



MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
08/16/2010	12/16/2016	11/17/2015
Policy Name	Policy Number	
Applied Behavior Analysis (ABA)	MM-0028	

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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For Medicare plans please reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

A. SUBJECT

Applied Behavior Analysis (ABA) for the treatment of Behavioral Intensive Level Therapy for Treatment of Pervasive Developmental Disorders including Autism Spectrum Disorder

B. BACKGROUND

Autism Spectrum Disorder (ASD) can vary widely in severity and symptoms, depending on the developmental level and chronological age of the patient. Autism is often defined by specific impairments that affect socialization, communication, and stereotyped (repetitive) behavior, which collectively are called the "Core" symptoms of autism. Children with autism spectrum disorders have pervasive clinically-significant deficits which are present in early childhood in areas such as intellectual functioning, language, social communication and interactions, as well as restricted, repetitive patterns of behavior, interests and activities. Individuals with a well-established diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder NOS under previous diagnostic criteria should be given the diagnosis of ASD.

There is currently no cure for ASDs, nor is there any one single treatment for the disorder. S individuals with ASDs may be managed through a combination of therapies, including behavioral, cognitive, pharmacological, and educational interventions. The goal of treatment for autistic patients is to minimize the severity of autism symptoms, maximize learning, facilitate social integration, and improve quality of life for both autistic individuals and their families or caregivers.

Behavioral therapy programs studied to treat ASD include Intensive Behavioral Intervention (IBI), including Lovaas therapy, Early Intensive Behavioral Intervention (EIBI), or Applied Behavior Analysis (ABA). IBI therapy involves use of operant conditioning, a behavioral modification technique using positive reinforcement to increase desired behaviors, or a neutral response to not reinforce undesired behaviors. The operant conditioning is delivered in a highly-structured and intensive program, with one-to-one instruction by a trained therapist. Parents are active



participants in the treatment process and are taught to continue the training at home. IBI is initiated when a child is young, usually by 3 years of age.

These intensive behavioral intervention programs involve time-intensive, highly-structured positive reinforcement techniques by a trained behavior analyst or therapist. There is a wide variation in ABA practices from philosophy, approach, interventions and methodology, and outcome reporting. Clinical evidence from small studies and meta-analyses suggests that intensive behavioral therapy may have effects on intellectual functioning, language-related outcomes, acquisition of daily living skills and social functioning for some individuals. Methodological problems including small sample sizes (limiting statistical analysis), lack of randomization, blind assessments, and use of prospective design limit the generalizability of the results. There is lack of definition and guidelines around characteristics of children who would benefit from treatment, lack of evidence-based guidelines for training and credentialing, program content, measurement of success, intensity, duration and clinical criteria. CareSource fully supports the recommendation for ongoing research, randomized control studies, standardized protocols, and longitudinal research to determine long term outcomes.

C. DEFINITIONS

Refer to Attachment A for state-specific provider definitions

D. POLICY

- I. CareSource supports early intervention services and therapies, such as physical, speech, occupational therapy, as well as psychological/psychiatric services, for the treatment of autism spectrum disorders.
- II. CareSource provides for state and federal required covered services as part of a comprehensive plan of treatment for autism spectrum disorders when ordered by a pediatrician or psychiatrist and provided by a certified, credentialed and licensed CareSource participating therapist.
 - A. For member's whose Plan includes a benefit for ABA Therapy, treatment may be found to be medically necessary when **ALL** of the following conditions are met:
 1. Providers must meet **ALL** of the following:
 - 1.1 All state-specific criteria for providers (as listed under "Definitions")
 - 1.2 Have a scope of practice that includes diagnosis and appropriate documentation of treatment for ASDs
 - 1.3 The certification, experience and education standards published in The Behavior Analyst Certification Board's (BACB) guidelines "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder"
 - 1.4 Hold a valid, current certification from BACB
 - 1.5 Ensure all staff working under their direction has BCBA certification
 - 1.6 Participate in the CareSource provider network
 2. There must be evidence of a diagnosis of an autism spectrum disorder and when requested, a comprehensive assessment completed prior to initiation of services. Additional evidence such as the Autism Diagnostic Observation Schedule (ADOS) or similar testing instrument may be requested as evidence to support the treatment plan
 3. Upon request, a letter of medical necessity from a licensed psychologist, psychiatrist, or developmental pediatrician that includes documentation of consideration of less-intensive interventions and clinical rationale for ABA therapy.
 4. There is a documented time-limited, individualized treatment plan developed by a licensed practitioner as defined in 1.a., that includes **ALL** of the following:



