



MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder- GA MCD-MM-0212	08/01/2023-06/30/2024
Policy Type	
MEDICAL	

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 for Autism Spectrum Disorder

B. Background

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revised (DSM-5-TR) classifies Autism Spectrum Disorder (ASD) as a Neurodevelopmental Disorder that can vary widely in severity and symptoms, depending on the individual's developmental level and chronological age. ASD is characterized by specific developmental deficits that affect socialization, communication, academic, and personal functioning. Individuals are typically diagnosed before entering grade school, and symptoms are noticed across multiple contexts, including social reciprocity, nonverbal communicative behaviors, and skills in developing, maintaining, and understanding relationships. Restricted, repetitive patterns of behavior, interests, or activities are also present.

Currently, no cure exists for ASD, nor is there any single treatment for the disorder. A combination of therapies, including behavioral, cognitive, pharmacological, and educational interventions may manage ASD. Treatment goals for ASD focus on minimizing the severity of ASD symptoms, maximizing learning skills, facilitating social integration, and improving quality of life for both members and families/caregivers. Applied behavior analysis (ABA) is an evidence-based therapy practice that may be provided in centers or at home.

C. Definitions

- **Autism Spectrum Disorder (ASD)** - DSM-5-TR disorder with identified diagnostic criteria and associated severity levels characterized by persistent deficits in social communication/interaction across multiple contexts and the presence of restricted, repetitive patterns of behavior, interests, or activities causing significant impairment.
- **Behavioral Assessment** - Separate from the initial diagnostic evaluation and used to identify areas of strength and weakness in order to develop specific goals for the plan of care and treatment for the member and parent/caregiver.
- **Plan of Care (POC)** - A document submitted for authorization of treatment services that includes member goals, background, parent/caregiver training and other criteria associated with treatment.
- **Supervision** - The direct clinical review, for the purpose of training or teaching, by a physician, psychiatrist, BCBA-D, or BCBA to promote the development of the practitioner's skills.
- **Caregiver/Family Training** - Training taught by a therapist to parents/caregivers on how to implement methods utilized in a clinical setting into other environments, such as the home or community, to maximize outcomes furthering generalization of skills, and maximizing and reinforcing methods being taught.

D. Policy

I. General Guidelines

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

- A. Along with this policy, CareSource utilizes the following resources for the provision of ABA therapy:
 1. Autism Spectrum Disorder Services Manual provided by Georgia Department of Community Health – Division of Medicaid
 2. MCG Health
- B. The following providers are authorized to 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): Must be supervised by a physician, psychologist, or BCBA/BCBA-D
 6. Registered Behavior Technician: Must be supervised by a BCBA/BCBA-D or BCaBA
- C. Eligibility
 1. Member is under the age of 21 and must be able to participate in sessions.
 2. Behaviors must be exhibited and present as clinically significant health or safety risks to self or others or significantly interfere with basic selfcare, communication, or social skills.
 3. Parent/caregivers must be able to participate in ABA therapy and have the ability to implement ABA techniques in the home environment. If unwilling or unable, consideration will be given to other modalities of treatment.
- D. Diagnostic evaluation
 1. Must be completed prior to requesting prior authorizations for behavioral assessment or treatment services.
 2. Documentation must be established by the following practitioner:
 - a. Licensed physician or psychologist
 - b. Independently licensed social worker
 - c. Independently licensed counselor
 - d. Other licensed professional (designated by Medical Composite Board)
 3. Confirmation via known evidence-based tool (i.e., Autism Diagnostic Observation Schedule-2, Autism Diagnostic Interview-Revised) or patient-specific clinical information within the last year which clearly supports the diagnosis of ASD. Confirmation should be comprehensive with multiple informants, covering multiple domains.
 4. Initial evaluation results should be submitted in report format with a summary of each individual evaluation instrument, developmental history, and present concerns and include the following information:
 - a. Conducted within the last five years, including date completed
 - b. Minimum of 2 assessment tools, including 1 clinician observation assessment and 1 caregiver assessment
 - c. Summary of each individual assessment
 - d. Tests administered with scores
 - e. Evaluator's name and credentials
 - f. The following must be ruled out as causal reasons for behavior:
 01. Primary hearing deficits

02. Primary speech disorder
03. Heavy metal poisoning
5. A diagnostic reevaluation that reconfirms the diagnosis may be required in certain conditions as outlined in the Georgia Autism Spectrum Disorder Services Policies and Procedures Manual.

