

## Medical Necessity Guidelines: Applied Behavioral Analysis (ABA) Therapy and Habilitative Services for Autism Spectrum Disorders: Massachusetts Products

Effective: October 10, 2018

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<p><b>Applies to:</b>  <b>COMMERCIAL Products</b>  <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409  <input type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409  <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <b>TUFTS HEALTH PUBLIC PLANS Products</b>  <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055  <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055  <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404  <input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2607            *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b>  <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul> </p>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

Tufts Health Plan provides coverage for medically necessary Applied Behavioral Analysis (ABA) Therapy and habilitative services for Members with a definitive diagnosis of an Autism Spectrum Disorder.

Applied Behavioral Analysis (ABA) includes 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.”<sup>1</sup> “Involvement by parents [legal guardians] is considered essential to long-term treatment success; parents [legal guardians] are taught to continue behavioral modification training.”<sup>2</sup>

Habilitative care is provided by licensed health care professionals and is “necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual”<sup>1</sup> diagnosed with an autism spectrum disorder.

Coverage is provided consistent with Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism in the state of Massachusetts.

### CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize ABA therapy visits and/or habilitative care visits after a comprehensive evaluation and with a referral (as needed) when **all** of the following are met:

<sup>1</sup> Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism

<sup>2</sup> Geller, 1972; Lovaas, 1987; Smith et al, 2000; Butler et al., 2003; Shea, 2004 quoted in Hayes, Inc., Intensive Behavioral Intervention Therapy for Autism., 2012; page 7

1. The Member has a definitive diagnosis of an Autism Spectrum Disorder from a Neurologist, Pediatric Neurologist, Developmental Pediatrician, Psychologist, Psychiatrist or other licensed physician experienced in the diagnosis and treatment of autism; **and**
2. The diagnostic evaluation includes, without limitation, behavioral and cognitive evaluation, prenatal (if known) and perinatal history, developmental history and medical screening for comorbid medical issues; **and**
3. From initial evaluation through the entire course of treatment, **all** of the following must be met and documented in the rendering provider's medical record:
  - a. Contemporaneous progress notes signed by the rendering provider must include the procedure, participants, setting, content of therapeutic intervention, time and date of each session; **and**
  - b. Documentation must support the position that therapy will achieve functional gains beyond those expected as a result of growth and maturation and there is clear evidence that the symptoms of the diagnosis are active, resulting in substantial impairment in daily functioning; **and**
  - c. Communication with the Member's PCP and other treating professionals is reflected in the medical record; **and**
  - d. There is a clear treatment plan with measurable goals that address the signs and symptoms of the diagnosis; **and**
  - e. There is no less intensive or more appropriate level of services which can be safely and effectively provided; **and**
  - f. The Member's condition can be classified with at least one of the diagnosis codes listed below; **and**
  - g. Parent(s) and/or Guardian(s) involvement in the training of behavioral techniques must be documented in the Member's medical record and is critical to the generalization of treatment goals to the Member's environment.
  - h. ABA services are provided by a Board Certified Behavior Analyst (BCBA) or paraprofessional (H2019) supervised by a BCBA and are billed with the procedure codes listed below.
  - i. Habilitative services, including group treatment, are provided by a licensed health care provider providing services within the scope of his/her professional license and are billed with standard billing codes.

For Commercial products, use these forms:

- [ABA Autism Service Request– Assessment & Treatment Planning \(H0031 code\)](#)
- [Initial Autism Service Request](#)

For Tufts Health Public Plans products, use the [Autism Spectrum Disorder Services Prior Authorization Request Form](#).

### LIMITATIONS

The following do not meet the medical necessity guidelines and therefore coverage will not be authorized:

- Services that are primarily educational in nature
- "Services related to autism spectrum disorder provided by school personnel pursuant to an individual education program are not subject to reimbursement" <sup>1</sup>Treatment that is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, Higashi (Daily Life Therapy)
- Personal training or life coaching

### CODES

The Member must have one of the following ICD-10 diagnoses to be considered for coverage.

Refer to the [Autism Professional Payment Policy](#) for information regarding billing of these services.