- 4.1 Includes identifiable maladaptive target behaviors having a negative impact on development, communication, social interactions, safety, environment or function
- 4.2 There is a time-limited individualized treatment plan developed
- 4.3 Defines objective baseline measures including frequency, rate, intensity and duration
- 4.4 Establishes specific and quantifiable criteria for progress
- 4.5 Demonstrates that ABA therapy is not custodial or maintenance-oriented in nature and is planned to prevent, diagnose, evaluate, correct, ameliorate, or treat the ASD
- 4.6 Is completed by the treating provider and includes coordination across all providers, supports and resources
- 4.7 Includes services that are not recreational in nature, or for the purposes of respite or residential care
- 4.8 Identifies parental or guardian involvement in prioritizing target behaviors, and training in behavioral techniques in order to provide additional and supportive interventions
- 4.9 Includes criteria and specific behavioral goals and interventions for lesser intensity of care and discharge
- 4.10 There is evidence of identified and involved community resources
5. Ongoing review of progress, the frequency of which is determined by clinical review and/or applicable state laws, must be developed and documented by a licensed practitioner as defined in 1.a., and include **ALL** criteria above, as well as:
 - 5.1 Upon request, a letter indicating the continued medical necessity from a licensed credentialed psychologist, psychiatrist, or developmental pediatrician that includes consideration of less intensive interventions and rationale for continued ABA therapy
 - 5.2 An updated individualized treatment plan noting specific measurable progress on targeted behaviors identified in initial treatment plan (e.g. frequency, rate, intensity and duration), and new or refined interventions evidencing individualized need and demonstrating the non-custodial nature of care. Updated criteria and specific behavioral goals and interventions for lesser intensity of care and discharge must be included; as well as documentation of updated parental or guardian involvement in prioritizing target behaviors and training in behavioral techniques in order to provide additional and supportive interventions
6. Professional Societies
 - 6.1 American Academy of Pediatrics (AAP) states children that receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, adaptive behavior and social behavior
 - 6.2 American Academy of Child and Adolescent Psychiatry (AACAP) has practice parameters for treatment of children and adolescents with ASD. The quality of the literature is variable. None of the treatment models has emerged as superior

For Medicare Plan members, reference the Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).

CONDITIONS OF COVERAGE

HCPCS

CPT

0359T, 0364T, 0365T, 0368T, 0369T, 0370T



AUTHORIZATION PERIOD

E. RELATED POLICIES/RULES

KENTUCKY State ABA Laws Chapter link:

<http://www.aba.ky.gov/Documents/ABA%20Laws%20and%20Regulations.pdf>

INDIANA State ABA Laws Chapter link:

<http://www.iga.in.gov/legislative/laws/2014/ic/titles/027/>

WEST VIRGINIA State Law link:

http://www.legis.state.wv.us/joint/perd/perdrep/Behavior_6_2012.pdf

Attachment A

State-specific requirements for licensing and specialization in Applied Behavior Analysis for the treatment of Autism Spectrum Disorders.

I. Kentucky:

A. KRS

1. Licensed behavior analyst meets the requirements of KRS 319C.080
 - 1.1 Is credentialed by the Board Certified Behavior Analyst (BCBA) certification board; taking the class and passing the exam
 - a. [Aba.ky.gov](http://aba.ky.gov)
<http://aba.ky.gov/Form%20Library/Application%20for%20Licensure.pdf> – application for licensure
 - 1.2 Maintains active status and fulfills requirements of the BCBA
 - 1.3 Is in compliance with KRS 319C.050
 - a. On file and registered with updated information with the BCBA
 - 1.4 Complies with regulations from the BCBA board
2. Licensed assistant behavior analyst meets the requirements of KRS 319C.080 and works under supervision of certified behavior analyst
3. Certified practitioners meet the certification requirements of the Behavior Analyst Certification Board
4. Persons who are allowed to use the term Behavioral Analyst or Registered Behavior Technician are:
 - 4.1 Providing applied behavior analytic [analysis] services to an individual in a public school setting
 - 4.2 Implementing applied behavior analytic [analysis] intervention services to an immediate family member [or as a supervisee]
 - 4.3 Licensed, certified, or registered as a health or allied health professional under any other provisions of the Kentucky Revised Statutes, including but not limited to physicians, psychologists, social workers, nurses, counselors, therapists, including occupational therapists, physical therapists and speech therapists, or students within accredited training programs of these professions. Nothing in this chapter shall be construed to limit, interfere with, or restrict the practice, descriptions of services, or manner in which the health or allied health professional listed in this subsection hold themselves out to the public
 - 4.4 Providing applicable Medicaid waiver services.

