



Easy Choice Health Plan

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

Applied Behavioral Analysis Services

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10/5/2017; 7/12/2018; 8/24/2018

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Behavior analysis is a natural-science approach to understanding the behavior of individuals. Behavior is explored by taking into consideration on biological, pharmacological, and experiential factors that influence human behavior. Recognizing that behavior is something that individuals do, behavior analysts place special emphasis on studying factors that reliably influence the behavior of individuals; an emphasis that works well when the goal is to acquire adaptive behavior or ameliorate problem behavior. The science of behavior analysis has made discoveries that have proven useful in addressing socially important behavior such as drug taking, healthy eating, workplace safety, education, and the treatment of pervasive developmental disabilities (e.g., autism).^{1,2}

Intensive behavioral intervention (IBI) therapy involves highly structured teaching techniques that are administered on an individual basis by a trained therapist, paraprofessional, and/or parent 25 to 40 hours per week for 2 to 3

years. This comprehensive treatment incorporates several different principles and procedures of applied behavior analysis (ABA) to create new behavioral patterns and to decrease maladaptive behaviors.³

- Techniques include discrete trial teaching, prompting, differential reinforcement, natural environment teaching, incidental teaching, task analysis, modeling procedures, and stimulus control techniques.
- In classic IBI therapy, the first year of treatment focuses on reducing self-stimulatory and aggressive behaviors, teaching imitation responses, promoting appropriate toy play, and extending treatment into the family.
- In the second year, expressive and abstract language is taught, as well as appropriate social interactions with peers.
- Treatment in the third year emphasizes development of appropriate emotional expression, pre-academic tasks, and observational learning from peers involved in academic tasks.

Hawaii Specific Background Information

Description - Hawaii's QUEST Integration health plans must comply with the full range of EPSDT duties and requirements, including providing Intensive Behavioral Therapy (IBT) treatment modalities, including Applied Analysis, for children under 21 years of age with Autism Spectrum Disorder, when based on individualized determinations of medical necessity.

Applied behavior analysis (ABA) is a type of intensive behavioral therapy (IBT) in which a technician performs systematic behavioral intervention in order to modify a patient's problematic social behavior. ABA is a reliable, evidence-based behavior intervention program that can develop or restore 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:

- Screening;
- Diagnostic Evaluation;
- Initial Assessment and Treatment Plan Development;
- Applied Behavior Analysis; and
- Re-evaluation.

POSITION STATEMENT

Applicable To:

- Medicaid

NOTE: Additional non-ABA criteria is also found in the Clinical Coverage Guideline *Therapy Services for Autism* (HS-208).

General Criteria for All Markets⁴

Exclusions

ABA treatment is **not a covered benefit** for the following:

1. Speech therapy
2. Occupational therapy
3. Vocational rehabilitation
4. Supportive respite care
5. Recreational therapy
6. Orientation and mobility.

Coverage

Applied Behavioral Analysis (ABA) for children is determined by the general criteria listed below.

Please consult the market specific criteria listed below as well.

Determination of Treatment

1. Members <18 years old (< 21 years of age in Hawaii) must have a diagnosis of Autism Spectrum Disorder;

AND,

2. A consultation for ABA services must be conducted by a provider who is certified in ABA (including training in the evaluation and treatment of neurodevelopmental disorders). This may include, but is not limited to, psychiatrists, psychologists or pediatricians qualified to provide ABA **and** ordered by a board certified psychiatrist, psychologists or pediatricians qualified to provide ABA oversight. (Specifics of the qualified provider type who may perform the consultation are noted in the attached state addendums based on specific state criteria.)

AND,

3. Assessment shall include the following:
 - A. Basic Language Assessment (BLA); **OR,**
 - B. Preference Assessment; **OR,**
 - C. Functional Behavior Assessment (FBA); **OR,**
 - D. Assessment of Basic Language and Learning Skills—Revised (ABLRS-R); **OR,**
 - E. Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP).
 - F. Direct observation and measurement of behavior,
 - G. File review and administration of a variety of behavior scales or other assessments as appropriate,
 - H. Interviews with the client, caregivers, and other professionals.
 - I. IQ or similar standardized test scores

AND,

4. Unless otherwise noted under the market specific criteria, place of service for ABA services shall be in the:
 - A. Member's home; **OR,**
 - B. Provider's office.

