Applied Behavior Analysis Therapy for Treatment of Autism Spectrum Disorder

Policy Number: MM.12.022
Line(s) of Business: HMO; PPO; Fed 87; FEP; QUEST Integration
Line(s) of Business Excluded: Akamai Advantage
Section: Other/Miscellaneous
Place(s) of Service: Office; Outpatient; Home

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:
1. Screening;
2. Diagnostic Evaluation;
3. Initial Assessment and Treatment Plan Development;
II. Criteria/Guidelines

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.3.

2. 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.

3. The patient was diagnosed with one of the disorders in criterion II.A.2 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.

4. 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.3.


6. 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.
i. The assessments address skill acquisition and the behaviors and impairments for which the intervention is to be applied.
ii. For each objective, the assessments include baseline measurements, progress to date, 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.

7. ABA services will be provided by or under the supervision of the rendering provider who assessed the patient and formulated the treatment goals. The following rendering providers may perform ABA services:
a. The following rendering providers under a Participating Autism Clinic may perform ABA services:
   i. Registered behavior technician (RBT) performing under the supervision of a BCBA, BCaBA, or BCBA-D;
   ii. Board certified assistant behavior analyst (BCaBA) performing under the supervision of a BCBA or BCBA-D;
   iii. BCBA-D;
   iv. BCBA; or
   v. Any of the diagnosing providers listed in criterion II.A.3. who are working within the scope of their practice.
b. The following rendering providers as Participating or Non-Participating Licensed Individuals may perform ABA services:
   i. BCBA-D; or
   ii. BCBA;

8. 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.

B. 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.

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 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.

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. Treatment should not duplicate another therapy (either being provided or available to the patient). In cases where treatment objectives 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.
   a. Services rendered by unlicensed providers are not covered.
   b. Supervision services for an unlicensed provider during direct service are not covered.
L. Treatment plan must demonstrate that the patient has the capacity to receive benefit.

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 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 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. 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.
   c. 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 beyond treatment sessions.

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 for ABA 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 provide ABA services to a beneficiary while the beneficiary is in school. If justified and prior approved, the health plan will reimburse for ABA services before or after school and when school is not in session.

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. CPT code 0359T is for an untimed assessment which may be performed once every six months and may be followed by CPT codes 0360T and 0361T or 0362T and 0363T in accordance with the approval for prior authorization of Assessment.

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

L. The applicable codes are:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td><strong>Screening</strong></td>
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<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>
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<tr>
<td></td>
<td><strong>Diagnostic Evaluation</strong></td>
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<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation.</td>
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<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation with medical services.</td>
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<tr>
<td>96101</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.</td>
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<tr>
<td>96111</td>
<td>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report.</td>
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<tr>
<td></td>
<td><strong>Assessment</strong></td>
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<tr>
<td>0359T</td>
<td>Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.</td>
</tr>
<tr>
<td>0360T-0361T</td>
<td>Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; varies by duration.</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>0362T-0363T</td>
<td>Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; varies by duration.</td>
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<tr>
<td>0364T-0365T</td>
<td>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; varies by duration.</td>
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<tr>
<td>0366T-0367T</td>
<td>Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; varies by duration.</td>
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<tr>
<td>0368T-0369T</td>
<td>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; varies by duration.</td>
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<tr>
<td>0370T</td>
<td>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present).</td>
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<tr>
<td>0371T</td>
<td>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present).</td>
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<tr>
<td>0372T</td>
<td>Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients.</td>
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<tr>
<td>0373T-0374T</td>
<td>Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); varies by duration.</td>
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<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>
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<tr>
<td>F84.2</td>
<td>Rett syndrome</td>
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<tr>
<td>F84.3</td>
<td>Other childhood disintegrative disorder</td>
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<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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<tr>
<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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<tr>
<th>DSM-5</th>
<th>Description</th>
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<tbody>
<tr>
<td>299.00</td>
<td>Autistic spectrum disorder</td>
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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