Applied Behavior Analysis (ABA) for the Treatment of Autism Spectrum Disorder (ASD)

**I**

An Applied Behavior Analysis (ABA)-based therapy **assessment** may be considered medically necessary when ALL the following criteria are met:

A. The member has a diagnosis of an Autism Spectrum Disorder (ASD) (DSM-IV-TR 299.0; 299.10; 299.80; DSM-5 299.0, 299.80 or ICD-10 F84.0, F84.5, or F84.9) by a licensed provider experienced in the diagnosis and treatment of autism and be a Board Certified Behavioral Analyst (BCaBA®, BCBA®, or BCBA-D®) through the Behavioral Analyst Certification Board (BACB®) or similar certification.

B. The ASD related symptoms and behaviors are impairing the member’s communication, social and/or behavioral functioning such that the member is a safety risk to self or others and/or is unable to participate in age-appropriate home or community activities; AND

C. ABA therapy must be recommended or prescribed by a licensed provider experienced in the diagnosis and treatment of autism and such provider shall determine and document the target symptoms and objectives of the therapy.

**II**

Initiation of ABA-based therapy may be considered medically necessary when ALL the following criteria are met:

A. An ABA assessment has been documented and criteria above are met.
B Based upon the recommendation or prescription from the prescribing provider, which includes the target symptoms and objectives of the therapy, a documented individualized treatment plan (ITP) is prepared by the prescribing provider, a qualified Lead Behavior Analysis Therapist (LBAT), or in Idaho, a credentialed provider with a Board Certified Behavioral Analysis (BCBA) certification issued by the Behavioral Analyst Certification Board.

C An Individualized Treatment Plan (ITP) shall be documented in the medical record and reviewed by the prescribing provider before implementation; the ITP shall include ALL the following:

1. A detailed description of specific behaviors targeted for therapy. Targeted behaviors must be those which prevent the member from participating in age-appropriate home or community activities and/or are presenting a safety risk to self or others; and
2. For each targeted behavior, an objective baseline measurement using standardized instruments that include frequency, intensity and duration; and
3. A detailed description of treatment interventions and techniques specific to each of the targeted behaviors, including the frequency and duration of treatment for each intervention which is designed to improve the member’s ability to participate in age appropriate home or community activities and/or reduce the safety risk to self or others; and
4. Where there was a prior course of ABA therapy and the documentation related to that therapy is available, a description of the prior treatment interventions and techniques, the goals of treatment, whether the goals were achieved, and the rationale for additional course of ABA therapy; and
5. Specific treatment goals for each targeted behavior, including all the following:
   a. Goals can be generalized outside the treatment setting; and
   b. Objective measures; and
   c. Time-based milestones.
6. A description of training and participation of family (parents, legal guardians and/or active caretakers as appropriate) in achieving treatment goals, including detailed description of interventions with family, including, as appropriate, family education, support, training, overall goals for the family, and plan for transferring to the family the interventions with member; and
7. The total number of days per week and hours per day of direct ABA services to the member and of services to the family, and the hours per week of direct face-to-face supervision of the treatment being delivered and observation of the child in his/her natural setting; and
8. The total number of days per week and hours per day of direct ABA services to the member during school, when school is in session; and
9. Measurable discharge and/or transition criteria.

III Continuation of ABA-based therapy may be considered medically necessary when there has been functional and measurable progress in the ITP goals, demonstrated when ALL the following criteria are met:

A Data on targeted behaviors is documented by the individuals who are delivering the prescribed or recommended ABA therapy to the member during each ABA session. The LBAT, or in Idaho, a credentialed provider with a Board Certified Behavioral Analysis (BCBA) certification issued by the Behavioral Analyst Certification Board, collates and evaluates the data from all sessions and
conducts a case review and treatment plan review at least once per month. Such review shall include in-person and direct observation of the patient; and

B Member clinical response to treatment is monitored and treatment is provided according to the ITP and member clinical response; and

C Progress toward each of the defined goals in the ITP is assessed and documented for each targeted behavior regarding whether clinically significant improvements are achieved and sustained both during treatment sessions and outside the treatment setting (e.g. home/community). Progress toward the ITP goals is measured using the same indices utilized for baseline measurements in the ITP; and

D There is objective evidence of continued improvement in at least one of the core functional areas of communication, social interaction or adaptive behavior, as measured by the indices established in the ITP; and

E At least every three months, the LBAT, or in Idaho, a credentialed provider with both a Board Certified Behavioral Analysis (BCBA) certification issued by the Behavioral Analyst Certification Board, has assessed the member and updated the ITP as indicated by the member’s response to therapy and obtained review by the Prescribing Provider or another licensed provider who has experience in the diagnosis and treatment of autism; and

F Intervals at which progress towards goals will be evaluated: objective measurements and evaluation to occur at least every three to twelve months.

IV Initial or continued ABA-based therapy for all indications, including but not limited to treatment of autism spectrum disorders, is considered not medically necessary when the above applicable criteria are not met.

