



## MEDICAL POLICY STATEMENT OHIO MEDICAID

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<b>Policy Name</b>		<b>Policy Number</b>
Applied Behavioral Analysis (ABA) Therapy		MM-0028
<b>Policy Type</b>		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) 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.

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### Contents of Policy

<u>MEDICAL POLICY STATEMENT</u> .....	1
<u>TABLE OF CONTENTS</u> .....	1
<u>A. SUBJECT</u> .....	2
<u>B. BACKGROUND</u> .....	2
<u>C. DEFINITIONS</u> .....	3
<u>D. POLICY</u> .....	3
<u>E. CONDITIONS OF COVERAGE</u> .....	7
<u>F. RELATED POLICIES/RULES</u> .....	7
<u>G. REVIEW/REVISION HISTORY</u> .....	8
<u>H. REFERENCES</u> .....	8



## A. SUBJECT

### **Applied Behavior Analysis (ABA) Therapy**

## B. BACKGROUND

Autism Spectrum Disorder (ASD) can vary widely in severity and symptoms, depending on the developmental level and chronological age of the patient. Autism is often defined by specific impairments that affect socialization, communication, and stereotyped (repetitive) behavior, which collectively are called the “Core” symptoms of autism. 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. Individuals with a well-established diagnosis of autistic disorder, Asperger’s disorder, or Pervasive Developmental Disorder NOS under previous diagnostic criteria should be given the diagnosis of ASD.

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

Behavioral therapy programs studied to treat ASD include Intensive Behavioral Intervention (IBI), including Lovaas therapy, Early Intensive Behavioral Intervention (EIBI), or Applied Behavior Analysis (ABA). IBI therapy involves use of operant conditioning, a behavioral modification technique using positive reinforcement to increase desired behaviors, or a neutral response to not reinforce undesired behaviors. The operant conditioning is delivered in a highly-structured and intensive program, with one-to-one instruction by a trained therapist. Parents are active participants in the treatment process and are taught to continue the training at home. IBI is initiated when a child is young, usually by 2 years of age. Medical research has shown improved outcomes in children that receive early behavioral and developmental/relationship-based interventions.

These intensive behavioral intervention programs involve time-intensive, highly-structured positive reinforcement techniques by a trained behavior analyst or therapist. There is a wide variation in ABA practices from philosophy, approach, interventions and methodology, and outcome reporting. Clinical evidence from small studies and meta-analyses suggests that intensive behavioral therapy may have effects on intellectual functioning, language-related outcomes, acquisition of daily living skills and social functioning for some individuals. Methodological problems including small sample sizes (limiting statistical analysis), lack of randomization, blind assessments, and use of prospective design limit the generalizability of the results. There is lack of definition and guidelines around characteristics of children who would benefit from treatment, lack of evidence-based guidelines for training and credentialing, program content, measurement of success, intensity, duration and clinical criteria. CareSource fully supports the recommendation for ongoing research, randomized control studies, standardized protocols, and longitudinal research to determine long term outcomes.



The following professional society's recommendations are derived from the latest guidelines and scientific based literature available.

#### **American Academy of Pediatrics (AAP)**

The AAP recommends universal screening in children aged 18 to 24 months to assist in early detection of ASD. Children that receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, adaptive behavior and social behavior.

#### **American Academy of Child and Adolescent Psychiatry (AACAP)**

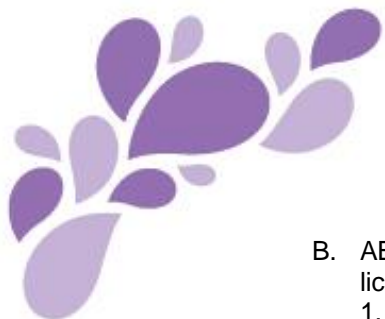
The AACAP recommends children should routinely be tested for ASD during developmental assessments. When screening is indicative of significant ASD symptoms, a thorough diagnostic evaluation should be performed. Clinicians should coordinate an appropriated multidisciplinary assessment of children with ASD and the clinician should help the family obtain appropriate, evidence-based and structured educational and behavioral interventions for treatment. The AACAP has practice parameters for treatment of children and adolescents with ASD. The quality of the literature is variable. None of the treatment models have emerged as superior.