II. Indiana

A. Indiana General Assembly

1. IC 25-41-1-1 The individual must hold and maintain the certified behavior analyst credentials administered by the Behavior Analyst Certification Board, Inc. (BACB) – 2015



- 1.1 Four credential levels:
 - a. Registered Behavior Technician
 - (1) Must work under a Responsible Certificant, be 18 year old, have a HS diploma or GED, complete 40 hours of training, pass a background check, pass the RBT Competency Assessment and Exam
 - b. Board Certified Assistant Behavior Analyst
 - (1) Must work directly under a Board Certified Behavior Analyst, have a bachelor's degree from an accredited university, complete approved course work, submit application for credential, and pass the BCaBA exam
 - c. Board Certified Behavior Analyst
 - (1) Must meet one of three eligibility requirements in order to apply
 - i. Have acceptable graduate degree from an accredited university, complete graduate coursework in behavior analysis, and have a defined period of supervised practical experience
 - ii. Have acceptable graduate degree, full time faculty position in behavior analysis that includes research and teaching, and supervised practical experience
 - iii. Have acceptable doctoral degree that was conferred at least 10 years ago and at least 10 years post-doctoral practical experience
 - d. Board Certified Behavior Analyst – Doctoral
 - (1) Must be actively certified as a BCBA, be in good standing, have earned a degree from a doctoral program accredited by the Association for Behavior Analysis International. If doctorate was obtained by non-accredited program they may still apply with the degree came from an acceptable institution, if they conducted a behavior-analytic dissertation including at least one experiment, passed at least 2 behavior analytic courses, AND met all BCBA coursework requirements before receiving their doctoral degree.

III. Ohio

A. ORC 09/29/2013

1. Will not be punished for practicing applied behavioral analysis if they:
 - 1.1 Hold a current, valid certificate issued under section 4783.04
 - 1.2 Is a licensed psychologist who has behavior analysis in their education, training or experience
 - 1.3 Are an individual licensed under 4757 to practice counseling, social work, or marriage and family therapy IF the person has training, education and experience in behavioral analysis
 - 1.4 Are a person working directly under the direction of a certified Ohio behavior analyst
 - 1.5 Are a matriculated graduate student or postdoctoral trainee acting as part of a defined program of study or professional training
 - 1.6 Are acting within their scope of employment for the department of developmental disabilities, a county board of developmental disabilities, or a council of government
 - 1.7 Are a professional employed in a school or other setting that falls under the state board of education and acting within the scope of employment
2. Persons are eligible to apply for a certificate if they meet the criteria:
 - 2.1 Are of good moral character and act in accordance with accepted professional and ethical standards
 - 2.2 Comply with sections 4776.01 to 4776.04 of the ORC
 - a. Background and criminal checks
 - 2.3 Demonstrate an understanding of the law regarding behavioral health practices



2.4 Demonstrate current certification as a board certified behavior analyst by the behavior analyst certification board or its successor organization or demonstrate completion of equivalent requirements and passage of a psychometrically valid examination administered by a nationally accredited credentialing organization

2.5 Pay the fee established by the board of psychology

2.6 Meet board of psychology criteria

3. OAC

3.1 The requirements are the same and have the following additional criteria mentioned – effective 04/07/2014:

- a. Must have evidence of earned masters or doctoral degree in behavior analysis or other natural science, education, psychology, counseling, social work, human services, or a field related to behavior analysis
- b. Must have completed all required hours of training, testing, and supervised practical experience in behavioral analysis

IV. Georgia

A. OCGA

1. "To be eligible for coverage, applied behavior analysis shall be provided by a person professionally certified by a national board of behavior analysts or performed under the supervision of a person professionally certified by a national board of behavior analysts." 33-24-59.10 (2015) – This was regarding insurance coverage of patients diagnosed with autism. There were no other specifications regarding applied behavioral analysis.