NOTE: **Services are excluded from coverage** if provided in schools **or** through sheltered workshops sponsored by the state in which the member resides. Services in a school setting should not be provided by a school employee.

AND,

5. Determination that the member presents with deficits or behaviors that severely impact home and/or community activities **and** pose a health or safety threat to self or others (e.g., self-injury, aggression, disruptive behavior) (not applicable to Hawaii); **AND,**
6. Less-intensive treatment has been considered or attempted but lacked results (not applicable to Hawaii); **AND,**

7. Member does not require 24-hour monitoring by a healthcare provider and is considered medically stable; **AND**,
8. Complete a biopsychosocial summary including those living with the member, environmental factors of note, and any medical issues; **AND**,
9. Development of a treatment plan for each area of concern that defines the frequency of baseline behaviors and the plan to address the behaviors. The plan shall include:
 - A. Measurable objectives based on clinical observation and outcome measurement assessment; **AND**,
 - B. Behavior or deficit to decrease; **AND**,
 - C. Behavior or deficit to increase; **AND**,
 - D. Methods to be used; **AND**,
 - E. Goals of the parent or guardian; **AND**,
 - F. Objective criteria to attain goals; **AND**,
 - G. Target date for introduction of goal; **AND**,
 - H. Attainment date of goal; **AND**,
 - I. Care coordination which includes parents or caregiver, school, state disability programs and additional applicable parties; and **AND**,
 - J. Interventions emphasizing generalization of skills and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors.

AND,

10. As part of the transition plan, the member must be one of the following:
 - A. Beginning treatment; OR,
 - B. Transitioning from a home-based intensive ABA-based program to a lesser level of care; OR,
 - C. Transitioning from a most to least restrictive setting; OR,
 - D. Transitioning from a home-based ABA intervention program to a school-based program.

AND,

11. Provider must be certified to provide ABA-consistent services as defined by their individual market's licensing requirements.

AND,

12. Treatment components shall be taken from the following areas:
 - A. cognitive functioning
 - B. pre-academic skills
 - C. safety skills
 - D. social skills
 - E. play and leisure skills
 - F. community integration
 - G. vocational skills
 - H. coping and tolerance skills
 - I. adaptive and self-help skills
 - J. language and communication
 - K. attending and social referencing
 - L. reduction of interfering or inappropriate behaviors

NOTE: All cases should be developed and executed by the ABA specialist and must be ordered by a physician who provides documented oversight of the services rendered by the ABA specialist. Further, the treatment plan shall be reviewed on a periodic basis (e.g., once every 3 months) – this includes a face-to-face visit at least once a quarter. **For Hawaii, a referral for services is needed from the PCP, defined as - A provider who is licensed in the State of Hawaii and is (1) a physician, either an M.D. (Doctor of Medicine) or a D.O. (Doctor of Osteopathy), and must generally be a family practitioner, general practitioner, general internist, pediatrician or obstetrician / gynecologist (for women, especially pregnant women); or (2) an advanced practice registered nurse with**

prescriptive authority; or (3) a licensed physician assistant.

Not applicable to Nebraska. The need for a functional behavior assessment (FBA) and ABA therapy is determined by the Initial Diagnostic Interview (IDI), therefore any provider capable of conducting the IDI is the provider who can order the FBA/ABA assessment and treatment.

AND,

13. Approval for ABA is subject to prior authorization and medical necessity review. Members may have access to school-based services under the Department of Education (state and federal).

Continued Stay

The following criteria must be met in order to qualify for continuation:

1. Member continues to meet above general criteria;

OR,

2. There is a reasonable expectation that ABA services will benefit from continuation; **AND,**
3. Treatment plan and care coordination are monitored and updated frequently; **AND,**
4. Progress is measured and the expectation remains that, due to the member's clinical history and recent clinical experience that current treatment is beneficial and withdrawal would likely result in the member's decompensation or symptom recurrence; **AND,**
5. Treatment is improving symptoms.

Discontinuation of Treatment

The following criteria must be met to qualify the member for discharge:

1. Lack of meaningful, measurable improvement documented in the member's behavior(s) for at least six months of optimal treatment. This includes:
 - Member has reached cognitive potential and provider has no reasonable expectation that ending treatment risks decompensation or recurrence of presenting signs and symptoms.
 - Changes should be lasting and extend past the end of treatment as well as outside of treatment in environments the member typically spends time (e.g., home, community).

