

# Healthfirst Policy for the Authorization of Applied Behavioral Analysis (ABA) Services

Healthfirst's medical policies are intended to provide guidance in the administration of Healthfirst's benefit plans and are used by medical directors and other clinical professionals in making medical necessity and other coverage determinations.

Healthfirst establishes medical policy based upon a review of evidence-based guidelines, peer reviewed published medical literature, Centers for Medicare & Medicaid Services (CMS) guidelines, New York State Department of Health Regulations, and Food and Drug Administration (FDA) recommendations. However, medical policies are not recommendations for treatment and should never be used as treatment guidelines. Treating healthcare professionals are solely responsible for diagnosis, treatment, and the provision of medical advice to Healthfirst members.

A medical policy does not constitute a plan authorization; nor does apparent satisfaction of the criteria contained in a medical policy necessarily mean that a plan authorization will be issued. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Benefit plans vary in coverage, and some plans may not provide coverage for certain services discussed in the medical policies.

This policy is applicable to the Commercial Plan, Qualified Health Plan (QHP), Essential Plan (EP) and Child Health Plus (CHP).

While this service is not covered by Healthfirst Medicaid Managed Care Plan, ABA services are available to Medicaid beneficiaries through Medicaid Fee-for-Service.

## I. Policy

### A. Initial authorization criteria (all of the following must be met):

1. A diagnosis of Autism Spectrum Disorder (ICD 10: F84.0, F84.3 to F84.9) has been made via a formal evaluation of the child's development by a trained specialist, such as a developmental pediatrician, child psychologist, child psychiatrist, or other psychologist/physician with appropriate clinical experience. For authorization of an assessment only (97151), formal evaluation is not required.
2. The complete results of a validated evaluation tool such as the Autism Diagnosis Interview – Revised (ADI-R), Autism Diagnostic Observation Schedule – Generic (ADOS-G), or Childhood Autism Rating Scale (CARS) is utilized to determine the domains of impairment related to ASD.

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3. Member has behaviors and/or functional deficits attributable to the autism spectrum disorder which result in significant impairment in social and communication abilities, activities of daily living, and education and employment performance that is likely to improve with ABA services.
4. Grading of severity of behaviors targeted for treatment are consistent with published guidelines.

Domain	Mild Difficulties (support)	Moderate Difficulties (substantial support)	Severe Difficulties (VERY substantial support)
<b>Maladaptive Behavior</b>	oppositional behavior, restrictive interests, inflexible responses, rigid behavior, prefer routine	destruction of property, tantrum to change, frequent restrictive/repetitive actions, sensory sensitivity	violence to others, self-injury, inability or great difficulty in changing actions/focus
<b>Self-Care/ADLs</b>	organization, planning, personal hygiene	inconsistent self-care, getting dressed	feeding, toileting, highly restrictive diet, elopement behaviors, acts recklessly, ignores pain
<b>Social Communication</b>	initiating conversation, maintain interest, expected verbal/non-verbal responses	very restrictive topics, limited non-verbal communication	no non-verbal communication, absence of manding/tacting

5. The services are rendered directly by a Board-certified Behavior Analyst (BCBA), a licensed mental health clinician with additional documented training in applied behavior analysis, or a paraprofessional (specified under Article 167 of NYS Education Law) under the direct supervision of such professionals.
6. There is an individualized treatment plan that describes clinically significant and measurable goals that address identifiable target behaviors attributable to ASD of significant severity:
  - a. prevention of participation in developmentally appropriate activities such as school;
  - b. risk of safety such as elopement, self-injurious repetitive stereotyped behaviors, property destruction, or other significant risk of harm to self or others;
  - c. debilitating social and communication challenges;
  - d. inability to perform activities of daily living and independence/functional skills

