

Applied Behavioral Analysis Therapy AHM

Clinical Indications

- **Initiation of ABA Therapy is considered medically necessary if ALL of the following are met:**
 - There must be a diagnosis of a condition on the Autism Spectrum (ICD9-299 through 299.9 ICD10-F84-F84.9).
 - There are identifiable target behaviors having an impact on development, communication, interaction with typically developing peers or others in the child's environment, or adjustment to the settings in which the child functions, such that the child cannot adequately participate in developmentally appropriate essential community activities such as school. NOTE: The ABA is not custodial in nature. (which Aetna defines as care provided when the member "has reached the maximum level of physical or mental function and such person is not likely to make further significant improvement" or any type of care where the primary purpose of the type of care provided is to attend to the member's daily living activities which do not entail or require the continuing attention of trained medical or paramedical personnel." Plan documents may have variations on this and need to be reviewed.
 - Parent(s) (or guardians) must be involved in training in behavioral techniques so that they can provide additional hours of intervention.
 - There is a time limited, individualized treatment plan developed that addresses **ALL** of the following :
 - Is child-centered, strengths-specific, family-focused, community-based, multi-system, culturally-competent, and least intrusive
 - Clearly defines specific target behaviors
 - Records frequency, rate, symptom intensity or duration, or other objective measures of baseline levels
 - Establishes quantifiable criteria for progress
 - Describes: behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills
 - Documents the plan for transition through the continuum of interventions, services, and settings, as well as discharge criteria
 - There is involvement of community resources to include at a minimum, the school district if the child is 3 or older, or early intervention, if not

- Services must be provided directly or billed by individuals licensed by the state or certified by the Behavior Analyst Certifying Board, unless state mandates, plan documents or contracts require otherwise. Note: If state mandates, plan documents or contracts allow authorization for services that are not directly provided by individuals licensed by the state or certified by the Behavioral Analyst Certifying Board, there must be supervision of the unlicensed or non-certified providers, unless state mandates, plan documents or contracts require otherwise. Supervision is to be documented and is defined as at least one hour of face to face supervision of the licensed or non-certified provider by a certified behavior analyst or license psychologist for each ten hours of behavioral therapy by the supervised provider, and at least one hour a month face to face on site with the patient.
- A functional behavioral assessment is planned to be completed within the first 60 days where specific target behaviors are clearly defined.
- The frequency, rate, symptom intensity or duration, or other objective measure of baseline levels of each target behavior is recorded and quantifiable criteria for progress are established
- The level of impairment justifies the number of hours requested as identified **1 or more** of the following impairments and correlating hours requested.
 - Safety - Mild impairment - 1 to 2 hours
 - Safety - Moderate impairment - 3 to 4 hours
 - Safety - Severe impairment - 5 hours per week
 - Communication- Mild impairment - 1 to 2 hours
 - Communication- Moderate impairment - 3 to 4 hours
 - Communication- Severe impairment - 5 hours per week
 - Social Skills- Mild impairment - 1 to 2 hours
 - Social Skills - Moderate impairment - 3 to 4 hours
 - Social Skills - Severe impairment - 5 hours per week
 - Maladaptive Behavior - Mild impairment - 1 to 2 hours
 - Maladaptive Behavior - Moderate impairment - 3 to 4 hours
 - Maladaptive Behavior - Severe impairment - 5 hours per week
 - Self Care - Mild impairment - 1 to 2 hours
 - Self Care -Moderate impairment - 3 to 4 hours
 - Self Care - Severe impairment - 5 hours per week
- Parent is to be trained and required to provide specific additional interventions.
 - Note: All six criteria above must be evaluated. Based on scientific literature and the Aetna clinician's judgment following his/her review, the initial authorization is for up to 25 hours per week for up to 6 consecutive months, unless state mandates dictate otherwise or there is clinical support for more than 25 hours. Further clinical review (by a Medical Director or Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information. If appropriate, the functional assessment developed while at a higher level of care can be used following step down to an outpatient or intensive outpatient setting.
- **Continuation of ABA Therapy is considered medically necessary if ALL of the following are met:**
 - Essential elements are met
 - Re-evaluation has been performed (every 6 months) to assess the need for ongoing ABA OR validation assessments (such as IQ, communication level, an autism scale) have been done every 12 months.
 - The frequency of the target behavior has diminished since the last review, or if not:
 - There has been modification of the treatment or additional assessments have been conducted.