AND,

2. Determination that treatment is not benefiting the member and increasing severity of symptoms; **AND,**
3. Member has stabilized to the point deficits and behaviors are manageable through a less intense environment (e.g., school); **AND,**
4. Member exhibits an inability to maintain long-term benefits from original projected plan of treatment.

When ABA services are no longer medically necessary and a member requires a less intensive and restrictive level of care, other types of therapies can be used such as outpatient therapy.

MARKET SPECIFIC CRITERIA

FLORIDA

Florida requires health insurance plans and health maintenance contracts to provide coverage to eligible individuals for diagnosing the presence of autism spectrum disorders, treatment of autism spectrum disorders through speech, occupational and physical therapy and applied behavior analysis. Coverage is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan and is limited to \$36,000 annual and may not exceed \$200,000 in total lifetime benefits. (Fla. Stat. § 627.6686 and § 641.31098 (2008 Fla. Laws, Chap. 30; SB 2654 of 2008, Bill Analyses).⁶

Requirements⁶

Applied Behavior Analysis (ABA) providers must be:

1. Certified behavior analysts (CBA), certified associate behavior assistants (CABA), and persons licensed under chapter 490 (psychologists) or 491 (clinical social work, marriage and family therapy, and mental health counseling) who are enrolled as Developmental Disabilities Waiver providers; **OR**,
2. CBAs enrolled as early intervention service providers with the Early Steps program; **OR**,
3. CBAs employed or under contract with a community behavioral health provider to provide the Therapeutic Behavioral On-Site Services-Behavior Management service.

Approved Places of Service for Developmental Disabilities Waivers include:

1. 11 – Office
2. 12 – Home
3. 13 – Assisted Living Facility
4. 14 – Group Home
5. 49 – Independent Clinic
6. 53 – Community Mental Health Center
7. 99 – Other Place of Service (Note: Place of service code “99 - Other Place of Service” is only acceptable in unusual circumstances that are documented in the recipient’s treatment or service plan, or in the recipient’s treatment notes.)

Approved Places of Service for Early Intervention Services (EIS) include:

1. 11 – Office
2. 12 – Home
3. 99 – Other Place of Service

Approved Places of Service for Community Behavioral Health include:

- 3 – School (public or private)
- 12 – Home
- 99 – Other Place of Service

Those with Children’s Health Insurance Program (CHIP) Title XXI benefits are not eligible for ABA services; this includes MediKids and Healthy Kids. Title XXI Children’s Medical Services Network provides ABA services subject to medical necessity. For more information, providers should contact the local Children’s Medical Services Area Office at www.cms-kids.com.

NOTE: Medicaid managed care plans are not required to authorize or cover ABA services. If a child enrolled in a Medicaid managed care plan requires ABA services, the plan may refer the recipient to any of the identified qualifying providers to receive the service under Medicaid fee-for-service. Alternatively, the managed care plan may refer the recipient to the Medicaid area office for assistance with finding a qualified provider. Managed care plans must share information on how to access ABA services with their contracted community behavioral health and physician providers.

Developmental Disabilities Home and Community Medicaid Waiver Providers

Provider Qualifications. ABA services described in this alert must be rendered by Certified behavior analyst (CBA) and certified associate behavior assistant (CABA) providers who meet the qualifications outlined in 65G-4.003 of the Florida Administrative Code, are enrolled as Medicaid waiver providers through the Developmental Disabilities Home and Community Medicaid waiver programs and have received prior authorization from Medicaid.

Recipient Eligibility. Qualified treating practitioners may render medically necessary ABA to children under 21 years old having any of the applicable codes in the Coding section below.

Place of Service Codes. Services must be billed using the correct place of service code for the location of the service provided. The following place of service codes should be used by DD Waiver Providers when submitting claims (see page 2-22 of the Developmental Disabilities Waiver Services Coverage and Limitations Handbook):

- 11 – Office
- 12 – Home
- 13 – Assisted Living Facility
- 14 – Group Home
- 49 – Independent Clinic
- 53 – Community Mental Health Center
- 99 – Other Place of Service

Place of service code “99 - Other Place of Service” is not acceptable except for unusual circumstances that are documented in the recipient’s treatment or service plan, or in the recipient’s treatment notes.

