MEDICAL POLICY

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MEDICAL POLICY DETAILS	
Medical Policy Title	**Applied Behavior Analysis**
Policy Number	**3.01.11**
Category	**Contract Clarification**
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Committee Approval Date	**10/24/13, 12/11/14, 12/10/15, 12/8/16, 12/14/17, 12/13/18, 10/24/19, 10/22/20**
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Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program* (DSNP) product) *covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

I. Based upon our criteria and assessment of the peer-reviewed literature, Applied Behavior Analysis **(**ABA**)** has been medically proven to be an effective treatment and, therefore, is considered **medically appropriate.**

The following services may be included in the assessment and treatment of the member's diagnosis:
A. Medical evaluation (Complete medical and developmental history); and
B. Psychological and/or psychiatric evaluation.

II. Developmental, Individual, Relationship (DIR); Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH); Relationship Development Intervention (RDI); and Floortime are not considered ABA and, therefore, are considered **investigational**, as scientific evidence does not permit conclusions concerning the effect of these treatment models on outcomes.

Refer to Corporate Medical Policy #1.01.49 Telemedicine and Telehealth.

Refer to Corporate Medical Policy #3.01.02 Psychological Testing.

Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

POLICY GUIDELINES

I. Prior authorization may be required for coverage of ABA under the member's subscriber contract. Please contact your local Customer Care Department, to determine contract coverage.

II. There are specific provider requirements for the referral and provision of ABA services. These requirements are clearly documented in the 'Description' section of this policy.

III. The following documentation must be submitted for purposes of medical necessity review and determination (when applicable):

A. Any documented reports of completed psychological and/or other testing of the member.
B. Copy of the member's Individualized Education Program (IEP) document (when applicable).
C. Progress notes and discharge plan of the Early Intervention Program or Pre-School Special Education Program (when applicable).
D. Frequency, duration, and location of the requested ABA sessions.
E. Certification and credentials of the professional providing ABA.
F. The requested clinical supervision hours and documentation to support the request
G. A copy of the assessment or treatment plan, identifying the target behaviors for ABA (*refer to Guideline IV).*

IV. ABA services must have a documented treatment plan, with clear written descriptions of the treatment goals and objectives, as well as the discharge criteria. Treatment plan and progress notes documenting progress of treatment goals should be submitted for review at least once every 12 months or as state mandated. Documentation should demonstrate monthly updates, at a minimum. The treatment plan may be requested at any point during treatment, for review for continuity of care and/or periodic concurrent medical necessity review. Requests for continuation of therapy must be accompanied by documentation, maintained by the provider, that outlines actual services received, as well as a graphic representation documenting the measurable progress made by the member, supporting that:

A. There is a reasonable expectation that the member will benefit from the continuation of ABA therapy, as evidenced by mastery of skills defined in the initial plan or a change of treatment approach from the initial plan; and
B. Treatment is not making the symptoms worse; and
C. There is a reasonable expectation, based on the member's clinical history, that withdrawal of treatment will result in decompensation/loss of progress made or recurrence of signs and symptoms.

Continued progress is determined based on improvement in goals, as outlined in the provider treatment plan, and focuses on improvements in verbal skills, social functioning, and IQ (for children under age four years).

V. Parent/caregiver support is expected to be a component of the ABA Program. Parent/caregiver participation is expected. Parent support groups are considered **not medically necessary**.

VI. Coverage is not available for services stipulated in the IEP of a pre-school member (age three to five years) or a school-age member (ages five to 21 years) as these services are provided by the member's school district and are considered free care or a government program.

A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.
B. If a child is home-schooled, an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for home-schooled children outside New York State will be reviewed on an individual basis, in accordance with regulations of the state in which the member resides
C. ABA services denied by the school district, including summer services, and not covered in a child's IEP, will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.
D. Interim summer programs are provided by school districts for children whose handicapping conditions are severe enough to exhibit the need for a structured learning environment of 12 months' duration, to maintain developmental levels. For pre-school children, summer instruction must be available for those whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months' duration, to prevent substantial regression.

