

Department:	Medical Management	Original Approval:	06/23/2015
Policy #:	MM154	Last Approval:	03/04/2019
Title:	Applied Behavioral Analysis		
Approved By:	Utilization Management Committee		

BACKGROUND

Autism spectrum disorder (ASD) is defined as a group of biologically based neurodevelopmental disabilities that can cause significant social, communication and behavioral challenges. According to DSM-5, the essential features of ASD are persistent impairment in reciprocal social communication and social interaction; and restricted, repetitive patterns of behavior, interests, or activities. . ASD can be detected at as early as 18 months of age and occurs in all racial, ethnic and socioeconomic groups. It is five times more common among boys than girls. An estimated 1 in 68 American children have been diagnosed with ASD and the prevalence has increased markedly over the past decade (CDC, 2014).

Applied Behavioral Analysis (ABA) is a behavioral intervention founded on basic and empirically supported learning principles. ABA techniques have been shown to reduce specific problem behaviors, and effective when applied to academic tasks, adaptive living skills, communication, social skills, and vocational skills (AACAP PP, 2014)

Applied Behavioral Therapy refers to the application of behavioral principles to everyday situations, that over time, increase or decrease targeted behaviors. The therapy is administered in structured settings including schools or treatment facilities, as well as informally, such as at home or in the community, and involves repetitive teaching and rewarding of appropriate behaviors. The treatment is implemented in a time-limited, outcome- oriented fashion and is supervised by a Lead Behavior Analyst Therapist (LBAT). The team is multi-disciplinary, and can involve Board Certified Behavioral Analyst (BCBA), ABA therapist (ABAT), Physical, Occupational and Speech therapists (PT, OT, and ST).(HCA.Wa.gov)

The State of Washington has identified ABA Centers of Excellence <https://www.hca.wa.gov/assets/billers-and-providers/index-coe-applied-behavioral-analysis.pdf> as well as ABA providers who are contracted to provide ABA services to Apple Health enrollees <https://www.hca.wa.gov/assets/billers-and-providers/medicaid-enrolled-aba-providers.pdf>

DEFINITIONS

None.

INDICATIONS/CRITERIA

Medicaid Members	<i>Continue to criteria for approval below.</i>
-------------------------	---

**Medicare
Members**

FOR APPLE HEALTH MEMBERS:

Stage One: Evaluation by a Center of Excellence (NO Prior Authorization is required)

- Evaluation by an Autism Spectrum Center of Excellence can be requested by client’s family, school-based or other health care professional, PCP, or CHPW at any time.
- Age 20 years or younger Evaluations for ABA therapy will only be accepted from a State-identified Center of Excellence with services provided by a qualified health professional as described in WAC 182-531-1424.
- Evaluation at an ABA Center of Excellence is not a guarantee that the client will qualify for ABA therapeutic services.
-

Stage Two and Parent Training Only: Review of the COE evaluation and request for authorization of Referral to an ABA Provider for ABA therapy assessment (functional assessment, skill assessment, functional behavioral analysis if indicated and development of an ABA treatment plan)

Approval criteria:

Stage One COE evaluation must contain:

- COE Information - Provider name, organization name, NPI, contact information, including email and perhaps a point of contact if there are issues with the paperwork.
- Client Information – Provider One number, DOB, parent/guardian names and contact information
- Documentation in the health record that describes core symptoms of ASD and the steps taken to determine an accurate diagnosis
- Child’s early development: may be obtained from well child visits, family interview, and records of cooperating agencies such as birth to three agencies.
- Child’s Complete History and Physical, including family and social history, medications, allergies, review of systems, neurologic history, current functioning, reported and observed stereotypical or repetitive behaviors, education and therapy, physical exam/behavioral observations, neurodevelopmental assessment and diagnosis
- Recommendations including the ABA order, utilizing the provided template
- Results of appropriate hearing and vision screening (to indicate language challenges are not a result of another disorder)
- Any autism screening tools that may have been administered, including any/all autism specific diagnostic instruments such as Autism Diagnostic Observation Schedule (ADOS) or other validated diagnostic instruments.
- Behaviors observed or reported indicating criteria met based on DSM-5 criteria

