



# MEDICAL POLICY STATEMENT

## Ohio Medicaid

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder - OH MCD - MM-0028	05/01/2023-11/30/2023
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 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. ABA services may be provided in centers or at home. Research supports the equivalent effectiveness at both treatment sites.

## C. DEFINITIONS

- **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; Asperger's Disorder; or other condition that is specifically categorized as a pervasive developmental disorder in the *Manual*.
- **Applied Behavior Analysis (ABA)** - A preventive service for ASD.
- **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.
- **Standardized diagnostic assessment tools** -
  - Autism Diagnostic Observation Schedule (ADOS); or
  - Autism Diagnostic Interview Revised (ADI-R).Other known evidence-based diagnostic tools may be used, but only in addition to the tools listed above.  
If submitting standardized instruments that are over one year old, an independent provider must submit recent clinical notes describing behaviors which demonstrate the member still has ASD and would benefit from ABA therapy services.
- **SMART goals** - Specific, measurable, attainable, relevant, and time-bound.
- **Qualified practitioner** - To make a definitive diagnosis of ASD
  - Pediatric psychiatrist;
  - Psychologist;
  - Pediatric neurologist; or
  - Developmental pediatrician

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

- **Independent practitioner** - To provide ABA therapy:  
All services provided must be provided by a Behavior Analyst Certification Board (BACB) certified behavior professional/paraprofessional:
  - RBT;
  - BCaBA;
  - BCBA; or
  - BCBA-D;In Ohio, to independently practice and supervise others in ABA one must also be certified under the Ohio Board of Psychology
  - BCBA (Certified Ohio Behavioral Analyst - COBA)
  - BCBA-D (COBA)
- **Supervision** - All supervisory activities as well as supervisor and supervisee responsibilities will be in accordance with the board from which the practitioner received a license.
  - Services delivered by a RBT must be supervised by a qualified RBT supervisor.
  - Services delivered by a BCaBA must be supervised by a BCBA, BCBA-D or a licensed/ registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who has tested in ABA.
  - A registered behavior technician (RBT), certified by the national behavior analyst certification board (BACB), may provide ABA under the supervision of an independent practitioner. In order to provide services, they have to enroll in the Medicaid program and affiliate with the organization under which they are employed or contracted.

#### D. POLICY

- I. Medical necessity review is required for all ABA services:
  - A. Baseline then every 6 months thereafter or sooner if clinically necessary.
  - B. Medical review must be submitted with appropriate documentation as indicated in section III.
- II. CareSource supports medical evidence that suggests ABA therapy should begin early in life, ideally by the age of 2, typically lasting up to 4 years, and is subject to the patient's response to intervention. Individuals under the age of 21 will be assessed and treatment goals and intensity will be based on the individual's needs and progress in treatment to remediate symptoms of the disorder.
- III. Initial Assessment
  - A. For initiation of ABA services, documentation needs to show medical necessity through the following criteria:
    - a. Definitive primary diagnosis of ASD made by a qualified practitioner
    - b. Diagnosis using standardized diagnostic assessment tools
    - c. Description of clinical symptoms of autism within the past year that require treatment.
  - B. A fully credentialed BCBA with state licensure, if available 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.

- IV. Initial ABA Treatment Plan **must** include the following:
- A. Biopsychosocial information including but not limited to:
    - 1. Current family structure
    - 2. Medication history including dosage and prescribing physician
    - 3. Medical History
    - 4. School placement and hours in school per week (including homeschool instruction)
      - a. ABA provided as part of the school/home program should be coordinated to assure medical necessity;
      - b. The goals are not to be education related, but will focus on targeted symptoms, behaviors, and functional impairments;
      - c. If submitted, an individualized educational program (IEP) will be included in the review.
      - d. ABA shouldn't occur in an academic setting.
    - 5. History of ABA services including service dates and progress notes
    - 6. All mental health diagnoses and mental health services including any mental health hospitalizations
    - 7. Other services the child is receiving such as ST, OT or PT, including evidence of coordination with other disciplines involved in the assessment such as occupational therapy and speech therapy.
    - 8. Caregiver proficiency
    - 9. Caregiver involved in treatment
    - 10. Any major life changes.
  - B. Why ABA services are needed and how ABA addresses the current areas of need, including:
    - 1. 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;
    - 2. evidence of previous therapy such as ABA, speech therapy, and occupational therapy, if applicable; and
    - 3. type, duration, results of therapy and how the results will influence the proposed treatment
  - C. Goals should relate to the core deficits of an Autism Spectrum Disorder (communication, relationship development, social behaviors, and problem behaviors)
  - D. Behavioral Intervention Plan and
  - E. Coordination with other behavioral health and medical providers
- V. Treatment plan for child and caregiver/family training 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.
  - 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 Verbal Behavior

Milestones Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills (ABLLS-R).