### **C. DEFINITIONS**

- Autism Spectrum Disorder: A neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association
- Autism Diagnostic Interview-Revised (ADI-R): A clinical interview lasting two – three hours in order to evaluate and probe for autistic symptoms or behaviors
- Autism Diagnostic Observation Schedule (ADOS): A standard diagnosis tool used as one facet of autism diagnostic evaluation in conjunction with other clinical information and the health care provider's clinical expertise

### **D. POLICY**

- I. Prior Authorization (PA) is required for ABA Evaluation, Initial Course of ABA Therapy and Continuation of ABA Therapy. **Please see attachment A. for a Prior Authorization Checklist.**
  - A. ABA Therapy services may be approved for up to a six month period with subsequent interim assessment over the course of treatment.
- II. CareSource supports early intervention services and therapies for the treatment of autism spectrum disorders (ASD), such as physical, speech and occupational therapy, as well as psychological/psychiatric services. Medical evidence suggests ABA Therapy services should begin early in life, ideally by the age of 2, typically lasting 1-3 years, but may be more or less time and is subject to the progression of each patient.
- III. CareSource provides for state and federal required covered services as part of a comprehensive plan of treatment for autism spectrum disorders when ordered by a licensed physician i.e. pediatrician or psychiatrist and provided by a certified, credentialed and/or licensed CareSource participating therapist.
- IV. Qualified ABA Therapy Providers
  - A. ABA initial diagnosis and comprehensive diagnostic evaluations must be performed by a qualified healthcare provider, including:
    1. Licensed physician, i.e. Pediatrician, Psychiatrist or
    2. Licensed Psychologist; or
    3. Nurse Practitioner (NP) with appropriate training.



- B. ABA Therapy services can only be administered by an appropriate credentialed or licensed provider who is a board certified behavior analyst, including:
    - 1. Doctoral level;
    - 2. Masters (BCBA);
    - 3. Bachelor level (BCaBA); or
    - 4. Registered Behavior Technician (RBT)
  - C. Services delivered by a BCaBA or RBT must be directly supervised by a BCBA or BCBA-D and should adhere to the member's specific treatment plan.
- V. Prior Authorization: ABA Diagnosis and ABA Evaluation
- A. Diagnosis should be made and confirmed in early childhood by a qualified healthcare provider as outlined above.
  - B. Completion of a comprehensive diagnostic evaluation should include a referral for ABA Therapy services, using one of the following standardized diagnostic assessment tools:
    - 1. Autism Diagnostic Observation Schedule (ADOS);
    - 2. Autism Diagnostic Interview Revised (ADI-R); or
    - 3. Other known evidence-based diagnostic tools may be used, but only in addition of the tools listed here.
  - C. 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 autism and would benefit from ABA Therapy services.
  - D. The final diagnosis must be made by a licensed psychologist, physician or other licensed practitioner acting within their scope of practice under state law.
- VI. Documentation for Prior Authorization Initial Course Therapy
- A. PA requests must document the following:
    - 1. Once ABA evaluation is authorized and completed, treatment plan goals and hours must be submitted for approval.
    - 2. Individual treatment plan submitted by the treating BCBA, including:
      - 2.1 The patient's behavioral, psychological, medical and family concerns.
      - 2.2 Previous ABA Therapy services including:
        - a. Duration
        - b. Type of therapy received
        - c. Results
      - 2.3 When previous ABA Therapy information is unknown, provide documentation regarding why the information is not accessible and how this will affect treatment.
      - 2.4 Documentation of less intensive behavior treatment or other therapy, 60-90 days in duration, that has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behaviors, including:
        - a. Duration of therapy
        - b. Type of therapy
        - c. Results, if known, and how this influences proposed treatment.
      - 2.5 Quantitative goals based on standardized assessments addressing behaviors the treatment plan is designed to treat, including:
        - a. Base line measurements
        - b. Progress reports
        - c. Timelines to reach treatment goals according to the initial assessment and period assessments over the course of treatment.
      - 2.6 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.
        - a. CareSource will approve a range of hours depending on the following:
          - (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; and
    - (6) Utilization of prior approved hours.
  - b. Regular review and adjustment of hours per week is required to address behavioral goals. When original authorized treatment plan hours vary, documentation regarding must be provided.
3. Parent/guardian training individualized for each member's needs, including:
  - 3.1 Documented plans for the training;
  - 3.2 Parent/guardian's ability to and willingness to learn and use therapy techniques in the home setting;
4. School transition plans:
  - 4.1 Attendance at school if age appropriate;
  - 4.2 Plans to transition to school if not currently attending; and
  - 4.3 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.