II. Authorization of Services

CareSource considers ABA services, both the behavioral assessment and treatment services, medically necessary when the following criteria are met, and these service authorizations are to be completed separately:

A. Behavioral Assessment (BA) Authorization

1. May be requested in 3-month increments.
2. An independent practitioner will perform a behavioral 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.
3. BA will assess the following:
 - a. 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)
 05. Skills assessment
 - b. Maladaptive behavior, which may include:
 01. Functional behavioral assessment
 02. Traditional functional analyses
 03. Interview-Informed Synthesized Contingency Analysis (IISCAs)
4. Results are to be summarized and used to develop interventions in the form of a plan of care (POC), which is a required document for treatment service authorization.
5. Documentation for authorization requests should include the following:
 - a. Diagnostic evaluation
 - b. Letter of Medical Necessity (LMN)
 - c. Individualized Family Service Plan, if applicable
 - d. Individual Education Plan (IEP), if applicable
 - e. Previous hospitalization or out-of-home placement documents, if applicable
 - f. Medicaid Cover Page located in the Georgia Autism Spectrum Disorder Services Policies and Procedures Manual
 - g. Any other clinical documentation needed to support the plan of care as supported by best practices, which can include the following:
 1. A behavioral, psychological, developmental, and medical history
 2. History with symptom intensity and duration that demonstrates how

- the symptoms affect member ability to function in various settings
3. Evidence of previous therapies, such as ABA, speech therapy, and occupational therapy, if applicable, including the type, duration and results of therapy
- B. Treatment Services Authorization
1. May be requested in 6-month increments.
 2. Dictated by the BA/POC, with a BA that is dated no more than two months prior to request for treatment services.
 3. Documentation for authorization requests should include the following:
 - a. Diagnostic evaluation
 - b. Letter of Medical Necessity (LMN)
 - c. Descriptive results of behavioral assessment
 - d. Proposed Plan of Care (POC)
 - e. Updated data collected during previous treatment authorizations, if not initial request
 - f. Individualized Family Service Plan, if applicable
 - g. Individual Education Plan (IEP), if applicable
 - h. Previous hospitalization or out-of-home placement documents, if applicable
 - i. Progress notes, if applicable
 - j. Medicaid Cover Page located in the Georgia Autism Spectrum Disorder Services Policies and Procedures Manual
 - k. Any other clinical documentation needed to support the plan of care as supported by best practices
 4. Medical necessary will determine the hours per week (i.e., typically 10-30 hours per week) but should be commensurate with skill deficit or behavioral excesses as identified in the BA.
 5. Active parent/caregiver participation and involvement is required to increase behavior improvement in behaviors identified as causing limitations or deficits in functional skills.
 6. Treatment services provided as part of the school program should be coordinated to assure medical necessity. Goals are not to be educational in nature, but will focus on target symptoms, behaviors, and functional impairments.
- C. Follow-up service prior authorization requests following the initial treatment PA must include the following:
1. A summary of previous goals and progress
 2. Results of a recent behavioral assessment within the previous two months
 3. Individualized goals for the individual and parent/caregivers
- III. Plan of Care (POC)
- The POC must be submitted for review and authorization of treatment services and must comply the following provisions:
- A. A clear connection between the results of the BA and specific goals must be evident.
 - B. Goals should highlight areas in need of remediation, focusing on functional

skills related to core deficits, providing evidence that member can benefit from services proposed.

- C. Baseline data, measurement and mastery criteria should be included and address B above.
- D. Criteria and specific behavioral goals and interventions for lesser intensity of care and discharge must be included.
- E. ABA must not be custodial or maintenance-oriented in nature.
- F. Demonstrate coordination across all providers, supports and resources, particularly identifying that applicable community resources have been identified and engaged.

