home. Research supports the equivalent effectiveness at both treatment sites. Transferred content from OH Medicaid policy including definitions, ABA Treatment, Continuation of Services, Discontinuation, Telehealth and Exclusions. Removed documentation as it is in the BH Documentation Standards policy. Updated references
	11/18/2021	Re-wrote entire policy. Removed telehealth
<b>Date Effective</b>	06/01/2022	
<b>Archive Date</b>	12/31/2022	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

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

		incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.
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## 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*

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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.