NOTE: Managed care plans are not currently required to authorize or cover Applied Behavior Analysis Services for the treatment of autism spectrum disorders. If a child enrolled in a Medicaid managed care plan requires ABA services, the plan may refer the recipient to any of the identified qualifying providers to receive the service under Medicaid fee-for-service. Alternatively, the managed care plan may refer the recipient to the Medicaid area office for assistance with finding a qualified provider. Managed care plans must share information on how to access ABA services with their contracted community behavioral health and physician providers.

The following table includes revised coverage information, effective January 1, 2013:⁶

Scenario	Coverage
Existing DD waiver recipient is currently receiving ABA services through the waiver.	The Agency for Persons with Disabilities (APD) will continue to cover these ABA hours through the waiver.
Existing DD waiver recipient is currently receiving ABA services through the waiver, but requests an increase in services.	APD will continue to cover currently authorized ABA hours through the waiver. However, APD will refer the individual to the ABA state plan authorization process for coverage of any additional ABA services.
Existing DD waiver recipient, who does not currently receive ABA services, but is in need of the service.	APD will refer the individual to the ABA state plan authorization process for coverage of ABA services.
Individual on the DD waiver waiting list who is Medicaid eligible applies for the waiver through the crisis process. ABA is one of the identified service needs.	APD will refer the individual to the ABA state plan authorization process for coverage of ABA services.
Individual on the DD waiver waiting list who is Medicaid eligible and requests ABA services.	APD will refer the individual to the ABA state plan authorization process for coverage of ABA services.

Medicaid recipients under the age of 21 can receive ABA services through the Medicaid state plan from an enrolled Early Intervention Services provider or Community Behavioral Health Services provider. For more information on how to request ABA services through the Medicaid state plan, please review the previous provider alerts that have been posted specific to these provider types. Developmental Disabilities Home and Community Medicaid waiver providers must continue to meet the requirements outlined in the Developmental Disabilities Services Coverage and Limitations Handbook in order to continue to be reimbursed for ABA services for children as outlined in scenarios 1 and 2.

ABA – Applied Behavioral Analysis DD – Developmental Disabilities

Community Behavioral Health Services Providers ⁷

Qualifications

ABA services must be rendered by qualified treating practitioners of Therapeutic Behavioral On-Site Service – Behavior Management Services and behavioral health technicians providing Therapeutic Behavioral On-Site – Therapeutic Support Services working under a Medicaid-enrolled provider type 05 – Community Behavioral Health Services Provider (see pp. 2-1-39 and 2-1-41 of the Medicaid Community Behavioral Health Services Coverage and Limitations Handbook* for provider qualifications) who have received prior authorization from Medicaid.

*Handbook: https://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Community_Behavioral_HealthHB.pdf

Therapeutic behavioral on-site behavior management services must be provided by a certified behavior analyst or certified associate behavioral analyst. Therapeutic behavioral on-site therapeutic support services must be provided, at a minimum, by a behavioral health technician supervised by a master’s level practitioner.

Recipient Eligibility. Qualified treating practitioners may render medically necessary ABA to children having any of the applicable codes in the Coding section below.

Place of Service Codes. Services must be billed using the correct place of service code for the location of the service provided. The following place of service codes should be used by Community Behavioral Health Providers when submitting claims (see page 2-1-35 of the Community Behavioral Health Services Coverage and Limitations Handbook): 3 – School; 12 – Home; and 99 – Other Place of Service.

NOTE: Managed care plans are not currently required to authorize or cover Applied Behavior Analysis Services for the treatment of autism spectrum disorders. If a child enrolled in a Medicaid managed care plan requires ABA services, the plan may refer the recipient to any of the identified qualifying providers to receive the service under Medicaid fee-for-service. Alternatively, the managed care plan may refer the recipient to the Medicaid area office for assistance with finding a qualified provider. Managed care plans must share information on how to access ABA services with their contracted community behavioral health and physician providers.

Early Intervention Services Providers ⁷

ABA services described in this alert must be rendered by Infant Toddler Developmental Specialists who have certification in behavior analysis and are enrolled as Early Intervention Services providers (see page 1-4 of the Early Intervention Services Coverage and Limitations Handbook for ITDS enrollment criteria) and who have received prior authorization from Medicaid for the service.