IV. Parent/Caregiver Training

Training will evolve as goals are met. The plan of care must include documentation of the following:

- A. Parents/caregivers are required to demonstrate an understanding and agreement to comply with the requirements of treatment.
- B. The treatment request should address how the parents/caregivers will be trained in skills that can be generalized to the home and other environments.
- C. The plan of care should include methods by which the parents/caregivers will demonstrate trained skills. Being present during sessions is not sufficient for a goal or method of training.
- D. Documentation of barriers to parent involvement and how those are being addressed (e.g., parents having the skills to assist with generalization of skills developed by the member).
- E. How the parent/caregiver addresses treatment goals when treatment professionals are not present and parent/caregiver overall skill abilities.
- F. Parent/caregiver training and time involvement, including any materials or meetings occurring on a routine basis.
- G. Parent/caregiver should be actively working on at least one unmet goal with the provider documenting and tracking 2-4 goals.

IV. Discontinuation of ABA Therapy

Titration and/or discontinuation of ABA therapy should occur when the following conditions are met (not an all-inclusive list):

- A. Treatment ceases to produce significant meaningful progress.
- B. Member behavior does not demonstrate meaningful progress for two successive 6-month authorization periods as demonstrated via standardized assessments.
- C. ABA therapy is making symptoms, behaviors or impairments worse.
- D. Symptoms have stabilized, allowing member transition to a less intensive type of treatment or level of care to manage symptoms.

IV. Exclusions

ABA is not covered in the following circumstances:

- A. Rehabilitative services, such as community psychiatric supportive treatment, therapeutic behavioral service, and psychosocial rehabilitation service for the provision of ABA.

- B. Reimbursement is not permitted under any of the following situations:
 - a. Any not documented in the treatment plan.
 - b. Any based on experimental behavior methods or mode (i.e., Auditory Integration Therapy, Scotopic Sensitivity Training, Floor Time, etc.).
 - c. Education/related services or activities described under Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1400 (IDEA).
 - d. Any that are vocational in nature and otherwise available through a program funded under Section 110 of the Rehabilitation Act of 1973,
 - e. Services or activities that are a component of adult day care programs.
- C. Basis is solely for the benefit of the family, caregiver or therapist.
- D. Treatment is solely focused on recreational or educational outcomes.
- E. If academic or adaptive deficits are included in the treatment plan, treatment should address autistic symptoms impeding deficits in the home environment (i.e., reduce frequency of self-stimulatory behavior to follow through with toilet training or complete a mathematic sorting task) rather than on academic targets.
- F. ABA is not expected to bring measurable functional improvement or measurable functional improvement is not documented.
- G. Duplicative therapy services addressing the same behavioral goals using same techniques as the treatment plan, including services performed under an IEP.
- H. Services provided by family or household members.
- I. Care that is primarily custodial in nature not requiring trained/professional ABA staff, shadowing, para-professional, or companion services in any setting.
- J. Personal training or life coaching.
- K. Services that are more costly than an alternative service(s), which are as likely to produce equivalent diagnostic or therapeutic results for the member.
- L. Any program or service performed in nonconventional settings, even if performed by a licensed provider, including spas/resorts, vocational or recreational settings, Outward Bound, and wilderness camp or ranch programs.

E. Conditions of Coverage

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.

F. Related Policies/Rules

Behavioral Health Service Documentation Standards
 Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
Date Issued	11/29/2017	

Date Revised	04/19/2018 04/01/2020 04/28/2021 12/01/2021 04/27/2022 04/12/2023	Addition of “qualified healthcare profession” re: final diagnosis criteria. Section III. Diagnosis Updated policy. Annual review. Updated medical necessity criteria, exclusions, discontinuation criteria, and added in language from GAMMIS. Clarified documents referenced. Title change Removed telehealth exclusion Changed assessment from 3 to 5 years; removed Appendix G; added note D.2.k. Updated definitions. Reorganized. Approved at Committee.
Date Effective	08/01/2023	
Date Archived	06/30/2024	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 Department of Community Health Division of Medicaid. (2023, April 01). Policies and Procedures for Autism Spectrum Disorder (ASD) Services. Retrieved on April 7, 2023 from www.mmis.georgia.gov.
2. Official Code of Georgia Annotated. (2019). § 33-24-59.10. Coverage for autism. Retrieved on April 7, 2023 from www.codes.findlaw.com.

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