#### VII. Initial Course

- A. The initial course of ABA requires a prior authorization and will be covered as part of a comprehensive plan of treatment when the following are met:
  1. Diagnosis by a qualified healthcare provider. See section IV.A, B and C for a list of qualified providers.
  2. A qualified healthcare provider has completed a comprehensive diagnostic evaluation as described in this policy.
  3. A licensed or certified behavior analyst's documentation describing the member's specific treatment plan, including:
    - 3.1 Addresses determined behavioral, psychological, medical and family issues.
    - 3.2 Quantitative short-term, intermediate and long-term goals based on standardized assessments and age norms, addressing the disorders and behaviors the treatment plan is designed to address, including:
      - a. Base line measurements
      - b. Progress reports
      - c. Timelines to reach treatment goals according to the initial assessment and period assessments over the course of treatment.
    - 3.3 Establishes a parent/guardian training and school transition plan, including:
      - a. Parents/Guardian's ability and willingness to learn and use therapy techniques in the home setting.
      - b. Behavior parents/caregivers are expected to demonstrate and utilize outside the treatment setting.
    - 3.4 Documentation that an appropriate provider who is a licensed or certified behavior analyst will deliver ABA Therapy services.

#### VIII. Documentation for Prior Authorization Continuation of ABA Therapy

- A. PA requests must document the following:
  1. Documentation the member was approved for Initial Course ABA Therapy services.
  2. An updated member treatment plan is required and submitted up to six months, including:
    - 2.1 Goals that are age and impairment appropriate, including baseline measurements for each specific goal;
    - 2.2 Up to date measurable progress reports; and
    - 2.3 Parent/guardian training including:



- a. Parent's/Guardian's ability and willingness to learn and use therapy techniques in the home setting.
  - b. Behavior parents/caregivers are expected to demonstrate and utilize outside the treatment setting.
- 2.4 School transition plans if appropriate for age
3. Documentation that an appropriate provider who is a licensed or a certified behavior analyst will deliver ABA Therapy services.

#### IX. Continuation of ABA Therapy

- A. Continuation of ABA Therapy services requires a PA and is covered when all of the following are met:
  1. Member has met the initial course service plan goals.
  2. Member's individualized treatment plan is updated and submitted for an additional PA as detailed above.
  3. Member's individualized treatment plan documents the following for each specific treatment plan goal:
    - 3.1 No later than 2 months after implementation of the Initial Course ABA Therapy services developmental testing is performed to achieve a baseline, including testing of: social skills, communication skills, language skills and adaptive functioning. Testing should include:
      - a. Verbal Behavior-Milestones Assessment and Placement Program (VB-MAPP);
      - b. Assessment of Basic Language and Learning Skills (ABLLS-R); or
      - c. Other equivalent assessment and tracking tools.
    - 3.2 Subsequent interim assessment over the course of treatment at a minimum of every 6 months, including:
      - a. Identifying and addressing barriers to achieving proposed treatment goals.
    - 3.3. Timeline expectations for member goal achievement based on initial and subsequent assessments over the course of treatment.
  4. Age and impairment appropriate goals are included in the individualized treatment plan, including progress and documentation of progress made in the following areas:
    - 4.1 Social skills;
    - 4.2 Communication skills;
    - 4.3 Language skills; and
    - 4.4 Adaptive functioning
  5. Parent/guardian training school transition plans, including:
    - 5.1 Documentation that demonstrates parent/guardian continued ability and willingness to learn and use therapy techniques in the home setting;
    - 5.2 The skills and/or techniques parents/guardians are expected to demonstrate and utilize outside the treatment setting; and
    - 5.3 Parent's/guardian's continued ability and willingness to learn and use therapy techniques in the home setting.
- B. If an individual is unable to demonstrate progress toward meeting the majority of goals after two six month periods of ABA treatment, then consideration will be given as to whether or not there is a reasonable expectation that the child is capable of making progress with ABA Therapy services. If so, then the individual no longer meets criteria for continued ABA Therapy services and other modalities may be offered.
  1. There must be documentation to demonstrate the child will continue to benefit from the continuation of ABA Therapy services and that continuation is **NOT** solely for the benefit of the family, caregivers or treating therapist.
  2. The treatment should **NOT** be making symptoms worse, or showing as regression in any additional therapies targeting skill acquisition (understanding the importance of coordinating ABA Therapy services with any other modality/service/therapy being received by the child at the same time).



