MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**Applied Behavior Analysis**
Policy Number	**3.01.11**
Category	**Contract Clarification**
Original Effective Date	**10/25/12**
Committee Approval Date	**10/24/13, 12/11/14, 12/10/15, 12/08/16, 12/14/17, 12/13/18, 10/24/19, 10/22/20**
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Archive Review Date	**12/16/21, 12/22/22, 06/22/23, 06/20/24**
Product Disclaimer	• *Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program* (DSNP) product) *covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

I. Based upon our criteria and assessment of the peer-reviewed literature, Applied Behavior Analysis **(**ABA**)** has been medically proven to be an effective treatment and, therefore, is considered **medically appropriate.**

The following services may be included in the assessment and treatment of the member's diagnosis:

A. Medical evaluation (complete medical and developmental history); and
B. Psychological and/or psychiatric evaluation.

II. Developmental, Individual, Relationship (DIR); Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH); Relationship Development Intervention (RDI); and Floortime are not considered ABA and, therefore, are considered **investigational**, as scientific evidence does not permit conclusions concerning the effect of these treatment models on outcomes.

Refer to Corporate Medical Policy #3.01.02 Psychological Testing

Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

POLICY GUIDELINES

I. Prior authorization may be required for coverage of ABA under the member's subscriber contract.

II. There are specific provider requirements for the referral and provision of ABA services. These requirements are clearly documented in the 'Description' section of this policy.

III. The following documentation must be submitted for purposes of medical necessity review and determination (when applicable):

A. Any documented reports of completed psychological and/or other testing of the member.

B. Copy of the member's Individualized Education Program (IEP) document (when applicable).
C. Progress notes and discharge plan of the Early Intervention Program or Pre-School Special Education Program (when applicable).
D. Frequency, duration, and location of the requested ABA sessions.
E. Certification and credentials of the professional providing ABA.
F. The requested clinical supervision hours and documentation to support the request.
G. A copy of the assessment or treatment plan, identifying the target behaviors for ABA (*refer to Guideline IV).*

IV. ABA services must have a documented treatment plan, with clear written descriptions of the treatment goals and objectives, as well as the discharge criteria. Treatment plan and progress notes documenting progress of treatment goals should be submitted for review at least once every 12 months or as state mandated. Documentation should demonstrate monthly updates, at a minimum. The treatment plan may be requested at any point during treatment, for review for continuity of care and/or periodic concurrent medical necessity review. Requests for continuation of therapy must be accompanied by documentation, maintained by the provider, which outlines actual services received, as well as a graphic representation documenting the measurable progress made by the member, supporting that:
   A. There is a reasonable expectation that the member will benefit from the continuation of ABA therapy, as evidenced by mastery of skills defined in the initial plan or a change of treatment approach from the initial plan; and
   B. Treatment is not making the symptoms worse; and
   C. There is a reasonable expectation, based on the member's clinical history, that withdrawal of treatment will result in decompensation/loss of progress made or recurrence of signs and symptoms.

   Continued progress is determined based on improvement in goals, as outlined in the provider treatment plan, and focuses on improvements in verbal skills, social functioning, and IQ (for children under age four (4) years).

V. Parent/caregiver support is expected to be a component of the ABA Program. Parent/caregiver participation is expected. Parent support groups are considered not medically necessary.

VI. Coverage is not available for services stipulated in the IEP of a pre-school member (age three to five years) or a school-age member (ages five to 21 years) as these services are provided by the member's school district and are considered free care or a government program.
   A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.
   B. If a child is home-schooled, an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for home-schooled children outside New York State will be reviewed on an individual basis, in accordance with regulations of the state in which the member resides.
   C. ABA services denied by the school district, including summer services, and not covered in a child's IEP, will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.
   D. Interim summer programs are provided by school districts for children whose diagnoses are severe enough to exhibit the need for a structured learning environment of 12 months' duration, to maintain developmental levels. For pre-school children, summer instruction must be available for those whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months' duration, to prevent substantial regression.

VII. The Health Plan will offer member care management (case management) to individuals who engage in ABA programs, when requested. Member care management is not a requirement for ABA.

