I. Description

Applied behavior analysis (ABA) is a type of intensive behavioral therapy (IBT) in which individuals trained in objective observation, evidence based assessment, data collection, and functional analyses utilize these data to produce meaningful changes in human behavior. ABA focuses on altering the environmental stimuli around an individual to improve their social and learning behaviors. ABA is a reliable, evidence-based behavioral intervention that when applied in an individualized, consistent, data driven program can improve the functioning of an individual diagnosed with autism spectrum disorder (ASD). The available evidence on effectiveness of ABA treatment for ASD suggests better outcomes with younger age at intake, higher initial developmental levels, and greater treatment intensity.

Diagnosing ASD can be complex and difficult due to the diversity and severity of symptoms that may present. In addition, the psychological community has recently changed its conceptualization of autism. The fifth edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5) redefines the autism spectrum so that the new diagnosis of ASD encompasses the previously separate diagnoses of autistic disorder, Asperger syndrome, pervasive developmental disorder not otherwise specified (PDD-NOS) and childhood disintegrative disorder.

The multitude of possible heritable and environmental causes of ASD and potential for confusion with other conditions present a need for specialized diagnosis. There is no standard battery of tests to diagnose ASD; therefore, practitioners are required to utilize the most suitable, evidence-based testing available that evaluates each patient’s specific needs.

The process for receiving ABA includes the following stages:
A. Screening;
B. Diagnostic Evaluation;
C. Initial Assessment and Treatment Plan Development;
D. Applied Behavior Analysis; and
E. Re-evaluation.

II. Policy Criteria

A. ABA is covered (subject to Limitations and Administrative Guidelines) for the initial treatment of ASD when all of the following criteria are met:
   1. The patient’s primary care physician (PCP) performed an initial screening for developmental delays, communication issues, and behavior problems and either
performed the patient’s diagnostic evaluation or referred the patient to one of the diagnosing providers listed in criterion II.A.4.

2. The diagnosing provider has performed a diagnostic evaluation of the beneficiary's behavior and development. Diverse presentations of ASD require that each evaluation be specific and address the variations from one beneficiary to another. Practitioners are required to utilize evidence based assessments to evaluate the beneficiary's specific needs.

3. The patient has one of the following diagnoses and the patient's diagnostic evaluation documents clear evidence of the onset of ASD symptoms in the early developmental period:
   a. ASD, meeting DSM-5 criteria; or
   b. Previous diagnosis of one of the following pervasive developmental disorders, meeting DSM-IV criteria:
      i. Autistic disorder;
      ii. Asperger’s disorder;
      iii. Rett syndrome;
      iv. Childhood disintegrative disorder; or
      v. Pervasive development disorder not otherwise specified.

4. The patient was diagnosed with one of the disorders in criterion II.A.3 by one of the following licensed diagnosing providers:
   a. Developmental Behavioral Pediatrician;
   b. Developmental Pediatrician;
   c. Neurologist;
   d. Pediatrician;
   e. Psychologist;
   f. Psychiatrist; or
   g. Other licensed practitioner with specialized experience in ASD.

5. The initial assessment and development of the treatment plan was performed by one of the following rendering providers:
   a. Board Certified Behavioral Doctorate (BCBA-D);
   b. Board Certified Behavioral Analyst (BCBA); or
   c. One of the licensed diagnosing providers in criterion II.A.4.


7. The patient’s individual-specific treatment plan must meet the following criteria:
   a. It addresses the identified behavioral, psychological, family, and medical concerns;
   b. It includes age and impairment appropriate objectives and measures of progress. The included objectives relate to the patient’s:
      i. Social skills;
      ii. Communication skills;
      iii. Language skills;
      iv. Behavior change; and
      v. Adaptive functioning.
   c. The patient’s objectives are described in specific and quantifiable terms based on formalized assessments. Objectives should match the skills and needs of the patient (as identified through assessment) and match the intensity of the services requested.
The assessments address skill acquisition and the behaviors and impairments for which the intervention is to be applied.

There is a Functional Behavior Assessment conducted for all behaviors of concern. The FBA shall operationally define each behavior, outline the antecedents that trigger the behavior, describe the consequences maintaining the behavior, and establish a hypothesized function for the behavior.

All assessment results should be described so that there is a clear relationship between the assessment finding and treatment recommendations.