* Handbook: http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_07_070801_EIS_ver1_3.pdf

NOTE: In order to ensure continuity of care, contact the local Department of Health, Early Steps program for a child ages 0-3 who is receiving services through the program.

GEORGIA⁸

As of CCG approval date, items were not found in research (e.g., provider manuals, legislation, etc.). Law for autism related benefits is being proposed in 2014; House Bill 309 / Senate Bill 191 / House Bill 559 (Ava's Law).

HAWAII^{9,10,11}

Exclusions

1. 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.
2. Services provided by family or household members are not covered.
3. Treatment will not be covered if the care is primarily custodial in nature.
4. Treatment will not be covered if the patient is not medically stable.
5. Treatments that are considered to be experimental or that lack scientifically proven benefit are not covered.
6. Services provided by a Hawaii provider outside of the state are not covered.
7. Treatment plan must demonstrate that the patient has the capacity to receive benefit.

Initial Treatment

ABA is covered (subject to Limitations and Administrative Guidelines) for the initial treatment of Autism Spectrum Disorder when all of the following criteria are met:

1. Member is under 21 years of age; **AND**,
2. The member's primary care physician has performed an initial screening for developmental delays, communication issues, and behavior problems and has either performed the member's diagnostic

evaluation or referred the patient to one of the diagnosing listed providers; **AND**,

3. The member has one of the following diagnoses:
 - A. ASD, meeting DSM-5 criteria; **OR**,
 - B. Previous diagnosis of one of the following pervasive developmental disorders, meeting DSM-IV criteria:
 - Autistic disorder; **OR**,
 - Asperger's disorder; **OR**,
 - Rett syndrome; **OR**,
 - Childhood disintegrative disorder; **OR**,
 - Pervasive development disorder not otherwise specified.

AND,

4. The member was diagnosed with one of the qualifying diagnosis by one of the following licensed diagnosing providers:
 - A. Developmental Behavioral Pediatrician; **OR**,
 - B. Developmental Pediatrician; **OR**,
 - C. Neurologist; **OR**,
 - D. Pediatrician; **OR**,
 - E. Psychologist; **OR**,
 - F. Psychiatrist; **OR**,
 - G. Other licensed practitioner with specialized experience in ASD.

AND,

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); **OR**,
 - B. Board Certified Behavioral Analyst (BCBA); **OR**,
 - C. One of the licensed diagnosing qualified providers

AND,

6. The assessment and formulation of treatment goals is consistent with the most current edition of the Behavior Analyst Certification Board (BACB) Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers.

AND,

7. The member's individual-specific treatment plan must meet the following criteria:
 - A. Addresses the identified behavioral, psychological, family, and medical concerns; **AND**,
 - B. Includes age and impairment appropriate goals and measures of progress; goals relate to the member's:
 - Social skills; **AND**,
 - Communication skills; **AND**,
 - Language skills; **AND**,
 - Behavior change; **AND**,
 - Adaptive functioning.

AND,

- C. Member's goals are described in objective and quantifiable terms based on formalized assessments;
 - The assessments address skill acquisition and the behaviors and impairments for which the intervention is to be applied; **AND**,
 - For each goal, 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.

AND,

- 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.

AND,

8. 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. Registered behavior technician (RBT) performing under the supervision of a BCBA, BCaBA, or BCBA-D; OR,
 - B. Board certified assistant behavior analyst (BCaBA) performing under the supervision of a BCBA or BCBA-D; OR,
 - C. BCBA-D; OR,
 - D. BCBA; OR,
 - E. Any of the diagnosing qualified providers who are working within the scope of their practice.

AND,

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

Continued Treatment

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

1. The member meets the qualifying criteria; **AND,**
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; **AND,**
 - B. Additional re-evaluations include measured progress and comparison to baseline in the following areas:
 - Social skills;
 - Communication skills;
 - Language skills;
 - Behavior change; and
 - Adaptive functioning.

AND,

- 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). Treatment plans may be required by the health plan more often than every 26 weeks when warranted by individual circumstances;

AND,

- 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.

Trial Period

If the diagnosing provider suspects ASD and requires further evaluation before making a definitive diagnosis, the member 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:

- A. Global Developmental Delay 315.8 (F88)
- B. Social (Pragmatic) Communication Disorder 315.39 (F80.89)
- C. Language Disorder 315.32 (F80.9)
- D. Unspecified Communication Disorder 307.9 (F80.9)
- E. Expressive Language Disorder (F80.1)
- F. Receptive Language Disorder (F80.2)

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. 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.

