



MEDICAL POLICY STATEMENT GEORGIA MEDICAID

Policy Name	Policy Number	Date Effective
Applied Behavioral Analysis Therapy for Autism Spectrum Disorder	MM-0212	10/01/2021-03/31/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

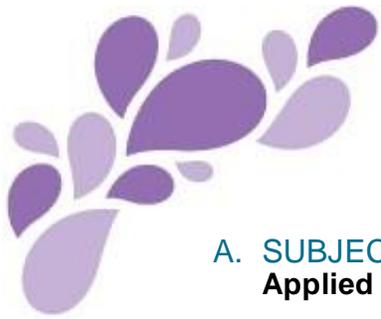
Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. 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.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. SUBJECT

Applied Behavior Analysis Therapy for 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. ASD is often defined by specific impairments that affect socialization, communication, and stereotyped (repetitive) behavior. 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.

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

C. DEFINITIONS

- **Autism Spectrum Disorder (ASD)** - A neurological condition as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.
- **Supervision**- The direct clinical review, for the purpose of training or teaching, by a physician, psychiatrist, BCBA-D, or BCBA.
- **Behavioral assessment** - The administration of an industry-standard assessment tool for skill acquisition and/or behavior reduction and is required to substantiate future treatment services.
- **Treatment services** - Require a plan of care that incorporates the results of the behavioral assessment, individualized goals based on the results, transition and discharge plans, and information on coordination with other providers, as appropriate.
- **Plan of Care (POC)** - The POC should include a clear connection between the results of the behavioral assessment to the specific goals developed for the individual. The goals should highlight areas identified as in need of remediation, with special focus on pivotal, functional skills related to the core deficits of ASD. The goals must include baseline data, measurement, and mastery criteria aim to address the core deficits of ASD as described in the practice guidelines for treatment of ASD set forth by the Behavior Analyst Certification Board (BACB).
- **Caregiver/Family Training** - The goal of caregiver/family training is to maximize the child's outcomes. Caregiver/Family training helps the child generalize their skills – taking the skills they are learning in the one to one therapy to the community. Caregiver/Family training sessions focus on providing parents and caregiver with knowledge and skills on behavioral concepts and strategies to maximize and reinforce the child's learning and to



support the maintenance and generalization of the skills and treatments they are teaching

Caregivers must be able to participate in Applied Behavior Analysis (ABA) therapy and have the ability to implement ABA techniques in the home environment as instructed by their behavior analyst. If they are unwilling/unable to implement therapeutic interventions in the home, consideration will be given to other modalities of treatment as ABA needs to be consistently applied in all environments to be successful. Use of ABA in no way precludes other treatment inventions with ABA such as Physical Therapy, Occupational Therapy, and other forms of behavioral therapy, family therapy, and/or medication management.

D. POLICY

- I. Along with this policy, CareSource utilizes the following resources for ABA therapy:
 - A. Autism Spectrum Disorder Services Manual provided by Georgia Department of Community Health – Division of Medicaid; and
 - B. MCG Health.
- II. ABA Therapy
 - A. The following providers are authorized to directly deliver ABA services:
 1. Licensed physician
 2. Licensed psychologist
 3. Board Certified Behavioral Analyst – Doctoral Level (BCBA-D)
 4. Board Certified Behavior Analyst (BCBA)
 5. Board Certified Assistant Behavior Analyst (BCaBA)
 - a. Must be supervised by a physician, psychologist, or BCBA/BCBA-D
 6. Registered Behavior Technician
 - a. Must be supervised by a BCBA/BCBA-D or BCaBA
 - B. General Eligibility
 1. Member is under the age of 21
 2. Child must be able to participate in sessions
 3. Member must exhibit behaviors that present as clinically significant health or safety risks to self or others or are behaviors that are significantly interfering with basic selfcare, communication, or social skills
 4. Members and caregivers must be able to participate in ABA therapy and have the ability to implement ABA techniques in the home environment.
 - a. If unwilling/unable, consideration will be given to other modalities of treatment
 - C. Diagnosis evaluation
 1. Is completed prior to requesting for behavioral assessment or treatment services
 2. Must be documented by a licensed physician or psychologist, independently licensed social worker, independently licensed counselor, or other licensed professional as designated by the Medical Composite Board
 3. Must be confirmed using a known evidence-based tool such as the Autism Diagnostic observation Schedule – 2 and Autism Diagnostic Interview – Revised or patient-specific clinical information within the last year which clearly supports the diagnosis of ASD.
 - a. Should be comprehensive with multiple informants covering multiple domains
 4. Results of initial evaluation should be submitted in a report format with a