VII. The Health Plan will offer member care management (case management) to individuals who engage in ABA programs, when requested. Member care management is not a requirement for ABA.

DESCRIPTION

New York State laws, effective 7/1/23, will require the Health Plan to provide coverage of ABA services for any diagnoses within the scope of practice of an ABA provider.
Additionally,

I. School districts are obligated to provide services to a member under an IEP, an individualized family service plan, or an individualized services plan. The Health Plan is obligated to pay for services provided outside an educational setting and outside the hours of service not covered by the IEP.

II. There is no age limit for ABA; however, all evidence-based literature regarding ABA is for school-aged children or younger.

III. The New York State expansion does not apply to every member's benefit plan. Please contact your local Customer Care Department to determine eligibility and contract coverage. The New York State mandate applies to the following insured products:
   A. Individual commercial policies;
   B. Group commercial and blanket policies;
   C. Medicaid Managed Care; and
   D. Child Health Plus.

Autism Spectrum Disorder (ASD) is a complex neurodevelopment disorder characterized by problems with social interaction, problems with verbal and non-verbal communication, limited interest, and repetitive, stereotyped patterns of behavior which may be self-injurious. ASD affects individuals in different ways, and the severity level varies among individuals. Severity level is determined based on social communication impairments and restricted, repetitive patterns of behavior (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5). Experts at the Centers for Disease Control and Prevention (2012) estimate that one in 88 children have or will have an ASD and that males are four times more likely to have ASD than females.

Rett Syndrome is a rare neurodevelopment disorder caused by a genetic mutation and has transient severe autistic features. The mutation alone does not automatically provide a diagnosis of Rett Syndrome, and the lack of a mutation doesn't rule it out completely. The course of the syndrome varies from child to child. Although present at earlier ages, many children do not receive a diagnosis until symptoms become apparent, typically between the ages of one and four years of age. In an effort to understand and properly diagnose autism spectrum disorders and target interventions, Rett Syndrome was removed as a unique diagnosis from the DSM-5 in 2013 by the Neurodevelopmental Disorders Working Group. It should not be considered a specific autistic disorder, rather, an individual with Rett and autistic disorder will be diagnosed as ASD associated with MECP2 mutations. An individual with only Rett Syndrome who does not meet criteria for ASD will not receive a DSM diagnosis unless other mental health disorders are present.

The diagnosis of an ASD is usually made with the DSM-5, a structured parent interview, and the observation of the child. Some additional psychological testing to make an accurate ASD diagnosis may include the following:

I. Autism Diagnostic Observation Schedule (ADOS or ADOS 2);
II. Autism Diagnostic Interview-Revised (ADI-R);
III. Adaptive Behavior Assessment System- Second Edition (ABAS-II);
IV. Achenbach Child Behavior Checklist (CBCL); and
V. Achenbach Caregiver-Teacher Report (C-TRF).

Although continued research is needed into ASD, ABA is one of the most common and evidenced-based behavioral treatment methods to improve behavioral problems associated with ASD, with the goal of increasing the individual's functioning. ABA systematically applies behavioral intervention techniques, coupled with a functional analysis of environmental factors, to determine the relationship between an individual with ASD and the individual's environment, and to develop, maintain or restore the functioning of the individual (BACB, Inc., 2012). Individuals diagnosed with ASD may often experience and display ritualistic or challenging behaviors, including self-injurious behaviors that interfere with activities of daily living. ABA techniques are the recommended treatment of choice; they are intended to produce changes

in the behavior of an individual with ASD. Challenging behaviors can include aggression, pica, and behaviors such as destruction of property, self-harm, or harm to others (Matson, 2011).

The functional analysis of ABA explicitly identifies the antecedent stimuli and the consequence associated with the relationship between the environment and the individual's behavior. ABA applies positive reinforcement techniques, to teach and train adaptive and desirable behaviors. The goal of ABA is to specifically target behaviors and to apply specific behavioral techniques to eliminate severe behaviors (e.g., self-injurious or violent behaviors), teach new skills, and maintain adaptive behaviors in the individual's natural settings (e.g., home, school). ABA programs are intensive and tailored to the individual receiving treatment, which is why the treatment format is one-to-one and face-to-face.