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

1. The patient meets criteria II.A.1-2 and II.A.4-9; **AND**,
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; **AND**,
3. The treatment plan is updated and submitted a minimum of every 12 weeks following initiation of approved ABA treatment.

Administrative Guidelines

- A. Precertification is not required for screening or diagnostic evaluation.
- B. Precertification is required for a trial period of ABA treatment. 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. 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.

- 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. Coverage for ABA services 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. In addition, EIP and `Ohanas will transition a beneficiary from EIP to `Ohana covered ABA services through collaboration with an EI Care Coordinator and `Ohana service coordinator.
 2. Department of Education (DOE) will provide ABA services to a beneficiary while the beneficiary is in school. Services provided by the DOE are for the purposes of educational access and benefit only and will be determined in accordance with the Individuals with disabilities Act (IDEA) `Ohana will collaborate with DOE, as applicable, to provide and reimburse for ABA services outside of the school.
 3. `Ohana will provide medically necessary ABA services for beneficiaries in the 1915(c) Developmental Intellectual Disabilities (DD/ID) waiver.

ILLINOIS

Requires all individual and group accident and health insurance or managed care plans to provide coverage for the diagnosis and treatment of autism spectrum disorders for individuals less than 21 years of age. Coverage is to include applied behavioral analysis and other treatments with a maximum benefit of \$36,000 per year. Habilitative services includes occupational therapy, physical therapy, speech therapy and other services prescribed by the insured's treating physician pursuant to a treatment plan to enhance the ability of a child to function with a congenital, genetic or early acquired disorder. (Illinois Rev. Stat. ch. 215, § 5/356z.14 et seq. (2008 Ill. Laws, P.A. 95-1005, SB 934 of 2008; and 2009 Ill. Laws, P.A. 95-1049, SB 101 of 2008)).¹⁰

Medically necessary treatment provided by a licensed physician, licensed psychologist, or certified registered nurse practitioner for any medically necessary services. A recent update to the law ensures that no one currently diagnosed with ASD will lose his coverage based on the new version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).¹¹

KENTUCKY

All health benefit plans **in the individual and small group market** shall provide coverage to individuals age 1 through 21. Coverage includes applied behavior analysis (ABA). Coverage for ASD shall be subject to a one thousand dollar (\$1,000) maximum benefit per month, per covered individual. (This limit shall not apply to other health conditions of the individual and services for the individual not related to the treatment of an ASD).¹⁰

Health insurance companies must cover diagnosis and treatment of ASD, with a maximum annual benefit of \$50,000 for those aged 1–6 and a monthly maximum of \$1,000 for those aged 7–21. Covered services include: coverage of habilitative/rehabilitative care, pharmacy care, psychiatric care, psychological care, and therapeutic care. (Ky. Rev. Stat. § 319C⁶).¹² Coverage may not be subject to any limits on the number of visits an individual may make to an autism services provider. Treatment of autism spectrum disorders is defined to include:¹¹

- Medical care
- Pharmacy care (if covered by the plan)
- Psychiatric care
- Psychological care
- Therapeutic care
- Applied behavior analysis
- Rehabilitative and habilitative care

MISSOURI

Requires all group health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2011, to provide coverage for the diagnosis and treatment of autism spectrum disorders to the extent that such diagnosis and treatment is not already covered by the health benefit plan. Treatment for autism spectrum disorders, care prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist, include: psychiatric care; psychological care; habilitative or rehabilitative care, including applied behavior analysis therapy; therapeutic care (including services provided by licensed speech therapists, occupational therapists, or physical therapists); and pharmacy care.¹³

Insurers must cover evidence-based, medically necessary autism therapies. ABA must be covered up to \$40,000 per year for children through age 18. They also have a mental health parity law under which mental illnesses must have the same coverage as physical or medical illnesses. (Mo. Rev. Stat. § 337.300 et seq. and § 376.1224). The limit may be exceeded, with approval by the health benefit plan, if the applied behavior analysis services are medically necessary for an individual. The health benefit plan may not place limits on the number of visits an individual makes to an autism service provider. (Mo. Rev. Stat. § 337.300 et seq. and § 376.1224).¹³