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7. The individualized treatment plan is time-bound (i.e., not open-ended) is descriptive of the scope, duration, frequency, and intensity of ABA services to be delivered.
8. The parents/guardians/caretakers are actively participating in the treatment and ongoing skill-building of the member. Parents/guardians/caretakers are able to reinforce behavioral interventions and continue to generalize gains. Parent training goals and progress should be clearly defined and documented.
9. There is ongoing collaboration, coordination, and communication with existing providers and/or the school district. There is involvement and/or referrals to appropriate healthcare, community, or supplemental resources, including a psychiatric assessment when suspected comorbid conditions may be a significant component of target behaviors.
10. The treatment plan takes into account the member's history, including current (i.e., within the past three years) past psychiatric, therapeutic, educational evaluations (including the Individualized Education Plan (IEP), Individualized Service Plan (ISP), Individualized Family Service Plan (IFSP), Early Intervention (EI) assessment, and past treatments, including in Applied Behavior Analysis and other autism spectrum disorder (ASD) services.)
11. Early Intervention assessment is required for children age two years 10 months and younger in the presence of speech and developmental delays.
12. The requested ABA services do not duplicate services provided or available to the member by other medical or behavioral health professionals. Targeted symptoms cannot be addressed by other appropriate and available services, therapies, or psychiatric care. Examples include, but are not limited to, behavioral health treatment such as individual, group, and family therapies; occupational, physical, speech therapies; and/or services provided through Early Intervention (EI).<sup>12451</sup>
13. The requested ABA services do not duplicate services that directly support academic achievement goals that may be included in the member's educational setting or the academic goals encompassed in the member's Individualized Education Plan (IEP), Individualized Service Plan (ISP), or Individualized Family Service Plan (IFSP). This includes shadow, paraprofessional, interpersonal, or companion services—in any setting—that are implemented to directly support academic achievement goals.
14. Treatment intensity does not exceed the member's functional ability to participate. Hours per week requested are not more than what is required to achieve the goals listed in the treatment plan and must reflect the member's, caregiver's, and provider's availability to participate in treatment. Treatment is preferred in settings (e.g., home, public locations, etc.) where target behaviors occur as improvements seen in one setting (i.e., therapist office) may not generalize to other settings. Treatment cannot be provided during school hours.
15. At-home or community-based ABA services are preferred. However, in limited and unusual circumstances, and if they cannot be delivered in person, they may be delivered fully or partially via telehealth. It is expected that given the nature of ASD that such services would be limited in duration (typically no more than two hours/day). A parent or responsible adult must be collaborating with the telehealth-enabled provider in the same space as the child.

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16. Evidence-based guidelines are followed for intensity of ABA services commensurate with medical necessity:

ABA Intervention	Criteria	Typical Ages	Typical Intensity	Typical Duration
<b>Comprehensive</b>	Skills and behaviors in multiple affected domains are targeted for treatment, which often include maladaptive behaviors. Difficulties of behavior are severe (see 3).	2 to 7	10 to 25 hours/ week	1 to 2 years
<b>Focused</b>	Services are directed to a limited number of skill and behavioral targets causing moderate to severe difficulties (see 3).	up to 21st birthday	1 to 20 hours/ week	1 to 4 years

17. Treatment planning considers the current lack of evidence for effectiveness of ABA services with adolescents 13 and older. There is insufficient evidence supporting the efficacy of ABA services initiated past the age of 13.

18. ABA services are not primarily respite, daycare, educational, vocational, or custodial in nature. Custodial care includes when the member has reached the maximum level of physical or mental function and no further significant improvement is likely.

### **B. Continued authorization criteria** (all of the following must be met):

1. Criteria for initial authorization continues to be met.
2. The individualized treatment plan has been updated with clinically significant and measurable goals that clearly address the active symptoms and signs of the member's core deficits of ASD that would require continuation of services.
3. The updated individualized treatment plan is time-bound is descriptive of the scope, duration, frequency, and intensity of ABA services to be delivered.
4. The updated individualized treatment plan describes the status of the active symptoms, signs of the member's core deficits, and initial goals.
5. The updated treatment plan addresses the lack of improvement (if any) in symptoms/signs of core deficits or meeting goals identified.
6. The updated individualized treatment plan describes any new (if any) symptoms, sign, or core deficits and goals to be met.

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7. Parent/guardian/caregiver continues to be an active participant in treatment and training; progress of parent skill development in behavior management interventions is being monitored by service provider.
8. There have been medical/behavioral/educational evaluations and services as appropriate with coordination of care.
9. Discharge planning is ongoing with the goal of transitioning the member to a less intensive behavioral intervention.

### C. Discharge criteria (one or the following must be met):

1. The member no longer meets initial/continuation criteria and/or meets criteria for another level of care.
2. The member's individual treatment plan's goals have been met.
3. The provider of services determines treatment is no longer necessary or therapeutic.
4. The parent/guardian/caregiver is able to continue the behavioral interventions.
5. Member or parent/guardian/caregiver does not appear to be participating in treatment plan and/or be involved in behavior management training.

### D. Billing Codes:

Code	Type	Description
97151	CPT, cat. 1	Behavior identification assessment
97152	CPT, cat. 1	Behavior identification supporting assessment
97153	CPT, cat. 1	Adaptive behavior treatment
97154	CPT, cat. 1	Group adaptive behavior treatment
97155	CPT, cat. 1	Adaptive behavior treatment
97156	CPT, cat. 1	Family adaptive behavior treatment guidance
97157	CPT, cat. 1	Multiple-family group adaptive behavior treatment guidance
97158	CPT, cat. 1	Group adaptive behavior treatment
0362T	CPT, cat. 3	Behavior identification supporting assessment
0373T	CPT, cat. 3	Adaptive behavior treatment with protocol modification
H0032	HCPCS	Mental health service plan development by non-physician

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