- summary of each individual evaluation instrument, developmental history, and present concerns.
- a. Should meet the following:
 01. Conducted within the last three years
 02. Minimum of 2 assessment tools (1 clinician observation assessment, 1 caregiver assessment)
 03. Summary of each individual assessment
 04. Date completed
 05. Tests administered with scores
 06. Evaluator's name and credentials
 5. The following must be ruled out as causal reasons for behavior
 - a. Primary hearing deficits
 - b. Primary speech disorder
 - c. Heavy metal poisoning
 6. A diagnostic re-evaluation to re-confirm diagnosis is required
- D. ABA services is authorized in two parts: Behavioral Assessment and Treatment Services. CareSource considers Behavioral Assessment and Treatment Services to be medically necessary when the following criteria is met:
1. Behavioral Assessment
 - a. May be requested in 6 month increments
 - b. An independent practitioner will perform a behavior identification assessment and develop a treatment plan before services are provided. Comprehensive behavioral assessments are not to exceed 8 hours every 6 months unless additional justification is provided.
 - c. Behavioral Assessment for skill acquisition, which may include:
 01. Verbal Behavior Milestones and Assessments Placement Program (VB-MAPP);
 02. Assessment of Basic Language and Learning Skills – Revised (ABLLS-R);
 03. Assessment of Functional Living Skills (AFLS);
 04. Promoting the Emergence of Advanced Knowledge Generalization (PEAK); or
 05. Skills assessment.
 - d. Behavioral Assessments for maladaptive behavior, which may include:
 01. Functional behavioral assessments;
 02. Traditional functional analyses; or
 03. Interview-Informed, Synthesized Contingency Analysis (IISCAs).
 - e. The results are to be summarized and are used to develop interventions in the form of a plan of care (POC). POC is required.
 - f. The documentation that must be submitted to substantiate the request should include:
 01. Diagnostic evaluation
 02. Letter of Medical Necessity
 03. Individualized Family Service Plan (if applicable)
 04. Individual Education Plan (if applicable)
 05. Previous Hospitalization or out-of-home placement documents (if applicable)
 06. Medicaid Cover Page found in the ABA Georgia Medicaid Manual in Appendix G
 07. Any other clinical documentation needed to support the plan of care as supported by best practices



- g. The request for ABA services should include:
 - 01. A behavioral, psychological, developmental, and medical history
 - 02. A history with symptom intensity and symptom duration; as well as demonstrates how the symptoms affect the member's ability to function in various settings such as family, peer, and school
 - 03. Evidence of previous therapies such as ABA, speech therapy, and occupational therapy, if applicable
 - 04. Type, duration, results of therapy and how the results will influence the proposed treatment
- 2. Treatment Services
 - a. May be requested in 6 month increments
 - b. Are dictated by the Behavioral Assessment/POC. The Behavioral Assessment must have been dated no more than two months prior to request for treatment services.
 - c. The documentation that must be submitted to substantiate the request should include:
 - 01. Diagnostic evaluation
 - 02. Letter of Medical Necessity
 - 03. Descriptive results of behavioral assessment
 - 04. Proposed Plan of Care (POC)
 - 05. Updated data collected during previous treatment authorizations (if not initial request)
 - 06. Individualized Family Service Plan (if applicable)
 - 07. Individual Education Plan (if applicable)
 - 08. Previous Hospitalization or out-of-home placement documents (if applicable)
 - 09. Progress Notes (if applicable)
 - 10. Medicaid Cover Page found in the ABA Georgia Medicaid Manual in Appendix G
 - 11. Any other clinical documentation needed to support the plan of care as supported by best practices
 - d. Medical necessary will determine the hours per week. Typically, hours requested range from 10-30 hours per week.
 - e. Treatment should be commensurate with the member's skill deficit or behavioral excesses as identified in the behavioral assessment
 - f. All Treatment Services require active parent/ caregiver participation and involvement to increase the potential for behavior improvement/ changes in those behaviors identified as causing limitations or deficits in functional skills
 - g. ABA provided as part of the Medical school program should be coordinated to assure medical necessity; and the goals are not to be education related, but will focus on target symptoms, behaviors, and functional impairments
 - h. Any requests following the initial request must include:
 - 01. A summary of previous goals and progress
 - 02. Results of a recent behavioral assessment (within 2 months)
 - 03. Individualized goals for the individual and caregivers
 - i. Treatment must:
 - 01. Demonstrate that ABA is not custodial, or maintenance-oriented in nature
 - 02. Include coordination across all providers, supports, and resources



- 03. Identify parent, guardian and/or caregiver involvement in prioritizing target behaviors, and training in behavioral techniques in order to provide additional supportive interventions
- 04. Include criteria and specific behavioral goals and interventions for lesser intensity of care and discharge
- 05. Provide evidence that applicable community resources have been identified and engaged
- 06. Provide evidence/support for a reasonable expectation that the member can benefit from the services proposed
- j. Caregiver/Family training treatment plan should include the following:
 - 01. A description of treatment activities and goals that encourage active participation by the recipient's caregiver/family in the implementation of the treatment program.
 - 02. Baseline objectives that are clearly related to target behaviors. Measureable SMART (Specific, Measurable, Achievable, Realistic and timely) goals that define how member improvement will be noted. Outcome oriented interventions, frequency of treatment (i.e. number of hours per week), and duration of treatment.
 - 03. A plan that is:
 - (1) Individualized to the caregiver/family needs, values, capacity, priorities, and circumstances;
 - (2) Based on the child's assessment and treatment needs such as teaching parents to implement behavioral techniques in the home; or work on adaptive living skills in the home environment; and
 - (3) Focused on targeted symptoms, behaviors, and functional impairments.

