

Medical Necessity Guidelines: ABA (Applied Behavioral Analysis) Therapy for Autism Spectrum Disorders: New Hampshire Products

Effective: October 10, 2018

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to: COMMERCIAL Products <input type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 <ul style="list-style-type: none"> • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization TUFTS HEALTH PUBLIC PLANS Products <input 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>SENIOR Products <ul style="list-style-type: none"> • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List </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 Freedom Plan provides coverage for medically necessary Applied Behavioral Analysis, (ABA) Therapy for Members with a definitive diagnosis of an Autism Spectrum Disorder.

ABA is the process of applying interventions that are based on the principles of learning derived from experimental psychology research to systematically change behavior and to demonstrate that the interventions used are responsible for the observable improvement in behavior. ABA methods are used to increase and maintain desirable adaptive behaviors, reduce interfering maladaptive behaviors or narrow the conditions under which they occur, teach new skills, and generalize behaviors to new environments or situations. ¹

In accordance with New Hampshire 417-E:2, coverage for treatment of autism includes professional services and treatment programs, including applied behavioral analysis, necessary to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.

CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize ABA services when **ALL** of the following are met:

1. The Member has a definitive diagnosis of an Autism Spectrum Disorder from a licensed clinician 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 apply:
 - a. Documentation supports the position that therapy will achieve functional gains beyond those expected as a result of growth and maturation, with clear evidence that symptoms are resulting in substantial impairment in daily functioning; **and**

- b. There is a clear treatment plan with measurable goals that address the signs and symptoms of the illness; **and**
- c. There isn't a less intensive or more appropriate level of service which can be safely and effectively provided; **and**
- d. Treatment planning and medical record documentation reflects an appropriate level of Parent(s) and/or Guardian(s) involvement in the training of behavioral techniques and support for the generalization of treatment goals to the Member's environment; **and**
- e. Requesting practitioner affirms that the planning and execution of the ABA course of care is consistent with nationally recognized treatment standards for the condition such as those set forth by the American Academy of Pediatrics; **and**
- f. Applied Behavior Analysis, (ABA), services are provided by a person professionally certified by the national Behavior Analyst Certification Board or are performed under the supervision of a person professionally certified by the national Behavior Analyst Certification Board.

ATTACHMENT

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

LIMITATIONS

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

- Services are primarily educational in nature
- Services duplicate those occurring under an individualized family service plan or an individualized education program, as required under the federal Individuals with Disabilities Education Act, or are duplicating or displacing the provision of services to an individual under any other federal or state law.
- Treatment is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, Higashi (Daily Life Therapy).
- Personal training, life coaching.

CODES

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

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

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

Table 1: ICD-10 Codes

ICD-10 Code	Description
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
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. Myers and Plauche´ Johnson, Management of Children With Autism Spectrum Disorders, PEDIATRICS published by the American Academy of Pediatrics, Volume 120, Number 5, November 2007

APPROVAL HISTORY

December 3, 2015 – Reviewed by the Behavioral Health Practitioner Advisory Committee with no changes recommended.

Subsequent Endorsement Dates and Changes Made:

- December 9, 2015: Reviewed and Approved by Integrated Medical Policy Advisory Committee for a January 1, 2016 effective date.
- October 25, 2016: Reviewed by the Behavioral Health Operations and Policy Committee, with the following changes: limitations removed that speak only to general benefit exclusions.
- December 14, 2016: Reviewed and Approved by Integrated Medical Policy Advisory Committee with no changes.
- 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 without changes by Behavioral Health Operations and Policy Committee
- November 3, 2017: Reviewed and approved without changes by Behavioral Health Practitioner Advisory Committee
- November 8, 2017: Reviewed and approved without 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](#)