DESCRIPTION

New York State laws, effective July 01, 2023, require the Health Plan to provide coverage of ABA services for any diagnoses within the scope of practice of an ABA provider. Additionally,

I. School districts are obligated to provide services to a member under an IEP, an individualized family service plan, or an individualized services plan. The Health Plan is obligated to pay for services provided outside an educational setting and outside the hours of service not covered by the IEP.

II. There is no age limit for ABA; however, all evidence-based literature regarding ABA is for school-aged children or younger.

III. The New York State expansion does not apply to every member's benefit plan. The New York State mandate applies to the following insured products:
   A. Individual Commercial;
   B. Group Commercial and blanket policies;
   C. Medicaid Managed Care; and
   D. Child Health Plus.

ABA is widely recognized as the gold standard treatment for people with autism spectrum disorder (ASD). ABA is evidence-based and scientifically validated behavioral treatment that focuses on understanding behavior to produce meaningful changes in human behavior. ABA providers identify behaviors that negatively impact functioning, address these behaviors by setting achievable goals for new behavior, change the environment to allow the person to practice these new behaviors, and successively reinforce each instance of progress until the person can consistently display them across environments. Interventions can also apply to skill acquisition and maintenance by focusing on a range of skills (e.g., learning, social, language, and independence). With an extensive body of literature documenting the success of this treatment approach, ABA is considered the standard of care for treating ASD (CASP, 2024a).

The Council of Autism Service Providers (CASP, 2024b) is a non-profit trade association of provider organization serving individual with autism spectrum disorder. With a mission to support members and advocate for best practices in autism services, CASP is committed to promoting the use of evidence-based practices, delivering education, and promoting standards that enhance quality.

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder characterized by varying degrees of difficulty in social interaction, verbal and non-verbal communication, limited interest, social-emotional reciprocity, and repetitive stereotyped patterns of behavior which may be self-injurious. With the variability of clinical presentation, treatment for ASD should be based on an individualized treatment plan using scientifically validated procedures (CASP, 2024a).

Rett Syndrome is a rare neurodevelopmental disorder caused by a genetic mutation and has transient severe autistic features. Rett Syndrome was removed as a unique diagnosis from the DSM-5 in 2013 by the Neurodevelopmental Disorders Working Group. It should not be considered a specific autistic disorder, rather, an individual with Rett and autistic disorder will be diagnosed as ASD associated with MECP2 mutations. An individual with only Rett Syndrome who does not meet criteria for ASD will not receive a DSM diagnosis unless other mental health disorders are present.

ABA programs are intensive and tailored to the individual receiving treatment, which is why the behavioral health treatment was initially developed as a one-to-one and face-to-face format. Since in-person service-delivery is not always possible (e.g., provider shortages, rural access), CASP finds that the available published scientific evidence supports telehealth modalities (i.e., synchronous, asynchronous, hybrid) as an effective and viable delivery model to address health access disparities. CASP published practice parameters (2021) and practice guidelines (2024a) to assist providers in provider safe and effective treatment via telehealth modalities. However, it is noted that telehealth options are not intended to supplant in-person service; rather, they are intended to supplement the traditional in-person service delivery model. Best practice guidelines dictate that an average of two (2) hours of clinical direction is required for every 10 hours of direct treatment (CASP, 2021).

ABA is a behavioral treatment and should not be considered an IEP for developmental delays. IEPs may have a behavioral component, and members may receive behavioral consultations within these programs; however, these programs are not considered ABA.

Medicaid Managed Care members must be referred for ABA by a NYS licensed and NYS Medicaid enrolled physician (including psychiatrists and developmental/behavioral pediatricians), psychologist, psychiatric nurse practitioner, pediatric nurse practitioner, or physician assistant.

To be eligible for coverage, ABA services must be rendered by either a licensed behavior analyst (LBA) or a certified behavior analyst assistant (CBAA) under the supervision of an LBA. Coverage may also be provided for individuals who perform tasks that require no professional skill or judgment but are necessary to the provision of ABA and are performed under the supervision and direction of an LBA or other authorized supervisor, so long as such tasks are consistent with Article 167 of the New York Education Law and any regulations promulgated there under (or comparable provisions of the law and regulations of the member's state of residence).