## VII. Exclusions

- A. ABA Therapy services are not covered for symptoms and/or behaviors that are not part of core symptoms of autism (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.
- B. 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.
- C. ABA Therapy services performed in a school setting, other than therapy provided for a short time period during transition from ABA treatment to school.
- D. ABA Therapy services performed that are not expected to bring measurable functional improvement or measurable functional improvement is not documented.
- E. Duplicative therapy services, including services performed under an individualized educational program (IEP).
- F. ABA Therapy services are not covered for more than one program manager/lead behavioral therapist for a member at any one time;
- G. ABA Therapy services are not covered for more than one agency/organization providing ABA Therapy services for a member at any one time;
- H. ABA Therapy services are not indicated nor will they be covered 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:
  - 1. Taking member to appointments or activities outside of the home (i.e. recreational activities, eating out, shopping, medical appointments, etc.);
  - 2. Assisting the member with academic work or functioning as a tutor, educational or other aide for the member in school;
  - 3. 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;
  - 4. Travel time;
  - 5. Speech Therapy;
  - 6. Occupational Therapy;
  - 7. Vocational Rehabilitation;
  - 8. Supportive Respite Care;
  - 9. Recreational Therapy; and
  - 10. Orientation and mobility skills.

## E. CONDITIONS OF COVERAGE

### **AUTHORIZATION PERIOD:**

The initial treatment plan must be authorized and reassessed every six months for continuation of treatment.

## F. RELATED POLICIES/RULES



### G. REVIEW/REVISION HISTORY

DATE		ACTION
Date Issued	10/04/2018	
Date Revised	N/A	
Date Effective	01/01/2019	

### 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.**





## ATTACHMENT A:

# APPLIED BEHAVIOR ANALYSIS/SERVICES (ABA/ABS) Prior Authorization Checklist

### 1. Prior Authorization Form

- Is all of the patient information complete?
- Is all of the provider information completed?
- Have you included an appropriate diagnosis per policy?
- Have you included all of the appropriate diagnosis per policy?
- Have you included all the appropriate procedure codes, modifiers and units?
- Has a Qualified Health Practitioner ordered the services?

### 2. Diagnostic Assessment

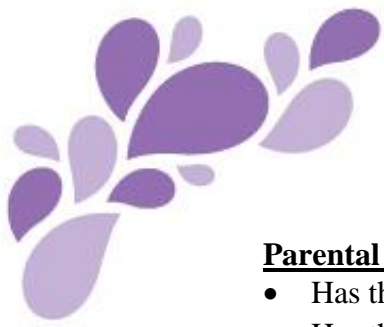
- Has an ADOS or ADI been completed and is the documentation attached?
- Has the diagnostic test been signed by one of the following?
  - Licensed physician
  - Licensed psychologist
  - Other licensed practitioner acting within their scope of practice under state law.
- Is there documentation of member's current symptoms meeting the criteria for ASD in the past year? Does the assessment include a referral for ABA services?

### 3. Care Plan

- Does the treatment plan identify ALL of the below?
  - Behaviors to be targeted
  - Psychological concerns
  - Medical concerns
  - Family issues affecting member or affected by member condition
  - Hours spent in school (includes home school)
  - Current therapies
- Is the assessment/evaluation documentation supporting the care plan attached?

**Measurable goals:** (applies to all care plan goals)

- Has a baseline measurement been performed and documented for this goal?
- Has a timeline been established for ameliorating this behavioral in a measurable way?
- Has the provider performing therapy been identified? (RBT, BCaBA, BCBA)
- Have the hours requested for each goal been substantiated?



**Parental Training:**

- Has the modality (video review, role-playing, lecture, etc.) been clearly identified?
- Has the frequency (times per week/month) been identified and substantiated?
- Has the duration of hours (per session) been identified and demonstrated?
- Has the provider performing parental training been identified? (RBT, BCaBA, BCBA)

Has a school transition plan been developed (either short or long term) and included in the overall treatment plan?