- The level of impairment justifies the number of hours requested) for ABA as identified **1 or more** of the following impairments and correlating hours requested.
 - Safety - Mild impairment - 1 to 2 hours
 - Safety - Moderate impairment - 3 to 4 hours
 - Safety - Severe impairment - 5 hours per week
 - Communication- Mild impairment - 1 to 2 hours
 - Communication- Moderate impairment - 3 to 4 hours
 - Communication- Severe impairment - 5 hours per week
 - Social Skills - Mild impairment - 1 to 2 hours
 - Social Skills - Moderate impairment - 3 to 4 hours
 - Social Skills - Severe impairment - 5 hours per week
 - Maladaptive Behavior - Mild impairment - 1 to 2 hours
 - Maladaptive Behavior - Moderate impairment - 3 to 4 hours
 - Maladaptive Behavior - Severe impairment - 5 hours per week
 - Self Care - Mild impairment - 1 to 2 hours
 - Self Care -Moderate impairment - 3 to 4 hours
 - Self Care - Severe impairment - 5 hours per week
- Parent(s) have received retraining on these changed approaches.
- The treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (schools, as an example) as progress occurs.
 - Note: All six criteria above must be evaluated. Continued authorization is for up to 25 hours per week for up to 6 consecutive months, unless state mandates dictate otherwise, or there is clinical support for more than 25 hours. Further clinical review (by a Medical Director or Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information.
- **Termination of ABA Therapy is considered medically necessary if ALL** of the following are met: Note: A child's progress is to be evaluated every 6 months. A child is not making program would be transitioned to other appropriate services. When it becomes clear that a treatment is ineffective, or the treatment is no longer needed, this must be communicated to the family and provider.
 - The essential elements are no longer met.
 - The severity of the maladaptive target behavior has diminished to an extent that the child's personal safety, or the safety of others in the child's environment is no longer jeopardized, or there is less interference with ability to function.
 - There has been a generalization of training so that target behaviors do not recur in the child's natural environment and continued monitoring can occur in a less restrictive treatment setting.
 - The improvement is sustainable in the home, school or other natural environment, or in a less intensive treatment setting.
 - Caregivers are trained and can continue with interventions.
- **Medical Necessity Review for Maryland Plans**-Pursuant to Maryland insurance regulation COMAR 31.10.39, Aetna will apply the following criteria when assessing medical necessity for applied behavior analysis for plans subject to Maryland law. **ALL** of the following are to be met:
 - The child's primary care provider or specialty physician must perform a comprehensive evaluation identifying the need for applied behavior analysis for the treatment of autism or autism spectrum disorder.
 - Such primary care provider or specialty physician must prescribe the treatment and such prescription must include specific treatment goals.
 - Such treatment shall be reviewed annually for medical necessity with the primary care provider or specialty physician and in consultation with the applied behavior analysis provider. Such utilization review shall include **ALL** of the following :

- Documentation of benefit to the child;
 - Identification of new or continuing treatment plan; and
 - Development of a new or continuing treatment plan.
- The applied behavior analysis provider must be licensed, certified or otherwise authorized under the Maryland Health Occupations Article or similar licensing, certification, or authorization requirements of another state or U.S. territory where the services are provided.
- The initial authorization may be for up to 25 hours per week for up to 12 consecutive months, unless there is clinical support for more than 25 hours. Further clinical review (by a Medical Director or Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information. **NOTE:** Coverage may be subject to limitations in a health benefit plan relating to coordination of benefits, participating provider requirements, restrictions, on services provided by family or household members, case management provisions, and co-payments, co-insurance, and deductible amounts.
- Per COMAR (<http://mdrules.elaws.us/comar/31.10.39.03>) changes occurred effective May 17, 2019, include the following:
 - ABA Therapy cannot be denied solely on the number of hours of habilitative services prescribed, for:
 - Less than or equal to 25 hours per week in the case of a child who is at least 18 months of age and who has not reached the child's sixth birthday
 - Less than or equal to 10 hours per week in the case of a child who has reached the child's sixth birthday and who has not reached the child's nineteenth birthday.
 - Location of services- A carrier may not deny payment for habilitative services if a treatment goal identifies the location of the habilitative services as the child's educational setting. Note: this regulation should not be construed to require services to a child under an IEP, or impose the public schools by the Individuals With Disabilities Education Act, 20 U.S.C. 1400 et seq., as amended from time to time.
 - ABA Therapy cannot be denied on the basis that it is experimental or investigational.

Notes

- If there is a discrepancy between this guideline and a member's plan of benefits, the benefits plan will govern. In addition, coverage (and coverage limits) may be mandated by applicable legal requirements of a state, the Federal government or CMS or Medicare and Medicaid members.
- This guideline is an instrument the clinician uses to aid in the decision making process that determines the type and intensity of services needed by a child with a condition on the Autism Spectrum. If the treatment is provided in an inpatient, residential, or partial hospitalization setting, medical necessity for coverage at that level of care determined using Aetna's level of Care Assessment Tool (LOCAT) and specific authorization for ABA is not needed in addition. Review using LOCAT occurs at a frequency commensurate with the level of care. Prior to discharge from one of these higher levels of care, a review using this guideline for medical necessity of ABA following discharge is needed.

References

- Reviewed and approved by a Board Certified Internist Reviewed by David Evans, MD, Medical Director, Active Health Management- June 2019 Copyright 2019
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Codes

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