NOTE: Colored graphs must be sent electronically.

III. Discontinuation of ABA Therapy

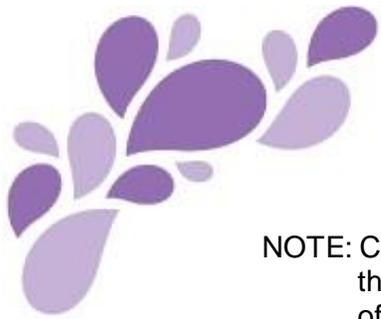
- A. Any of the following criteria may result in a discontinuation of ABA therapy (this list is not all inclusive):
 - 1. Member is not benefiting from ABA therapy;
 - 2. Member is unable to demonstrate meaningful progress in member's behavior for two successive authorization periods as demonstrated through standardized assessments;
 - 3. ABA therapy is making symptoms worsen; or
 - 4. Member is not able to maintain long-term benefits;or
 - 5. Member no longer requires the intensity level of ABA therapy.
 - a. Member's symptoms have stabilized to where the member can be discharged to a less intensive type of treatment to manage their symptoms.

IV. Exclusions

- A. ABA Therapy is not covered in the following circumstances:
 - 1. Rehabilitative services such as community psychiatric supportive treatment, therapeutic behavioral service, and psychosocial rehabilitation service will not be reimbursed for the provision of ABA.



2. Reimbursement is not permitted under any of the following situations:
 - a. Services or activities not stated in the treatment plan;
 - b. Services or activities based on experimental behavior methods or mode
 - c. Education and related services or activities as described for the individual under the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1400 et seq. (IDEA);
 - d. Services or activities that are vocational in nature and otherwise available to the recipient through a program funded under Section 110 of the Rehabilitation Act of 1973; or
 - e. Services or activities that are a component of adult day care programs.
3. When solely based on the benefit of the family, caregiver or therapist
4. When solely focused on recreational or educational outcomes;
5. ABA therapy or supervision provided by telemedicine;
6. If academic or adaptive deficits are included in the treatment plan, the focus should be on addressing autistic symptoms that are impeding these deficits in the home environment (i.e. reduce frequency of self-stimulatory behavior to allow child to be able to follow through with toilet training or complete a mathematic sorting task) rather than on any academic targets;
7. When ABA therapy services are not expected to bring measurable functional improvement or measurable functional improvement is not documented (typically for two authorization periods);
8. When therapy services are duplicative in addressing the same behavioral goals using the same techniques as the treatment plan, including services performed under an individualized educational program (IEP);
9. Services will not be paid for when provided by family or household members, but we encourage and expect family participation.
10. Treatment will not be covered if the care is primarily custodial in nature (that do not require the special attention of trained/professional ABA staff), shadow, para-professional, or companion services in any setting.
11. Personal training or life coaching.
12. Services that are more costly than an alternative service or services, which are at least as likely to produce equivalent diagnostic or therapeutic results for the patient's disorder.
13. Any program or service performed in nonconventional settings (even if the services are performed by a licensed provider), including: spas/resorts; vocational or recreational settings; Outward Bound; and wilderness, camp or ranch programs.
14. Treatments that are considered experimental or that lack scientifically proven benefits are not covered, including, but not limited to: Auditory Integration Therapy, Facilitated Communication; Floor Time (DIR, Developmental Individual-difference Relationship-based model); Higashi Schools/Daily Life; Individual Support Program; LEAP; SPELL; Waldon; Hanen; Early Bird; Bright Start: Social Stories; Gentle Teaching; Response Teaching Curriculum and Developmental Intervention Model; Holding therapy; Movement Therapy; Music therapy; Pet Therapy; Psychoanalysis; Son-Rise Program; Scotopic Sensitivity training; Sensory Integration training; Neurotherapy (EEG biofeedback); Gluten-free/Casein-free diets; Mega-vitamin



NOTE: Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified, and provider prepay review.

E. CONDITIONS OF COVERAGE

NA

F. RELATED POLICIES/RULES

NA

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	11/29/2017	
Date Revised	04/19/2018	Addition of “qualified healthcare profession” re: final diagnosis criteria Section III. Diagnosis
	04/01/2020	Updated revision shared with DCH in 3/2020. Revisions are pending their approval
	04/28/2021	Direction received from GA MCD 03/2021- Updated medical necessity criteria, exclusions, discontinuation criteria, and added in language from GAMMIS. Clarified documents referenced. Title change.
Date Effective	10/01/2021	
Date Archived	03/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. REFERENCES

1. Georgia Official Code of Georgia Annotated. (2019). § 33-24-59.10. *Coverage for autism*. Retrieved on April 5, 2021 from www.codes.findlaw.com
2. Georgia Department of Community Health Division of Medicaid. (2019, October). *Policies and Procedures for Autism Spectrum Disorder (ASD) Services*. Retrieved on April 5, 2021 from www.mmis.georgia.gov

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

GA-MED-P-620950

Issue Date 11/29/2017

Approved DCH 06/25/2021