- D. Includes prescription with number of ABA hours requested per week and must be based on the member's specific needs and not on a general program structure as evidenced by all of the following:
    - 1. Treatment is provided at the lowest level of intensity appropriate to the member's clinical needs and goals;
    - 2. Detailed description of problems, goals and interventions support the need for requested intensity of treatment; and
    - 3. Number of hours requested reflects actual number of hours intended to be provided.
  - E. 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.
  - F. Will be individualized to the caregiver/family needs, values, priorities, and circumstances.
  - G. Will be performance-based and based on child's assessment and treatment needs such as teaching parents to implement behavioral techniques in the home; or work on adaptive living skills in the home environment.
  - H. Will be included in the treatment plan with a focus on targeted symptoms, behaviors, and functional impairments.
  - I. ABA services must include documentation of parent/family training.
  - J. Parent/Caregiver involvement
    - 1. Parents/caregivers need to understand and agree to comply with the requirements of treatment;
    - 4. The treatment request should address how the parents/guardians will be trained in skills that can be generalized to the home;
    - 5. The treatment plan should include the methods by which the parents/guardians will demonstrate trained skills;
    - 6. Address how any barriers to parent involvement are being addressed, (e.g., parent's having the skill to assist with generalization of skills developed by the child);
    - 7. Include how the parent is addressing treatment goals when treatment professionals are not present and note their overall skill abilities;
    - 8. Parents' training and time involvement and any materials or meetings that occur with the parent on a routine basis;
    - 9. The training will evolve as goals are met; and
    - 10. Parents should always be actively working on at least one unmet goal.
- VI. For continuation of ABA services, documentation needs to show ALL of the following criteria:
- A. Definitive diagnosis of autism persists, and member continues to demonstrate ASD symptoms that will benefit from treatment.
  - B. Treatment plan as noted in III.5. plus 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.
    - 2. There is a reasonable expectation based upon a CareSource medical necessity determination that the member would benefit from continued ABA therapy.

## VII. Discontinuation of ABA Therapy

- A. Generally accepted medical research and practice indicates that ABA therapy is not intended to be a lifelong treatment, and when treatment isn't making significant meaningful progress, it should be titrated and discontinued.
- B. Any of the following criteria may result in a discontinuation of ABA therapy (this list is not all inclusive):
  - 1. Member is unable to demonstrate meaningful progress in member's behavior for two successive authorization periods as demonstrated through standardized assessments;
  - 2. ABA therapy is making symptoms worsen; or
  - 3. Member's symptoms have stabilized to where the member can be discharged to a less intensive type of treatment to manage their symptoms

## VIII. Telehealth

- A. Caregiver/Family Training and supervision may be provided by telehealth.

## IX. 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. ABA 1:1 therapy provided by telehealth;
- F. 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;
- G. 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;
- H. When ABA therapy services are not expected to bring measurable functional improvement or measurable functional improvement is not documented;
- I. 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;
- J. For more than one program manager/lead behavioral therapist for a member at any one time;
- K. 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.
- O. Personal training or life coaching.
- P. Services that are more costly than an alternative service or services, which are at least as likely to produce equivalent diagnostic or therapeutic results for the patient's disorder.
- Q. Any program or service performed in nonconventional settings (even if the services are performed by a licensed provider), including: spas/resorts; vocational or recreational settings; Outward Bound; and wilderness, camp or ranch programs.

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**

NA

**F. RELATED POLICIES/RULES**

Applied Behavior Analysis for Autism Spectrum Disorder Administrative policy  
 Behavioral Health Service Documentation Standards policy  
 Medical Necessity policy

**G. REVIEW/REVISION HISTORY**

DATE		ACTION
<b>Date Issued</b>	10/04/2018	
<b>Date Revised</b>	01/27/2020	Added program attributes, definitions of provider types and of ABA, title changed, clarified services needing a PA, changed NP to health care provider trained in ASD, added IV, added willingness to participate in program, added description of plan of care, added ages, clarified provider requirements, added must have ASD diagnosis, added home school and IEP, added documentation requirements, added must include type of ASD treatment program with PA, revised continuation of AGA therapy requirements, Added AFLS, ESDM and PEAK-DT assessments, revised discontinuation criteria, added section on transitioning ABA therapy to school environment, revised exclusions, and removed PA checklist.
	01/25/2021	Clarified telehealth coverage, moved documentation requirements to Medical Records

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	08/04/2021	Documentation for Practitioners policy, and removed transition to school section/updated school section. Updated definitions. Updated ABA criteria. Updated RBT supervision Removed PA language. III.B.1. Primary diagnosis by a qualified practitioner. Added to section 5. F.02: Will be performance-based and based on child’s assessment and treatment needs such as teaching parents to implement behavioral techniques in the home; or work on adaptive living skills in the home environment. Removed old section M.
	03/30/2022	“For activities and therapy modalities that do not constitute application of ABA techniques for treatment of autism” To sec. DIII 5.g. added ABA services must include parent/family training. Edited Sec. V. Removed VII. A
	01/04/2023	E-voted ODM changes including changing Sec. B. 1 and 2 to “Definitive primary diagnosis of ASD made by a qualified practitioner.”and “ABA will also be provided by a practitioner licensed in providing ABA.” Consolidated information into Sec. IV. Initial ABA Treatment Plan to make it more robust. Added Sec. V.J. on expectations for Parent/Caregiver Involvement. Updated references.
<b>Date Effective</b>	05/01/2023	
<b>Date Archived</b>	11/30/2023	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.**