For each objective, the assessments include baseline measurements, progress to date, treatment strategies, and anticipated timeline for achievement based on both the initial assessment and subsequent interim assessments over the duration of the intervention.

d. The rendering provider has obtained input into the development and updating of the treatment plan from the patient’s PCP, diagnosing provider, parent/guardian, and the patient, as appropriate.

ABA services will be provided by or under the supervision of the rendering provider who assessed the patient and formulated the treatment goals.

a. Under a Participating Autism Clinic, the following rendering providers may perform ABA services:
   i. Registered behavior technician (RBT) performing under the supervision of a BCBA, BCaBA, or BCBA-D;
   ii. Psychologist-trained Behavior Technician (BT) performing under the supervision of a licensed clinical psychologist who qualifies as a training and supervising psychologist;
   iii. Board certified assistant behavior analyst (BCaBA) performing under the supervision of a BCBA or BCBA-D;
   iv. BCBA-D;
   v. BCBA; or
   vi. Any of the diagnosing providers listed in criterion II.A.4, who is working within the scope of their practice.

b. As a Participating or Non-Participating Licensed Individual, the following rendering providers may perform ABA services:
   i. BCBA-D; or
   ii. BCBA

Treatment plans for QUEST Integration members must document that services will be delivered by a rendering provider who is licensed according to the requirements of the State of Hawaii’s Medicaid Program.

ABA treatment is covered (subject to Limitations and Administrative Guidelines) for the continuing treatment of ASD when all of the following criteria are met:

1. The patient meets the criteria described in II.A.1-8;

2. For each goal in the treatment plan, the following is documented:
   a. Re-evaluation was performed no later than 24 weeks after the initial course of treatment began to establish a baseline in the areas of social skills, communication skills, language skills, behavior change, and adaptive functioning;
   b. Additional re-evaluations include measured progress and comparison to baseline in the following areas:
      i. Social skills;
      ii. Communication skills;
iii. Language skills
iv. Behavior change; and
v. Adaptive functioning.

c. Progress to date; documented in an interim assessment conducted at least every 26 weeks based on clinical progress toward treatment plan goals. Interim assessments must include a generally accepted measurement of progress towards treatment goals, such as the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or the Assessment of Basic Language and Learning Skills – Revised (ABLLS-R).

d. Anticipated timeline and treatment hours for achievement of the goal are based on both the initial assessment and subsequent re-evaluations over the duration of the intervention.

e. Generalization data demonstrates the patient is transferring skills acquired in treatment sessions to stimuli, people, and settings outside of treatment sessions.

C. If the diagnosing provider suspects ASD and requires further evaluation before making a definitive diagnosis, the patient may qualify for up to a 26-week trial of ABA. This trial period may be approved for an extension, or additional trial periods may be approved. Diagnoses that qualify for a trial of ABA include, but are not limited to:

1. Global Developmental Delay 315.8 (F88)
2. Social (Pragmatic) Communication Disorder 315.39 (F80.89)
3. Language Disorder 315.32 (F80.9)
4. Unspecified Communication Disorder 307.9 (F80.9)
5. Expressive Language Disorder (F80.1)
6. Receptive Language Disorder (F80.2)

D. A trial period of ABA will be covered if all of the following criteria are met:

1. The patient meets criteria II.A.1 and II.A.3-8.
2. The diagnosing provider submits documentation of the patient’s developmental delays that significantly affect social communication and interaction along with restricted repetitive behaviors, interests, and activities.
3. The treatment plan is updated and submitted a minimum of every 12 weeks following initiation of approved ABA Treatment.

E. The health plan or a qualified rendering provider may request a re-evaluation of the ASD diagnosis if there are significant concerns that the patient’s presentation of symptoms does not meet the diagnostic criteria for ASD.

F. The patient may receive ABA services in settings that maximize treatment outcomes, including, but not limited to: a clinic, their home, or another community setting.

G. Services rendered by providers who are not certified by the BACB will not be covered for QUEST members.

III. Limitations

A. Forms of IBT other than ABA are not covered.

B. For QUEST Integration, ABA is not a long-term service and supports (LTSS) program, home and community based service (HCBS), or respite service and is therefore not covered if provided as LTSS, HCBS, or respite service.