NEW JERSEY

On June 10, 2016, the New Jersey Department of Human Services' (DHS) Division of Medical Assistance and Health Services (DMAHS) submitted its draft renewal application for the New Jersey FamilyCare 1115 Comprehensive Waiver Demonstration to the federal Centers for Medicare and Medicaid Services (CMS). The waiver was approved by CMS in October 2012 and expired in June 2017. The renewal document outlines the contract between DHS and CMS and allows for federal reimbursement to the state for services delivered through Medicaid, a state- and federally-funded public health insurance program that provides medical and health services to individuals with low income and/or disabilities. In New Jersey, the program is called NJ FamilyCare. The proposal makes more funds available to meet the needs of the autism community and other populations that NJ FamilyCare (Medicaid) serves. Specifically, the state intends to:¹⁴

- Increase access to services and supports for individuals with autism and those with a dual diagnosis of intellectual or developmental disabilities and mental illness
- Further streamline NJ FamilyCare (Medicaid) eligibility and enrollment processes, and
- Initiate or expand services with nationally recognized best practices and implement strategies to streamline processes and create efficiencies that continue to rebalance resources.

NEW YORK

As of November 2012, private insurers must cover screening, diagnosis, and treatment of ASD. Applied behavioral analysis means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Coverage must meet the following criteria:¹⁶

- Services must be performed by a behavior analyst certified pursuant to the Behavior Analyst Certification Board or an individual who is supervised by such a certified behavior analyst and who is subject to standards in regulations promulgated by the New York Department of Financial Services in consultation with the New York Departments of Health and Education.
- The treatment program must describe measurable goals that address the condition and functional impairments for which the intervention is to be applied and include goals from an initial assessment and subsequent interim assessments over the duration of the intervention in objective and measurable terms.
- Subject to a maximum benefit of \$45,000 per calendar year

If the policy covers prescription drugs and therapeutic care for other conditions, then it must cover both of those for ASD as well. Policies may not deny or exclude benefits on the basis of an ASD diagnosis. Insurance policies that would cover hospital, surgical, or medical care should provide similar coverage for ASD.¹⁵ According to N.Y. Insurance Law § 3216, § 3221 and § 4303, specified policies and contracts that provide coverage for hospital or surgical coverage to not exclude coverage for the screening, diagnosis and treatment of medical conditions otherwise covered by the policy solely because the treatment is provided to diagnose or treat autism spectrum disorder. The law was amended by 2011 N.Y. Laws, Chap. 595 (AB 6305) to also require every policy which provides physician services, medical, major medical or similar comprehensive-type coverage to provide coverage for the screening, diagnosis and treatment of autism spectrum disorder. The law prohibits any limitations on visits that are solely applied to the treatment of autism spectrum disorder. Treatment of autism spectrum disorder is defined to include behavioral health treatments, psychiatric care, psychological care, medical care, therapeutic care and specified pharmacy care.¹⁵

SOUTH CAROLINA

The South Carolina Pervasive Developmental Disorder (PDD) waiver provides habilitative services for Medicaid-eligible children with autism aged 3–10. To qualify, children must have a diagnosis of autism before age 8; they can stay on the waiver for 3 years or until they turn 11. If a child meets all criteria for this waiver, but is ineligible for Medicaid, the state will pay for all of waiver services. Waiver services include:¹⁷

- Case management
- Early Intensive Behavioral Intervention (EIBI) assessment
- EIBI plan implementation
- EIBI program development and training
- Lead therapy
- Line therapy
- Self-directed line therapy

Per Section 38-71-280 "autism spectrum disorder" refers to Autistic Disorder, Asperger's Syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified. To be eligible for benefits and coverage individuals must:¹⁸

- Been diagnosed with an autistic spectrum disorder at age eight or younger;
- Benefits and coverage provided must be provided to any eligible person under sixteen years of age; and
- Coverage for behavioral therapy is subject to a fifty thousand dollar maximum benefit per year.

Approved Places of Service (POS) include: 03 – School; 11 – Office; 12 – Home; 56 – Psychiatric Residence Facility; and 99 – Other Place of Service.

CODING

DISCLAIMER: Not all codes are included as part of the covered benefit for each market.