V. West Virginia

A. WVC

1. "Certified behavior analyst" means a West Virginia licensed psychiatrist or psychologist who is also board certified as a behavior analyst by the Behavior Analyst Certification Board. The state's Legislative Auditor declared that national certification is sufficient to protect the citizens of the state and provide quality care. – WVC 33-24-7k

F. REVIEW/REVISION HISTORY

Date Issued: 08/16/2010

Date Reviewed: 08/16/2010, 07/16/2011, 07/16/2012, 09/15/2014, 11/17/2015

Date Revised: 07/16/2011, 07/16/2012, 07/16/2013, 09/15/2014

11/17/2015 – Revisions include: Add various state laws, clarify language, addition of state specific licensing, and update references

G. REFERENCES

1. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision. Arlington, VA: American Psychiatric Publishing Inc.; 2000.
2. Applied Behavioral Analysis Treatment for Autism Spectrum Disorders: Coverage Policies and Implementation. Medicaid Evidence-Based Decisions Project (MED) Policy Brief; Leof, Kriz, Pinson, Mayer et al. Center for Evidence Based Policy, 3/2013.
3. Autism Votes. Autism Speaks State Autism Insurance Reform Initiatives. Updated July 6, 2011.
4. BACB (Behavior Analyst Certification Board) "Guidelines", Health Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder. Copyright 2012 ver. 1.1



5. Behavior Analyst Certification Board (BACB). About BACB. 2011. Available at: <http://www.bacb.com/index.php?page=1>.
6. Fact Sheet on Mandated Benefits in Health Insurance Policies, State of Wisconsin, Office of Commissioner of Insurance, PI-019, 6/2012.
7. Handbook of Applied Behavior Analysis, Wayne W. Fisher et al. eds., 2011
8. Handbook of Clinical Psychology, Herson & Gross eds., 2008
9. Hayes Medical Technology Directory, "Intensive Behavioral Intervention therapy for Autism" 11/11, rev 11/12.
10. National Autism Center (NAC). National Standards Report. 2009. Available at: <http://www.nationalautismcenter.org/nsp/reports.php>.
11. Standards of Practice for Applied Behavior Analysis in Minnesota, Minnesota Northland Association for Behavior Analysis (MNABA) 8/2012
12. Synopsis, Ohio Revised Code 4783.01-4783.05, 4783.09-4783.13, 4783.99, 109.572, 4732.06-4732.08, 4776.01. Ohio Administrative Code 5122-29-17 (CPST service)
13. The American Academy of Pediatrics, "Management of Children with Autism Spectrum Disorders", Scott Meyers MD et al., 10/2007
14. The Beacon Spotlight, "AUTISM SPECTRUM DISORDER; BENEFIT EXPANSION AND A NEW SERVICE MODEL, Summer 2013
15. Wisconsin Administrative Code, Section Ins 3.36. 8/2009
16. Myers SM (et al) American Academy of Pediatrics Council on Children with Disabilities. Management of children with Autism Spectrum Disorders, 2007, reaffirmed 2010;120(5): 1162-1182
17. Roth, ME (et al) A meta-analysis of behavioral interventions for adolescents and adults with autism spectrum disorders. Journal of Behavioral Education. 2014;23(2)258-286
18. Strauss K (et al) Parent inclusion in early intensive behavior interventions for young children with ASD: a synthesis of meta-analyses from 2009 to 2011. Res Dev Disabil. 2013 Sep;34(9);2967-85
19. Volkmar F (et al); American Academy of Child and Adolescent Psychiatry Committee on Quality Issues. Practice parameter for the assessment and treatment of children and adolescents with autism spectrum disorder. J AM Acad Child Adolesc Psychiatry. 2014 Feb;53(2);237-57
20. ADOS scale. Lord C, Rutter M, Goode S; et al. (1989). "Autism diagnostic observation schedule: a standardized observation of communicative and social behavior". J Autism Dev Disord 19 (2): 185–212. [doi:10.1007/BF02211841](https://doi.org/10.1007/BF02211841). [PMID 2745388](https://pubmed.ncbi.nlm.nih.gov/2745388/).

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

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