ABA is a behavioral treatment and should not be considered an IEP for developmental delays. IEPs may have a behavioral component, and members may receive behavioral consultations within these programs; however, these programs are not considered ABA.

Medicaid Managed Care members must be referred for ABA by a NYS licensed and NYS Medicaid enrolled physician (including psychiatrists and developmental/behavioral pediatricians), psychologist, psychiatric nurse practitioner, pediatric nurse practitioner, or physician assistant.

To be eligible for coverage, ABA services must be rendered by either a licensed behavior analyst (LBA) or a certified behavior analyst assistant (CBAA) under the supervision of an LBA. Coverage may also be provided for individuals who perform tasks that require no professional skill or judgment but are necessary to the provision of ABA and are performed under the supervision and direction of an LBA or other authorized supervisor, so long as such tasks are consistent with Article 167 of the New York Education Law and any regulations promulgated there under (or comparable provisions of the law and regulations of the member's state of residence).

To be an eligible provider, an LBA must:

I. Hold a master's or higher degree from a program registered by the New York State Education Department (the "Department"), or a program determined by the Department to be substantially equivalent;
II. Have experience in the practice of ABA satisfactory to the New York State Board of Applied Behavioral Analysis (the "Board") and to the Department, in accordance with the commissioner's regulations;
III. Pass an examination acceptable to the Board and the Department, in accordance with the commissioner's regulations;
IV. Be at least 21 years of age; and
V. Be of good moral character, as determined by the Department.

To be an eligible provider, a CBAA must:

I. Hold a bachelor's degree or higher degree from a program registered by the New York State Education Department (the "Department"), or a program determined by the Department to be substantially equivalent;
II. Have experience in the practice of ABA satisfactory to the New York State Board of Applied Behavioral Analysis (the "Board") and the Department, in accordance with the commissioner's regulations;
III. Pass an examination acceptable to the Board and the Department, in accordance with the commissioner's regulations;
IV. Be at least 21 years of age; and
V. Be of good moral character, as determined by the Department.

ABA is facilitated by trained behavior analysts who are certified through The Behavior Analyst Certification Board, Inc. or licensed by the New York State Office of Professions. Applied Behavior Analysts develop and conduct behavioral assessments, then implement them, providing interventions for a range of behaviors.

RATIONALE

ABA is a scientifically validated approach to understanding behavior and how it is affected by the environment. ABA is a behavioral therapy intervention, founded by Ivar Lovaas and colleagues in the 1960s. It uses various strategies to address behavioral problems that are prevalent in individuals with ASD. The Lovaas model of ABA suggests that treatment should begin by age three, may be intensive (up to 40 hours per week), and must involve the ABA techniques aimed at developing social and communication skills. ABA treatments should be provided in a 1:1 treatment format (1987).

Researchers have found that there is a continuum of symptom expression in individuals with ASD. At times, this range of symptom expression presents a complex challenge for diagnosis and also for the coordination of the treatment plan (Volkmar et al., 1999). Therefore, each individual requires a unique treatment plan outlining the services to be provided, and the duration and intensity of those services, as all treatment plans vary from individual to individual.

ABA has been the focus of hundreds of clinical studies that have been published in peer-reviewed journals, measuring the efficacy of ABA or the use of ABA as an intervention with children with autism. The purpose of ABA is to decrease maladaptive behaviors, while increasing adaptive behaviors, so that the individual can function better in the environment (Matson, 2011). Therefore, ABA specifically focuses on those target "maladaptive" behaviors that may result in concerns for safety or that interfere in the individual's ability to function in school or in the home environment. In addition to aggression and ritualistic and self-injurious behaviors, feeding is also often a targeted behavior of ABA.

ABA studies have provided guidance for clinicians in establishing effective treatment programs for children with ASD. ABA is based on the premise that children with autism have biologically based learning difficulties. Utilizing techniques from learning psychology supports adaptive behaviors and reduces severe problem behaviors, replacing them with positive functional behaviors.

