Medical Necessity Guidelines: MA Early Intervention Intensive Services ABA (Applied Behavioral Analysis) Therapy for Autism Spectrum Disorders

Effective: December 14, 2016

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Applies to:

☐ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409
☐ Tufts Health Public Plans products
  ☐ Tufts Health Direct-Health Connector; Fax: 888.415.9055
  ☐ Tufts Health Together-A MassHealth Plan; Fax: 888.415.9055
  ☐ Tufts Health Unify-OneCare Plan; Fax: 781.393.2607
  ☐ Tufts Health RITogether — A Rhode Island Medicaid Plan; Fax: 857.304.6404
☐ Tufts Health Freedom Plan products; Fax: 617.972.9409

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

Effective July 1, 2012 Tufts Health Plan will provide coverage for medically necessary Early Intervention Intensive Services ABA (Applied Behavioral Analysis) for Members with a definitive diagnosis of an Autism Spectrum Disorder.

Applied Behavioral Analysis (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."¹

In addition, the Behavior Analyst Certification Board (BACB) states “Professionals in applied behavior analysis engage in the specific and comprehensive use of principles of learning, including operant and respondent learning, in order to address behavioral needs of widely varying individuals in diverse settings.”²

Early Intervention Services are covered for members from birth until age three (3). Early Intervention standards are established by the Massachusetts Department of Public Health.

COVERAGE GUIDELINES

Tufts Health Plan may authorize ABA therapy visits after an evaluation by a Neurologist, Pediatric Neurologist, Developmental Pediatrician, Psychologist, Psychiatrist or other licensed provider experienced in the diagnosis of autism and with a referral (as needed) when all of the following are met:

1. The Member has a diagnosis of an Autism Spectrum Disorder as reported by the Early Intervention provider; and
2. The Member is under age 3 years old; and
3. The Member has a valid referral from their Primary Care Physician to Early Intervention Services and has been accepted by Early Intervention for Intensive Services; and
4. From initial evaluation through the entire course of treatment, all of the following must be met:
   a. All the requirements listed in the Massachusetts Department of Public Health Early Intervention Specialty Services for Children with Autism Spectrum Disorders Operational Procedures.³ Parent(s) and/or Guardian(s) involvement in the training of behavioral

¹ American Academy of Pediatrics
² The Behavior Analyst Certification Board (BACB)
³ Massachusetts Department of Public Health Early Intervention Policy Document (February 2014)
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

b. The Member's condition is classified and billed with one of the codes listed below.

CODES
For the purposes of this Medical Necessity Guideline Tufts Health Plan will require the use of the following codes.

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

Table 1: ICD-10 Codes

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F84.0</td>
<td>Autistic disorder</td>
</tr>
<tr>
<td>F84.3</td>
<td>Other childhood disintegrative disorder</td>
</tr>
<tr>
<td>F84.5</td>
<td>Asperger's syndrome</td>
</tr>
<tr>
<td>F84.8</td>
<td>Other pervasive developmental disorders</td>
</tr>
<tr>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
</tr>
</tbody>
</table>

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

Table 2: HCPCS Codes

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

REFERENCES
1. ABA, definition. The American Academy of Pediatrics
2. ABA, Professional description, The Behavior Analyst Certification Board

APPROVAL HISTORY
June 13, 2012: Reviewed and Approved by the Integrated Medical Policy Advisory Committee for a July 1, 2012 effective date

Subsequent endorsement date(s) and changes made:
- February 18, 2013: Added ICD-10 Codes
- July 10, 2013: Reviewed and Approved by Integrated Medical Policy Advisory Committee
- October 8, 2014: Reviewed and approved by Integrated Medical Policy Advisory Committee. Revised to align with ABA Therapy and Habilitative Services for Autism Spectrum disorder MNG changes of March 12, 2014. Change of point 4 b from "The Member’s parent(s) or Legal Guardian(s) is present 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.”
- 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.
- October, 27, 2015: Reviewed and Approved by the Behavioral Health Operations and Policy Committee with changes: Added MA to the title and removed treatment examples from third bullet under limitations.
- 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.
• October 25, 2016: Reviewed by the Behavioral Health Operations and Policy Committee with the following revisions: Coverage guideline regarding compliance with Massachusetts Department of Public Health Early Intervention Specialty Services for Children with Autism Spectrum Disorders Operational Procedures clarified; limitations addressing benefit exclusions removed; code table updated to reflect revised coverage allowable under DPH.
• December 14, 2016: Reviewed and Approved by the 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

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 the 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.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member’s benefit document, and may apply to Tufts Health Unify to the same extent as Tufts Health Together. This guideline does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or to certain delegated service arrangements. 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. Applicable state or federal mandates or other requirements will take precedence. For CareLink℠ Members, Cigna conducts utilization review so Cigna’s medical necessity guidelines, rather than these guidelines, will apply.

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.