V The following services for the assessment and/or treatment of ASD are considered primarily educational and training in nature and not medically necessary:

   A education and achievement testing, including Intelligence Quotient (IQ) testing
   B educational interventions (e.g., classroom environmental manipulation, academic skills training and parental training)

VI The following procedures/services for the assessment and/or treatment of ASD are considered investigational for this indication:

   A Testing
      1 event-related potentials (i.e., evoked potential studies)
      2 hair analysis
      3 heavy metal testing
      4 immunologic or neurochemical abnormalities testing
      5 intestinal permeability studies
      6 magnetoencephalography (MEG)
      7 micronutrient testing (e.g., vitamin level)
      8 mitochondrial disorders testing (e.g., lactate and pyruvate)
      9 provocative chelation tests for mercury
      10 stool analysis
      11 urinary peptides testing

   B Treatment
      1 acupuncture
      2 art therapy
      3 auditory integration therapy
4 chelation therapy
5 cognitive rehabilitation
6 craniosacral therapy
7 dietary and nutritional interventions (e.g., elimination diets, vitamins)
8 EEG biofeedback/neurofeedback
9 equestrian therapy (hippotherapy)
10 facilitated communication
11 holding therapy
12 hyperbaric oxygen therapy
13 immune globulin therapy
14 music therapy
15 recreational therapy
16 secretin infusion
17 sensory integration therapy
18 social skills training
19 Theory of Mind cognitive model
20 vision therapy

POLICY GUIDELINES

The following information may be required for review of ABA services:

I Assessment
A Documentation of the following from the prescribing provider
  1 Diagnosis of ASD
  2 ASD is impairing the member’s functioning such that the member is a safety risk and/or is unable to participate in age-appropriate activities
B Written recommendation, clinical order, or prescription for ABA services from the prescribing provider which contains the target symptoms and objectives of therapy

II Initiation
A Individualized treatment plan (ITP) with the information listed in Criteria above, including documentation that the ITP was sent to the prescribing provider
B List of specific services requested with the number of units/hours requested per specified period

III Continuation
A The following documentation should be submitted within five business days prior to the end of a current authorization:
B Updated ITP with the information listed in Criteria above, including documentation that the ITP was sent to the prescribing provider

IV Coding
A The following codes are specific to BCBA providers and to ABA therapy: 0362T, 0373T, 97151-97158.
B Other codes listed in this policy may be related but are not specific to BCBA providers.

ESSENTIAL HEALTH BENEFITS

The Affordable Care Act (ACA) requires fully insured non-grandfathered individual and small group benefit plans to provide coverage for ten categories of Essential Health Benefits (“EHBs”), whether the benefit plans are offered through an Exchange or not. States can define EHBs for their respective state.
States vary on how they define the term small group. In Idaho, a small group employer is defined as an employer with at least two but no more than fifty eligible employees on the first day of the plan or contract year, the majority of whom are employed in Idaho. Large group employers, whether they are self-funded or fully insured, are not required to offer EHBs, but may voluntarily offer them.

The Affordable Care Act requires any benefit plan offering EHBs to remove all dollar limits for EHBs.

The Idaho Department of Insurance (“the Department”) issued Bulletin NO. 18-02 on April 2, 2018, providing that for plan years starting on or after January 1, 2019, treatment for Autism Spectrum Disorder is part of Idaho’s EHB package for mental health services including behavioral health treatment. Idaho Department of Insurance Guidance is consistent with and follows pre-existing federal Mental Health/Substance Use Disorder (“MH/SUD”) guidance addressed by the Mental Health Parity and Addiction Equity Act of 2008 (“the Parity Act”) and Section 1557 of the ACA. Any benefit plan offering medical and surgical benefits and MH/SUD cannot impose financial requirements or limitations on MH/SUD benefits on a numerical basis ("quantitative") (e.g. visit limits or duration limits); or other medical management basis ("non-quantitative treatment limits") unless under the terms of the benefit plan any such limit is comparable to or no more stringently applied than the standards and factors used in applying the limit to medical and surgical benefits under the benefit plan. A pre-authorization requirement is a non-quantitative treatment limit.

The Department’s Bulletin NO. 18-02 provides that treatment for Autism Spectrum Disorder may be determined using the medical necessity of treatments and that insurance carriers may establish a policy to periodically review the ongoing necessity of Autism Spectrum Disorder related treatments.

In Bulleting No. 18-2, the Department provides Autism Spectrum Disorder means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). In accordance with this guidance, “treatments for autism spectrum disorder” means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary, including but not limited to behavioral health treatment, pharmacy care, psychiatric care, psychological care, and therapeutic care.

**BACKGROUND**

Applied Behavior Analysis (ABA) is an umbrella term describing principles and techniques used in the assessment, treatment, and prevention of challenging behaviors and the promotion of new desired behaviors. The goal of ABA is to teach new skills, promote generalization of these skills, and reduce challenging behaviors with systematic reinforcement.

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. Some 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 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.

