

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

Effective: September 21, 2022

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 checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>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: 857.304.6304 *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 Plan covers ABA (Applied Behavioral Analysis) Therapy for members with a definitive diagnosis of an Autism Spectrum Disorder when it is medically necessary and when the benefit is part of the member's plan. As defined by R.I.G.L. c.27-20.11, 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."¹

CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize ABA therapy visits, for members, after a comprehensive evaluation and a referral (as needed) when **ALL** of the following are met:

- 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**
- 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**
 - From initial evaluation through the entire course of treatment, **ALL** of the following must be met: 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**

¹ Coverage is provided consistent R.I.G.L. c.27-20.11.

- 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 illness are active, resulting in substantial impairment in daily functioning; **and**
- c. There is a clear treatment plan with measurable goals that address the signs and symptoms of the illness; **and**
- d. There is no less intensive or more appropriate level of services which can be safely and effectively provided; **and**
- e. The Member's condition can be classified with at least one of the diagnosis codes listed below; **and**
- f. 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; **and**
- g. ABA services are provided by a Board Certified Behavior Analyst (BCBA), or paraprofessional (H2019) supervised by a BCBA, or provided or supervised by a licensed clinical psychologist practicing within their scope of practice and are billed with the procedure codes listed below.

ATTACHMENT

[ABA Autism Service Request](#)

LIMITATIONS

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

- Services that duplicate services under an individualized family service plan or an individualized education program, as required under the federal Individuals with Disabilities Education Act or the provision of services to an individual under any other federal or state law.
- 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, 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.

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 CPT codes needs to be submitted with one of the above diagnosis codes to be considered for coverage:

Table 2: CPT Codes

CPT Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes

97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior

REFERENCES

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 14, 2011: Reviewed and Approved by Integrated Medical Policy Advisory Committee for a January 1, 2012 effective date.

Subsequent endorsement date(s) and changes made:

- 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."
- February 18, 2013: Added ICD-10 Codes.
- 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.f. 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 last bullet under limitations to further define "non-conventional setting".
- February 12, 2015: Removal of ICD codes 330.8 and F84.2 per **Rhode Island** General Laws 27-20.11, 27-20.11-2 Definitions. – Autism spectrum disorders" means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, and DSM V.

- August 25, 2015: Reviewed and Approved by the Mental Health Operations and Policy Committee with the following changes: limitations – dollar cap established under RI mandate was removed in order to be consistent with Tufts Health Plan parity policies. Coverage Guidelines: psychologists added to practitioners able to deliver or supervise ABA in order to allow practitioner types consistent with RI mandate.
- 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.
- December 3, 2015: Reviewed by 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.
- January 13, 2016: Reviewed by IMPAC, Services provided in daycare or preschool settings removed from limitations section.
- October 25, 2016: Reviewed by the Behavioral Health Operations and Policy Committee with the following changes: Coverage guidelines and limitations that speak to general benefit exclusions removed.
- December 14, 2016: Reviewed and Approved by the Integrated Medical Policy Advisory Committee, with no changes.
- December 28, 2016: Coding updated.
- May 2, 2017: Reviewed and Approved by the Behavioral Health Operations and Policy Committee with the following change: Removed age (under 15 years), and fully insured small group restrictions.
- June 14, 2017: Reviewed and Approved by the Integrated Medical Policy Advisory Committee, with no changes.
- July 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017.
- October 11, 2017: Reviewed and approved with no changes by the Integrated Medical Policy Advisory Committee.
- November 3, 2017: Reviewed and approved with no changes by the Behavioral Health Practitioner Advisory Committee.
- October 10, 2018: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), renewed without changes.
- October, 2018: Template and disclaimer updated.
- March 7, 2019: Administrative update.
- June 19, 2019: Reviewed by IMPAC with following changes approved. January 1, 2019: AMA CPT® coding update which is effective July 1, 2019, Removal of the following HCPCS codes: H0031, H0032, H2012 and H2019. Addition of codes 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T and 0373T.
- October 16, 2019: Reviewed by IMPAC, renewed without changes.
- July 7, 2020: Fax number for Unify updated
- July 15, 2020: Service request form link updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- September 15, 2021: Reviewed by IMPAC, renewed without changes
- April 5, 2022: Template updated.
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), 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.

[Provider Services](#)