

## Medical Necessity Guidelines: Applied Behavioral Analysis (ABA) including Early Intervention for RITogether

Effective: October 16, 2019

<b>Prior Authorization Required</b>	<b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p><b>Applies to:</b>  <b>COMMERCIAL Products</b></p> <p><input type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <p><input type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</p> <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> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2607</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <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>	

**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

Applied behavioral analysis (ABA) is 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. "Involvement by parents [legal guardians] is considered essential to long-term treatment success; parents [legal guardians] are taught to continue behavioral modification training."<sup>i</sup>

Autism spectrum disorders (ASD) are a group of neurodevelopmental disorders characterized by difficulties in social interaction, impaired communication (both verbal and nonverbal), and repetitive, restrictive behaviors that present in early childhood. ASD has heterogeneous etiology and comorbidities. Diagnostic criteria and nomenclature for these disorders has changed over the years and, while the current terminology in the Diagnostic and Statistical Manual 5 (DSM-5) uses a single category called autism spectrum disorders, previous versions divided this into multiple subcategories.

ABA services are defined according to the Behavior Analyst Certification Board as the following:

"ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior."

Types of ABA include, but are not limited to, discrete trial training, verbal behavioral intervention, and pivot response training. Parental and caregiver involvement in the process and continued use

of the strategies outside of the formal sessions is important for the success of the treatment in the long-term.

The individual ABA treatment plan is developed by a licensed, board-certified applied behavior analyst (BCBA). The actual one-on-one sessions are typically provided by behavioral technicians or paraprofessionals with services ranging in hours of Member contact per week based on the severity of symptoms and intensity of treatment. The technician is supervised by the BCBA.

Treatment may be provided in a variety of settings, such as at home and in the community. ABA services covered under a health benefit plan are typically delivered by a contracted and credentialed provider in a home or community setting. Services provided in a school setting are distinct and separate from those covered by the health plan and are typically covered by the educational system's special education resources as part of the individual education plan (IEP).

ABA is typically an extremely intensive treatment program designed to address challenging behavior as defined in our admission criteria.

Early intervention services are covered for members under age 3 years old. Early intervention services<sup>1</sup> means, but is not limited to, speech and language therapy, occupation therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices for dependents from birth to age three (3); who are certified by the Department of Human Services as eligible for services under Part C of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Section 1471 et seq.). Early intervention coverage is limited to a benefit of \$5,000<sup>2</sup> per dependent child member per calendar year.

## CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize ABA therapy visits, for members younger than 15 years of age, after a comprehensive evaluation and a referral (as needed) when all of the following are met:

### Admission Coverage Criteria

**All** of the following criteria are necessary for admission.

1. The Member has a definitive diagnosis of an autism spectrum disorder (DSM-5) or an autistic disorder/Asperger's Disorder/PDD, NOS diagnosis (DSM-IV).
2. The diagnosis in (1) above is made by a licensed physician or psychologist experienced in the diagnosis and treatment of autism with developmental or child /adolescent expertise.
3. The child or adolescent has received a comprehensive diagnostic and/or functional assessment (e.g., ABLLS-R, Vineland-II, ADI-R, ADOS-G, CARS2, VB-MAPP, or Autism Behavior Checklist), which include the following:
  - a. Complete medical history includes pre-and perinatal, medical, developmental, family, and social elements;
  - b. Physical examination, which may include items such as growth parameters, head circumference, and a neurologic examination;
  - c. Detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of ASD and its associated comorbidities. A diagnostic evaluation must include the scores from the use of formal diagnostic tests and scales as well as observation and history of behaviors. Screening scales such as the MCHAT-R are not sufficient to make a diagnosis and will not be accepted as the only formal scale; **and**
  - d. Medical screening and testing has been completed to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated.
4. The Member exhibits atypical or disruptive behavior that significantly interferes with daily functioning and activities or that poses a risk to the Member or others related to aggression, self-injury, property destruction, etc.
5. Initial evaluation from a licensed, board-certified applied behavior analyst supports the request for the ABA services.
6. The diagnostic report clearly states the diagnosis and the evidence used to make that diagnosis.

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<sup>1</sup> Rhode Island General Laws, Chapter 27-41-68

<sup>2</sup> 100% of Early Intervention Services in excess of \$5,000 will be paid at the current State-approved Medicaid rate.