C. Services provided by family or household members are not covered.

D. Treatment will not be covered if the care is primarily custodial in nature.
E. In cases where treatment objectives from another service provider are identical or similar, the requesting provider must include an explanation of how interventions are materially different.
F. Treatment will not be covered if the patient is not medically stable.
G. Treatments that are considered to be experimental or that lack scientifically proven benefit are not covered.
H. Services that are provided for a QUEST Integration member by a Hawaii provider outside of the state are not covered.
I. Services provided for an HMO or PPO member outside the state of Hawaii are not covered unless the member resides outside the state of Hawaii.
J. A trial of ABA services will not be covered for Fed 87 or FEP members.
K. As a Participating or Non-Participating Licensed Individual, services rendered must reflect a direct treatment model versus a tiered treatment model utilizing unlicensed providers.
   1. Services rendered by unlicensed providers are not covered.
   2. Supervision services for an unlicensed provider are not covered.
L. Treatment plan must demonstrate that the patient has the capacity to receive benefit.
M. Administrative/clerical work towards the assessment will not be paid.

IV. Administrative Guidelines
A. Precertification is not required for screening or diagnostic evaluation.
B. Precertification is required for a trial period of ABA treatment. To precertify, please complete HMSA's Applied Behavior Analysis Precertification Request and mail or fax the form, or use iExchange as indicated. Documentation submitted must include clinical notes that document the patient’s developmental delays, initial assessment, and treatment plan.
   1. A trial of ABA treatment may be approved for a maximum of 26 weeks at a time.
   2. Precertification requests for a trial or trial extension of ABA treatment must include the number of hours per week of treatment being requested.
   3. The rendering provider must submit documentation of the patient’s interim progress assessment at least every 12 weeks during the approved trial period.
   4. The rendering provider must submit a precertification request for an extension of a trial period of ABA at least two weeks prior to the end of the approved trial treatment period. A request for extension of a trial period of ABA must include a re-evaluation that assesses progress toward treatment goals.
C. Precertification is required for initial assessment and treatment plan development, provision of ABA services, and re-evaluation for and continuing ABA treatment. To precertify, please complete HMSA’s Applied Behavior Analysis Precertification Request and mail or fax the form, or use iExchange as indicated. Requests for ABA treatment may be approved for a maximum of 26 weeks at a time.
   1. Precertification requests for initial ABA treatment must include clinical notes which clearly document the patient’s diagnosis, initial assessment, and treatment plan.
   2. The rendering provider must submit a precertification request for continuing treatment at least two weeks prior to the end of the approved treatment period. Documentation submitted must include a re-evaluation that assesses progress toward treatment goals.
   3. Precertification requests for initial and continuing courses of ABA treatment must include the number of hours per week of treatment being requested.
   4. Precertification requests for initial treatment of ASD must include the following documentation:
a. A plan for parental involvement and training on treatment strategies, including measurable objectives for parent skill acquisition and specific strategies for transferring interventions to parents/caregivers.
b. All objectives for family adaptive behavior treatment guidance should involve the identification of potential treatment targets and training caregivers to implement specific protocols, aligned with the patient’s treatment plan, which have been designed to address deficient adaptive or maladaptive behaviors.
c. A sample treatment schedule for all requested services that includes other therapies/activities in which the patient routinely engages (e.g., school, speech therapy, occupational therapy, group therapy). Such samples could include the patient’s Individualized Education Program, Individualized Family Support Plan, or Individualized Service Plan to the extent permitted by applicable Federal and State laws.
d. If group services are requested, explain which treatment strategies will be implemented and include a clinical summary of the patient’s readiness for group learning.

5. Precertification requests for continuing treatment of ASD must include progress updates that include the following information from no more than 30 days ago:
   a. A short data summary that measures progress in the manner specified for each objective in the patient’s treatment plan;
   b. A statement indicating whether each objective has been met, will be continued, has been modified, or will be discontinued;
   c. For all objectives that have demonstrated no progress, provide an explanation and include all of the following (at least one) that apply:
      i. Change in treatment strategy;
      ii. Modification of objective;
      iii. Identified barriers to learning;
   d. Evidence of parental follow-through on treatment strategies.

D. Precertification will be approved for ongoing services when the patient is demonstrating documented improvement, ameliorating, or maintaining current developmental status in the following areas: social skills, communication skills, language skills, behavior change or adaptive functioning.