- Any pertinent cognitive, speech/language, motor behavioral and/or adaptive instruments that may have been administered as additional evidence of a comprehensive accurate diagnostic.
- Additional studies that may have been administered including laboratory studies.
- Documentation must have evidence that the client either
 - Cannot adequately participate in home, school or community activities due to their ASD symptoms, or
 - Client's behavior negatively affects the safety and health of the child or others, or impedes access to home and community activities available to other children of the same age.
- There must be documentation that less intensive behavioral interventions have been tried and have not been successful, or that no equally effective and substantially less costly alternative is available for reducing interfering behaviors.
- There must be a reasonable calculation that the requested services will result in measurable improvement in either the client's behavior, skills, or both
- Referral must be to a licensed ABA provider, qualified to perform the assessment and develop the treatment plan
- Development of a treatment plan by a licensed ABA provider is not a guarantee that the client will be authorized for delivery of ABA services.

Stage Three: Authorization for Delivery of ABA Services.

The ABA Treatment Plan must be submitted to CHPW for authorization of the delivery of therapeutic services.

Implementation of multi-disciplinary treatment plan is provided by the LBAT or a therapy assistant in conjunction with other team members for a six month period of time. Providers implementing the treatment plan are limited to:

- State-approved ABA Center of Excellence teams and/or
- CHPW-credentialed ABA providers

Re-certification: required every six months for the duration of ABA therapy.

Recertification Criteria: (all elements required)

- Submitted **at least 3 weeks prior** to expiration of current authorization
- Documentation must contain the following:
 - Re-evaluation and revision of the initial or prior ABA therapy treatment plan
 - Documentation of client's progress and measurable changes in the frequency, intensity and duration of targeted behaviors/symptoms addressed in the previous therapy treatment plan
 - Projected eventual outcome
 - Assessment instruments used

- Developmental markers of readiness
- Evidence of coordination with providers
- Evidence of compliance with the treatment plan
-

Recertification requests based on improvements in the client's status must be:

- Confirmed with data
- Documented in charts or graphs
- Durable over time beyond the end of the actual treatment session and
- Generalized outside of the treatment setting

Medical necessity denials are based on, but not limited to, the following:

- Failure to respond to ABA services
- Absence of meaningful, measurable functional improvement changes or has plateaued not as a result of an interfering event such as physical illness or major family disruption, etc.
- Non-compliance as evidenced by a pattern of the family failing to
 - Keep appointments
 - Attend treatment sessions
 - Attend scheduled family training sessions
 - Complete homework assignments
 - Apply training as directed by the therapy assistant or LBAT.

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON HEALTH PROGRAM	http://chpw.org/our-plans/apple-health/

Citations & References

References	<ul style="list-style-type: none"> – Cochrane Summaries, Early intensive behavioral intervention (EIBI) for increasing functional behaviors and skills in young children with autism spectrum disorders (ASD) (http://summaries.cochrane.org/CD009260/BEHAV_early-intensive-behavioral-intervention-eibi-for-increasing-functional-behaviors-and-skills-in-young-children-with-autism-spectrum-disorders-asd), 2014 – CDC, Autism Spectrum Disorders, – https://www.cdc.gov/ncbddd/autism/index.html – Accessed 3/16/18 <p>Up-to-date Online, Autism spectrum disorder in children and adolescents: Behavioral and educational interventions, 2017</p>	
CFR		
WAC		
RCW		
Contract Citation	<input checked="" type="checkbox"/> WAH	http://chpw.org/our-plans/apple-health/
	<input checked="" type="checkbox"/> IMC	http://chpw.org/our-plans/southwest/
	<input type="checkbox"/> MA	
Other Requirements		
NCQA Elements		

Revision History

Revision Date	Revision Description	Revision Made By
05/06/2015	POLICY CREATED	KATE BROSTOFF MD
06/23/2015	APPROVAL	MMLT
08/08/2016	Reviewed	Jane Daughenbaugh, RN
08/09/2016	Reviewed – no changes	Victor Collymore, MD

03/20/2017	Added "Parent Training Only requires prior authorization by CHPW Medical Director or his/her designee..."	Cyndi Stilson, RN
03/22/2017	Approval	MMLT
03/16/2018	Reviewed, references and links updated; no other changes	Terry Lee, MD
03/20/2018	Change from UM332 to MM154	Cindy Bush
03/21/2018	Approval	UM Committee
03/01/2019	Updated autism and ABA descriptions and link to ABA Centers of Excellence, and defined ADOS acronym	Terry Lee, MD
03/04/2019	Approval	BH UM Committee