7. If early intervention: The Member, under 3 years of age, has a valid referral from their primary care physician to early intervention services and has been accepted by early intervention for intensive services.
  - a. From initial evaluation through the entire course of treatment, all the requirements listed in the Rhode Island Executive Office of Health and Human Services early intervention certification standards policies and procedures must be met.<sup>3</sup>

#### **Continuation Coverage Criteria**

**All** of the following criteria are necessary for continuing treatment at this level of care.

1. The individual's condition continues to meet admission criteria for ABA, either due to continuation of presenting problems, or appearance of new problems or symptoms.
2. There is reasonable expectation that the individual will benefit from the continuation of ABA services. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. The treatment plan is updated based on treatment progress including the addition of new target behaviors.
3. Initial assessment from a Licensed, Board-Certified Behavior Analyst supports the request for ABA services.
4. A Member's progress is monitored regularly evidenced by behavioral graphs, progress notes, and daily session notes. The treatment plan is to be modified, if there is no measurable progress toward decreasing the frequency, intensity and/or duration of the targeted behaviors and/or increase in skills for skill acquisition to achieve targeted goals and objectives.
5. There is documented skills transfer to the individual and treatment transition planning from the beginning of treatment.
6. There is a documented active attempt at coordination of care with relevant providers/caretakers, etc., when appropriate. If coordination is not successful, the reasons are documented.
7. 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.
8. Services are not duplicative of services that are part of an individual educational plan (IEP) or individual service plan (ISP), when applicable.

#### **Discharge Coverage Criteria**

**Any** of the following criteria are sufficient for discharge from this level of care.

1. A Member's individual treatment plan and goals have been met.
2. The individual has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated.
3. The individual no longer meets admission criteria, or meets criteria for a less or more intensive services.
4. Treatment is making the symptoms persistently worse.
5. The individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement or stabilization of challenging behavior and there is no reasonable expectation of progress.
6. Home environment presents safety risks to staff<sup>ii</sup>
7. Parent/guardian is not successfully following program rules<sup>iii</sup>.

### **LIMITATIONS**

#### **Exclusions**

**Any** of the following criteria are sufficient for exclusion from this level of care:

1. The individual has medical conditions or impairments that would prevent beneficial utilization of services.
2. The individual requires the 24-hour medical/nursing monitoring or procedures provided in a hospital setting.
3. The services are primarily for school or educational purposes.

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<sup>3</sup> Rhode Island Executive Office of Health and Human Services Early Intervention Certification Standards, April, 2016.

- The treatment is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, and Higashi (Daily Life Therapy).

#### 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 instructions for 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
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 prior authorization coverage:

HCPCS Code	Description
H0031 U2	Behavioral health assessment, by nonphysician—assessment and treatment planning by BCBA
H0032 U2	Behavioral health service plan development by nonphysician – direct supervision of a paraprofessional by a BCBA
H2012 U2	Behavioral health day treatment, per hour – direct service by a BCBA
H2014	Specialized treatment consultation – occupational therapist, per 15 minutes
H2014 HO	Treatment consultation (master level clinician)
H2014 HP	Treatment consultation (doctoral level clinician)
H2019 U2	Therapeutic behavioral services, per 15 minutes – paraprofessional direct service supervised by a BSBA
H2019	Therapeutic behavioral services, per 15 minutes
H0046 HO	Clinical supervision – master level clinician. Behavioral health services, not otherwise specified
H0046 HP	Clinical supervision – doctoral level clinician. Behavioral health services, not otherwise specified
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem

#### REFERENCES

- State of Rhode Island Executive Office of Health and Human Services, Certification Standards, Providers of HBTS (Inclusive of ABA), January 2016.
- State of Rhode Island, EOHHS Applied Behavior Analysis (ABA) Therapy Fact Sheet, Rev. 3/1/2016.
- Contract between State of Rhode Island and Providence Plantations EOHHS and Tufts Health Public Plans, Inc., for Medicaid Managed Care Services, March 1, 2017, Attachment O: Mental Health, Substance Use and Developmental Disabilities Services for Children.
- Rhode Island Executive Office of Health and Human Services Early Intervention Certification Standards, April, 2016.

#### APPROVAL HISTORY

February 8, 2017: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC) for effective date of August 1, 2017

Subsequent endorsement date(s) and changes made:

- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 10, 2018: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), renewed without changes
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes

### **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.

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<sup>i</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

<sup>ii</sup> EOHHS, State of Rhode Island, Applied Behavior Analysis (ABA) Therapy Fact Sheet, rev. January, 2016

<sup>iii</sup> EOHHS, State of Rhode Island, Applied Behavior Analysis (ABA) Therapy Fact Sheet, rev. January, 2016