NOTE: Idaho’s Clarification Regarding Coverage of Treatments for Autism Spectrum Disorder (Bulletin No. 18-02) diagnostic criteria have been met as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

SUPPLEMENTAL INFORMATION

AUTISM SPECTRUM DISORDER
Autism Spectrum Disorder (ASD) is a neurodevelopment disorder characterized by impaired social communication and interaction and atypical interests and behavioral patterns. ASD may be accompanied by other conditions, such as epilepsy and cognitive impairment. As defined by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 4th Edition [1], Text Revision (DSM-IV-TR), ASD includes:

- Autistic Disorder
- Asperger’s Disorder
- Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)

Diagnostic criteria for ASD as defined by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) [2], are listed in Appendix 1.

BEHAVIORAL INTERVENTIONS FOR AUTISM SPECTRUM DISORDER
Several behavioral interventions (e.g., educational, medical, behavioral, complementary, and other allied health interventions) aiming to improve core social, communication and challenging behaviors are available. Several treatments for ASD have been developed based upon different treatment principles, such as applied behavior analysis (ABA) as described below. Except for two treatment therapies
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(UCLA/Lovaas and Early Start Denver Model), most ABA intervention protocols have not been manualized, resulting in the potential for practice and treatment variation.

Applied Behavior Analysis

ABA may be defined as: “the design, implementation, and evaluation of environmental modifications, using behavioral interventions for the treatment of autism spectrum disorder. The goal of the therapy is to produce clinically significant improvements in core deficits associated with autism spectrum disorder (i.e. significant issues with communication, social interaction, or injurious behaviors). It includes the use of direct observation, measurement, and functional analysis of the relationship between the environment and behavior and uses behavioral stimuli and consequences.”

Early Intensive Behavioral Intervention

Early intensive behavioral interventions incorporate principles of ABA but differ in methods and settings.

REFERENCES


CODES

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<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CPT</td>
<td>0362T</td>
<td>Behavior identification supporting assessment, each 15 minutes of technicians' time, face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.</td>
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<tr>
<td>0373T</td>
<td>Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time, face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.</td>
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</tr>
<tr>
<td>90785</td>
<td>Interactive complexity</td>
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<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient</td>
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<td>90833</td>
<td>Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</td>
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<td>90834</td>
<td>Psychotherapy, 45 minutes with patient</td>
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<tr>
<td>90836</td>
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<td>90837</td>
<td>Psychotherapy, 60 minutes with patient</td>
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<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</td>
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<td>96110</td>
<td>Developmental screening (eg, developmental milestone survey, speech and</td>
<td>language delay screen), with scoring and documentation, per standardized</td>
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<tr>
<td></td>
<td>language delay screen), with scoring and documentation, per standardized</td>
<td>instrument form</td>
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<tr>
<td>96112</td>
<td>Developmental test administration (including assessment of fine and/or gross</td>
<td>motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour)</td>
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<td>96113</td>
<td>Developmental test administration (including assessment of fine and/or gross</td>
<td>motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) (Code effective 01/01/2019)</td>
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<td>97151</td>
<td>Behavior identification assessment, administered by a physician or other</td>
<td>qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan</td>
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<td>97152</td>
<td>Behavior identification-supporting assessment, administered by one technician</td>
<td>under the direction of a physician or other qualified health care professional, face-to-face with patient, each 15 minutes</td>
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<td>Adaptive behavior treatment by protocol, administered by technician under</td>
<td>the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes</td>
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<td>97154</td>
<td>Group adaptive behavior treatment by protocol, administered by technician</td>
<td>under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes</td>
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<td>97155</td>
<td>Adaptive behavior treatment with protocol modification, administered by</td>
<td>physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes</td>
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<td>97156</td>
<td>Family adaptive behavior treatment guidance, administered by physician or</td>
<td>other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes</td>
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<td>97157</td>
<td>Multiple-family group adaptive behavior treatment guidance, administered by</td>
<td>physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes</td>
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<td>97158</td>
<td>Group adaptive behavior treatment with protocol modification, administered</td>
<td>by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes</td>
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</table>

**HCPCS**

- **G0177**: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
- **G0451**: Development testing; with interpretation and report, per standardized instrument form
- **H2020**: Therapeutic behavioral services, per diem
- **H2027**: Psychoeducational service, per 15 minutes
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<th>Code</th>
<th>Description</th>
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<td>S9445</td>
<td>Patient education, not otherwise classified, nonphysician provider, individual, per session</td>
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<td>S9446</td>
<td>Patient education, not otherwise classified, nonphysician provider, group, per session</td>
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<td>T1018</td>
<td>School-based individualized education program (IEP) services, bundled</td>
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<td>ICD-10-CM</td>
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<tr>
<td>F84.0</td>
<td>Autistic disorder</td>
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<tr>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
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### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/20/19</td>
<td>New Policy- added to mental health section</td>
<td>Blue Cross of Idaho added policy to the mental health section, with an effective date of 09/20/2019.</td>
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<tr>
<td>06/25/20</td>
<td>Replaced policy</td>
<td>Blue Cross of Idaho adopted changes as noted, effective 09/22/2020. Removed the requirement for a Habilitative Interventionist certification, as it is no longer issued by the Idaho Department of Health and Welfare. Total number of days per week and hours per day of direct ABA services the member will receive when school is in session is now required to be submitted with request</td>
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