BACB, Inc. (2012) identified important aspects of an ABA program, including the following:

I. An individualized treatment plan that identifies target behaviors;
II. An analysis of the relationship between the environment and the behavior;
III. Observational data collection of the identified behavioral targets;
IV. Ongoing assessment of and adjustments to the treatment plan;
V. Support and training of family members; and
VI. Supervision and management of the Behavior Analyst.

This policy highlights evidence-based literature to establish ABA and its treatment efficacy in functional areas for children diagnosed with ASD. However, several studies indicate that there are limitations in the research, which begs for future studies. For example, studies suggest that children who have received ABA intervention have demonstrated an increased ability to integrate into school and maintain gains in adaptive behavior over long periods of time (McEachin, Smith, and Lovaas, 1993). However, the sample size of this study was small and, in addition, the increased IQ scores did not establish any kind of relationship with functional outcomes such as interpersonal skills. Also, the evidence-based literature identifies treatment patterns for pre-school and younger school-aged children, but has yet to establish these patterns for older children and adults. Matson (2011) confirms that the challenging behaviors often seen in young children are not much different than those behaviors seen in adults diagnosed with ASD. Thus, ABA may also be considered as an intervention for adults on the spectrum, but more longitudinal research is needed in this area, to show long term effects of these behavioral interventions on challenging behaviors. Eikeseth (2009) identified future opportunities for ABA research, including the need to research effective treatment interventions for older children and adults, as well as the need to identify treatment interventions for children who respond less favorably to ABA, the need to identify the specific characteristics of children correlated to specific techniques/outcomes, and the need to examine the cost/benefits of the interventions.

Virues-Ortega conducted a meta-analysis (2010) to examine outcomes of several studies evaluating the effectiveness of ABA and found that ABA intervention leads to positive effects for intellectual functioning, language development, and adaptive behavior of daily living skills in individuals with autism. By treating the targeted and undesirable behaviors, the individual is able to attend to and focus on other skills that increase functioning and development in all areas. Further, this study found that language-related outcomes (IQ, receptive and expressive language, communication) were distinctly greater than outcomes in non-verbal IQ, daily living skills, and social functioning. This finding is important because language impairments are a hallmark feature of autism. The meta-regression analysis in this study also explored the impact of intervention intensity and duration and found that overall language skills benefited more from the duration of the intervention, while functional and psychosocial adaptive behaviors benefited more from the intensity of the intervention.

Eikeseth (2009) evaluated research on early intervention in children with autism and identified studies demonstrating that children receiving ABA made significantly more gains than control group children on standardized measures of IQ,

language, and adaptive functioning. Studies also included data on maladaptive behavior, personality, school performance, and change in diagnosis; these studies, too, demonstrated that children treated with ABA made significantly more gains than the control group on IQ and adaptive functioning. Eikeseth concluded that ABA treatment demonstrated efficacy in increasing global functioning in pre-school children with autism when treatment is intensive and delivered by trained therapists.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
97151	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
97152	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
97153	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
97154	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
97155	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
97156	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
97157	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
97158	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
0362T	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 two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

Code	Description
0373T	Adaptive behavior treatment with protocol modification, 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 two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

HCPCS Codes

Code	Description
H0031	Mental health assessment, by nonphysician
H0032	Mental health service plan development by nonphysician
H2000	Comprehensive multidisciplinary evaluation
H2014	Skills training and development, per 15 mins
H2019	Therapeutic behavioral services, per 15 minutes
H2021	Community-based wrap-around services, per 15 mins

ICD10 Codes

Code	Description
	Any diagnoses within the scope of practice of an ABA provider

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*Key Article

KEY WORDS

Applied Behavior Analysis (ABA), Autism, Autism Spectrum Disorders, Pervasive Developmental Disorders (PDD)

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for psychiatry and psychology services.
Please refer to the following LCD websites for Medicare Members:
https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ver=76&CntrctrSelected=298*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K)&s=All&DocType=Active&bc=AggAAAQAgAAA&