ABA is facilitated by trained behavior analysts who are certified through the Behavior Analyst Certification Board (BACB) or licensed by the New York State Office of Professions. Applied Behavior Analysts develop and conduct behavioral assessments, then implement them, providing interventions for a range of behaviors.

To be an eligible provider, an LBA must:

I. Hold a master's or higher degree from a program registered by the New York State Education Department (the "Department"), or a program determined by the Department to be substantially equivalent;
II. Have experience in the practice of ABA satisfactory to the New York State Board of Applied Behavioral Analysis (the "Board") and to the Department, in accordance with the commissioner's regulations;
III. Pass an examination acceptable to the Board and the Department, in accordance with the commissioner's regulations;
IV. Be at least 21 years of age; and
V. Be of good moral character, as determined by the Department.

To be an eligible provider, a CBAA must:

I. Hold a bachelor's degree or higher degree from a program registered by the New York State Education Department (the "Department"), or a program determined by the Department to be substantially equivalent;
II. Have experience in the practice of ABA satisfactory to the New York State Board of Applied Behavioral Analysis (the "Board") and the Department, in accordance with the commissioner's regulations;
III. Pass an examination acceptable to the Board and the Department, in accordance with the commissioner's regulations;
IV. Be at least 21 years of age; and
V. Be of good moral character, as determined by the Department.

RATIONALE

ABA is a behavioral therapy intervention, founded by Ivar Lovaas and colleagues in the 1960s, and has been the focus of hundreds of clinical studies that have been published in peer-reviewed journals, measuring the efficacy of ABA or the use of ABA as an intervention with children with ASD (Lovaas 1987; Volkmar et al., 1999; Eikeseth 2009; Virues-Ortega 2010; Matson et al., 2011). Studies have provided guidance for clinicians in establishing effective treatment programs for children with ASD.

According to the American Psychological Association (2017), ABA is taught as a core skill in applied and health psychology programs across the United States. As such, the American Psychological Association (APA) affirms that the practice and supervision of applied behavior analysis are well-grounded in psychological science and evidence-based practice. The APA asserts that the practice and supervision of applied behavior analysis is appropriately established within the scope of the discipline of psychology.

The first ABA practice guidelines were published by the Behavior Analyst Certification Board (BACB) in 2012, with the second edition published in 2014. In 2020, BACB transferred the guidelines to the Council of Autism Service Providers (CASP). CASP published the 3rd edition of the ASD Practice Guidelines in April 2024, listing the following core characteristics of ABA:

- Objective assessment and analysis of the person's condition by observing how the environment affects their behavior, as evidenced through appropriate measurement.

- Understanding the context of the behavior and the behavior's value to the person, their caregivers, their family, and the community.
- Promotion of the person's dignity.
- Utilization of the principles and procedures of behavior analysis to improve the person's health, skills, independence, quality of life, and autonomy.
- Consistent, ongoing, objective data analysis to inform clinical decision making.

There are several alternative models/interventions to ABA used for understanding behavior and promoting learning and development (e.g., Developmental, Individual, Relationship [DIR]; Treatment and Education of Autistic and Related Communication- Handicapped Children [TEACCH]; Relationship Development Intervention [RDI]; and Floortime). These are not considered ABA and there is limited high-quality research findings published.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
97151	Behavior identification assessment, administered by a physician or other 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
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Code	Description
0362T	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.
0373T	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.

HCPCS Codes

Code	Description
H0031	Mental health assessment, by nonphysician
H0032	Mental health service plan development by nonphysician
H2000	Comprehensive multidisciplinary evaluation
H2014	Skills training and development, per 15 mins
H2019	Therapeutic behavioral services, per 15 minutes
H2021	Community-based wrap-around services, per 15 mins

ICD10 Codes

Code	Description
	Any diagnoses within the scope of practice of an ABA provider

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*Key Article

KEY WORDS

Applied Behavior Analysis (ABA), Autism, Autism Spectrum Disorders, Pervasive Developmental Disorders (PDD)

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, Applied Behavioral Analysis is not addressed in a National coverage determination or policy.

There is currently a Local Coverage Determination (LCD) (L33632) for psychiatry and psychology services. Please refer to the following LCD websites for Medicare Members:

[https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33632] accessed 05/06/24.