E. Rendering providers may request a separate precertification for treatment for school-aged patients when school is not in session.

F. QUEST Integration members must be under 21 years of age to qualify for coverage of ABA services.

G. Coverage for ABA services for members must be coordinated with other State programs along the following guidelines:
   1. Early Intervention Program (EIP) is responsible to determine and provide for services provided to its EIP beneficiaries aged 0 to three. For QI members, EIP and the health plans will transition a beneficiary from EIP to health plan covered ABA services through collaboration with an EI Care Coordinator and the health plan service coordinator.
   2. Department of Education (DOE) will determine services to be provided to a beneficiary while the beneficiary is in school. Services provided by the DOE are for purposes of educational access and benefit only and will be determined in accordance with the IDEA. The QI health plan will collaborate with DOE, as applicable, to provide and reimburse for ABA services outside of school.
3. The health plans will provide medically necessary ABA services for beneficiaries in the 1915(c) Developmental Intellectual Disabilities (DD/ID) waiver.

H. This medical policy applies to HMSA members with policies that are subject to Act 235 (2015) or have opted to cover Applied Behavior Analysis.

I. The CPT codes for Applied Behavior Analysis below shall be billed using the applicable modifiers based on the type of rendering provider, in accordance with HMSA’s Billing Guidelines for Applied Behavior Analysis.

J. Assessment requests must include assessment codes per Current Procedural Terminology (CPT) and must be submitted separately from treatment requests.

K. The applicable codes are:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>96110</td>
<td>Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</td>
</tr>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation with medical services</td>
</tr>
<tr>
<td>96130</td>
<td>Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</td>
</tr>
<tr>
<td>96131</td>
<td>Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96112</td>
<td>Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour</td>
</tr>
<tr>
<td>96113</td>
<td>Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96136</td>
<td>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes</td>
</tr>
<tr>
<td>96137</td>
<td>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96138</td>
<td>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes</td>
</tr>
<tr>
<td>96139</td>
<td>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>96146</td>
<td>Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only</td>
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<tr>
<td><strong>Assessment</strong></td>
<td></td>
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<tr>
<td>97151</td>
<td>Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan</td>
</tr>
<tr>
<td>97152</td>
<td>Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>0362T</td>
<td>Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of one or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient’s behavior</td>
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<tr>
<td><strong>Adaptive Behavior Analysis</strong></td>
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</tr>
<tr>
<td>97153</td>
<td>Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes</td>
</tr>
<tr>
<td>97154</td>
<td>Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes</td>
</tr>
<tr>
<td>97155*</td>
<td>Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes</td>
</tr>
<tr>
<td>97156*</td>
<td>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes</td>
</tr>
<tr>
<td>97157*</td>
<td>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes</td>
</tr>
<tr>
<td>97158</td>
<td>Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes</td>
</tr>
<tr>
<td>0373T</td>
<td>Adaptive behavior treatment with protocol modification, each 15 minutes of technicians’ time face-to-face with the patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of one or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient’s behavior</td>
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*Telehealth modifier, GT and POS 2, will only be applicable for these codes.
<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F84.0</td>
<td>Autistic disorder</td>
</tr>
<tr>
<td>F84.2</td>
<td>Rett syndrome</td>
</tr>
<tr>
<td>F84.3</td>
<td>Other childhood disintegrative disorder</td>
</tr>
<tr>
<td>F84.5</td>
<td>Asperger’s syndrome</td>
</tr>
<tr>
<td>F84.8</td>
<td>Other pervasive developmental disorder</td>
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<tr>
<td>F84.9</td>
<td>Pervasive development disorder, unspecified</td>
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<tr>
<th>DSM-IV</th>
<th>Description</th>
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<tbody>
<tr>
<td>299.00</td>
<td>Autistic disorder</td>
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<tr>
<td>299.80</td>
<td>Rett’s disorder</td>
</tr>
<tr>
<td>299.80</td>
<td>Asperger’s disorder</td>
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<td>299.10</td>
<td>Childhood disintegrative disorder</td>
</tr>
<tr>
<td>299.80</td>
<td>Pervasive developmental disorder, unspecified</td>
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</table>

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<tr>
<th>DSM-V</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>299.00</td>
<td>Autistic spectrum disorder</td>
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</tbody>
</table>

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References