

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

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 checked="" 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 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

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.”<sup>1</sup>

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.”<sup>2</sup>

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.

### CLINICAL COVERAGE CRITERIA

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:

<sup>1</sup> American Academy of Pediatrics

<sup>2</sup> The Behavior Analyst Certification Board (BACB)

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<sup>3</sup>. 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
  - 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**

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

The following HCPCS code 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. ABA, definition. The American Academy of Pediatrics
2. ABA, Professional description, The Behavior Analyst Certification Board
3. Massachusetts Department of Public Health Early Intervention Policy Document (August, 2011)

## 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 4b from "The Member's parent(s) or Legal Guardian(s) is present in all treatment sessions" to "Parent(s) and/or Guardian(s) involvement

<sup>3</sup> Massachusetts Department of Public Health Early Intervention Policy Document (February 2014).

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: H0031, H0032, and H2012 codes added based on DPH coverage changes to enable early intervention providers to bill for additional services.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- April 11, 2017: Reviewed by Behavioral Health Policy and Operations Committee and approved with no changes.
- November 3, 2017: Reviewed by Behavioral Health Practitioner Advisory Committee and approved with no changes.
- November 8, 2017: Reviewed by Integrated Medical Policy Advisory Committee and approved with no changes.
- 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.

[Provider Services](#)