**Table 1: ICD-10 Codes**

ICD-10 Code	Description
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome

ICD-10 Code	Description
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

One of the following HCPCS codes needs to be submitted with one of the above diagnosis codes to be considered for coverage:

**Table 2: HCPCS Codes**

HCPCS Code	Description
H0031	Mental health assessment, by non-physician - Assessment and treatment planning by a BCBA
H0032	Mental health service plan development by non-physician - Direct supervision of a paraprofessional by a BCBA
H2012	Behavioral health day treatment, per hour - Direct service by a BCBA
H2019	Therapeutic behavioral services, per 15 minutes - Paraprofessional direct service supervised by a BCBA

#### REFERENCES

1. Massachusetts Session Laws, Chapter 207 of the Acts of 2010 – An Act Relative to Insurance Coverage for Autism (effective January 1, 2011)
2. Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism
3. Geller, 1972; Lovaas, 1987; Smith et al, 2000; Butler et al., 2003; Shea, 2004 quoted in Hayes, Inc., Intensive Behavioral Intervention Therapy for Autism., 2012; page 7

#### APPROVAL HISTORY

December 2010: Reviewed and Approved by Medical Affairs-Medical Policy for a January 1, 2011 effective date.

Subsequent endorsement date(s) and changes made:

- August 8, 2011: Reviewed and revised. Added clarification language; “d) The services are not duplicative of service that are part of an Individual Educational Plan (IEP) or Individual Service Plan (ISP)” and removed bullet #3 of Coverage Guidelines.
- January 1, 2013: Reviewed and revised. Additional clarification added to guidelines, including: Added to Guideline #1: “other licensed physician”; Added clarification to Guideline #2: “The diagnostic evaluation includes, without limitation, behavioral and cognitive evaluation, prenatal (if known) and perinatal history, developmental history and medical screening for comorbid medical issues.”; Added clarification to Guideline #3(g): “ABA services are provided by a Board Certified Behavior Analyst (BCBA) or paraprofessional (H2019) supervised by a BCBA and are billed with the procedure codes listed below. Habilitative services, including group treatment, are provided by a licensed health care provider providing services within the scope of his/her professional license and are billed with standard billing codes.”
- February 18, 2013: Added ICD-10 Codes
- March 21, 2013: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans.
- July 10, 2013: Reviewed and Approved by Integrated Medical Policy Advisory Committee
- March 12, 2014: Reviewed, revised and Approved by Integrated Medical Policy Advisory Committee. Revised 3.h. from requiring parents to be present and participating in all treatment sessions to “Parent(s) and/or Guardian(s) involvement in the training of behavioral techniques must be documented in the member’s medical record and is critical to the generalization of treatment goals to the member’s environment”. Revised guideline 3. i. and separated it out to 3. i and 3.j.. Revised last bullet under limitations to further define “non-conventional setting”.
- January 1, 2015: Adopted by Tufts Health Plan – Network Health Commercial Plans.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in “Applies to” section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- September 8, 2015: Reviewed and Approved by the Mental Health Operations and Policy Committee w no change.

- December 3, 2015 – Reviewed by the Behavioral Health Practitioner Advisory Committee with no changes recommended.
- December 9, 2015: Reviewed and Approved by the Integrated Medical Policy Advisory Committee with no changes.
- Feb 5, 2016: Services provided in daycare or preschool settings removed from limitations section
- October 25, 2016: Reviewed by Behavioral Health Operations and Policy Committee; language removed from coverage guidelines and limitations section that addressed general benefit exclusions.
- December 14, 2016: Reviewed and Approved by Integrated Medical Policy Advisory Committee with no changes.
- December 28, 2016: Coding updated
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- April 11, 2017: Reviewed and Approved by Behavioral Health Operations and Policy committee with no changes.
- November 3, 2017: Reviewed and approved with no changes by the Behavioral Health Practitioner Advisory Committee
- November 8, 2017: Reviewed and approved with no changes by Integrated Medical Policy Advisory Committee.
- October 10, 2018: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), renewed without changes
- October, 2018: Template and disclaimer updated

#### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic

[Provider Services](#)