Hawaii Market Only

The CPT codes for ABA below shall be billed using the applicable modifiers based on the type of rendering provider, in accordance with 'Ohana guidelines.

Covered CPT® Codes

- 96110** Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
- 0359T** Behavior identification assessment by the physician or other qualified healthcare professional (QHCP), face-to-face with patient and caregiver(s). Includes administration of standardized and nonstandardized 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."

- 0360T – 0361T** Observational behavioral follow-up assessment, includes physician or other qualified healthcare professional direction with interpretation and report, administered by one technician; varies by duration.
- 0362T – 0363T** 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.
- 0364T – 0365T** Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; varies by duration.
- 0366T – 0367T** Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; varies by duration.
- 0368T – 0369T** Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; varies by duration.
- 0370T** Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present).
- 0371T** Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present).

NOTE: 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.

All Other Applicable Markets

Covered CPT® Codes

- 90785+** Interactive psychotherapy; +add on code
- 90791 - 90792** Psychiatric diagnostic evaluation
- 90832 - 90853** Interactive Psychotherapy
- 92507** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92508** Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
- 96101 - 96125** Central Nervous System Assessments/Tests
- 96150 - 96155** Health and Behavior Assessment and Intervention
- 97161** Physical therapy evaluation: low complexity, 20 min
- 97162** Physical therapy evaluation: moderate complexity, 30 min
- 97163** Physical therapy evaluation: high complexity, 45 min
- 97164** Re-evaluation of physical therapy established plan of care
- 97165** Occupational therapy evaluation, low complexity, 30 min
- 97166** Occupational therapy evaluation, moderate complexity, 45 min
- 97167** Occupational therapy evaluation, high complexity, 60 min
- 97168** Re-evaluation of occupational therapy established plan of care
- 99201 - 99215** Office and Other Outpatient Services
- 99241 - 99245** Office and Other Outpatient Consultations

Covered HCPCS® Codes

- H0031** Mental health assessment, by nonphysician
- H0032** Mental health service plan, by nonphysician
- H0036** Community psychiatric supportive treatment, face-to-face, per 15 minutes
- H2012** Behavioral health day treatment, per hour
- H2014** Skills training and development, per 15 minutes
- H2015** Comprehensive community support services, per 15 minutes
- H2016** Comprehensive community support services, per diem
- H2017** Psychosocial rehabilitation services, per 15 minutes
- H2018** Psychosocial rehabilitation services, per diem
- H2019** Therapeutic behavioral services, per 15 minutes

H2020	Therapeutic behavioral services, per diem
H2027	Psychoeducational services, per 15 minutes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per hour
T1027	Family training and counseling for child development, per 15 minutes

HCPCS © Modifiers

HM	Less than bachelor degree level
HN	Bachelor degree level
HO	Master degree level
HP	Doctoral level
HQ	Group setting
SC	Medically necessary service or supply
TS	Follow-up service
TT	Individualized service provided to more than one patient in same setting
UD	Medicaid level of care 13, as defined by each state
UK	Services provided on behalf of the client to someone other than the client (collateral relationship)

ICD-10-PCS Codes – No applicable codes.

Covered ICD 10-CM Diagnosis Code

F84.0	Autistic Disorder
F84.2	Rett's Syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's Syndrome
F84.8	Other pervasive developmental disorder
F84.9	Pervasive developmental disorder, unspecified

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

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MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
8/24/2018	<ul style="list-style-type: none"> • Approved by MPC. Included additional criteria and codes for Hawaii.
7/12/2018	<ul style="list-style-type: none"> • Approved by MPC. Updated for State of Nebraska re: treatment components; clarified coverage for school setting.
10/5/2017	<ul style="list-style-type: none"> • Approved by MPC. Revisions needed for new benefit in South Carolina and revisions made for Hawaii.
2/2/2017	<ul style="list-style-type: none"> • Approved by MPC. Inclusion Background information; no impact to coverage. Additional language re: Hawaii.
7/7/2016	<ul style="list-style-type: none"> • Approved by MPC. Inclusion Background information; no impact to coverage.
7/9/2015	<ul style="list-style-type: none"> • Approved by MPC. Addition of disclaimer at top of Coding section.
9/4/2014	<ul style="list-style-type: none"> • Approved by MPC. Added New Jersey and South Carolina (new markets since last review).
9/20/2013	<ul style="list-style-type: none"> • Approved by MPC. New.