Applied Behavior Analysis for Autism Spectrum Disorders

I. Policy

University Health Alliance (UHA) will reimburse for Applied Behavioral Analysis (ABA), as required in relevant State of Hawaii mandates, as treatment for Autism Spectrum Disorder (ASD) when such services meet the medical criteria guidelines (subject to limitations and exclusions) indicated below. The scope of this policy is confined to Applied Behavior Analysis for ASD.

II. Background

The diagnosis of ASD can be complex and difficult due to the diversity of the presentation of symptoms and their severity. Parents or guardians of children suspected of having an ASD should seek early diagnosis and care for their child to increase the benefits of treatment. A well-child checkup should include a developmental screening test with specific ASD screening at 18 and 24 months, as recommended by the American Academy of Pediatrics.

Autism spectrum disorder, as defined in the fifth edition of the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-5), includes disorders previously referred to as:

- Atypical autism
- Asperger’s disorder
- Childhood autism
- Childhood disintegrative disorder
- Early infantile autism
- High-functioning autism
- Kanner’s autism
- Pervasive developmental disorder not otherwise specified

According to the National Institute of Child Health and Human Development, currently there is no definitive, single treatment for the management of ASD. Individuals with ASD have a wide spectrum of behaviors and abilities such that no single approach is equally effective for all, and not all individuals benefit from treatment to the same degree. In addition, individuals with ASD may require new and/or multiple episodes of care as well as modifications to the frequency and duration of existing services.

III. Criteria/Guidelines

A. University Health Alliance (UHA) will reimburse Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated. Applied Behavioral Analysis services are covered for members with the diagnosis of Autism Spectrum Disorder.

B. For an initial UHA review for approval of ABA for ASD, all of the following requirements must be met:

   1. Member has a qualifying diagnosis of Autism Spectrum Disorder (ASD)
      
      a. A qualifying diagnosis of ASD must be made by a licensed medical professional (diagnosing provider) with specialized expertise in ASD. Such providers include developmental behavioral pediatricians, developmental pediatricians, neurologists, pediatricians, psychiatrists, licensed psychologists, LCSWs, and APRNs.
         
         i. A diagnosing provider not familiar to UHA may be required to provide credentials showing specialized expertise in ASD.
ii. A diagnosing provider may be required to produce evidence of medically accepted standardized testing for ASD for the member being considered for ABA if there is concern regarding the validity of the ASD diagnosis or credentials of the diagnosing provider. Such testing may include the following (Note: This list is not all inclusive and is not meant to imply that the results of any or all of these tests are required for approval of ABA services):

- Autism Behavior Checklist (ABC)
- Gilliam Autism Rating Scale–2nd Edition (GARS-2)
- Childhood Autism Rating Scale–2nd Edition (CARS-2)

2. The initial assessment and treatment plan for ABA is developed by any of the following practitioners (rendering providers):
   a. Board Certified Behavioral Doctorate (BCBA-D)
   b. Board Certified Behavioral Analyst (BCBA)

3. The assessment and treatment plan must be submitted by the rendering provider to UHA for Prior Authorization before ABA begins.

C. The ABA treatment plan must contain the following components:
   1. Information from multiple informants and data sources, with direct observation in different settings and situations;
   2. Identified behavioral, psychological, family, and medical concerns that are specifically addressed;
   3. Goals that are specified in objective and measurable terms based on formalized assessments;
      a. The assessments shall address skills acquisition, behaviors, and impairments for which the intervention is to be applied.
      b. Each goal must include baseline measurements, progress to date and anticipated timeline for achievement based on both the initial assessment and subsequent interim assessments over the duration of the intervention.
      c. Goals of intervention must be appropriate for the individual's age and impairments with corresponding measures of progress.
      d. Goals must be related to social skills, communication skills, language skills, behavior change and/or adaptive functioning that specifically relate to the beneficiary.
   4. Interventions that are considered effective for ASD based on consensus and evidence-based practice guidelines from relevant professional societies which are consistent with peer reviewed literature; and
   5. Documentation that shows ABA services will be provided by a rendering provider credentialed by the Behavior Analyst Certification Board.
      a. Since BCBA certification does not guarantee that the professional has any training or experience specific to autism, providers of ABA within the scope of this policy may be required to provide UHA with documentation of professional experience and training in ABA for individuals with autism.

D. After submission of the treatment plan to UHA and authorization for ABA has been obtained, the initial course of Applied Behavior Analysis must meet the following requirements:
   1. An initial course of ABA is considered to be no less than 6 months of therapy. The number of hours authorized for the initial course of ABA will be determined by UHA after prior authorization review of the ABA treatment plan.
2. ABA must be provided by a qualified rendering provider as designated in the treatment plan, which includes the following:
   a. Registered Behavior Technician (RBT) (performing under the supervision of a BCBA, or BCBA-D);
   b. Board Certified Assistant Behavior Analyst (BCaBA) (performing under the supervision of a BCBA or BCBA-D);
   c. BCBA-D; or
   d. BCBA.

E. Continuation of ABA treatment requires additional Prior Authorization for coverage of services. Continuation of ABA may be covered when ALL of the following criteria are met:

1. The individual has met criteria for an initial course of ABA above;
2. The patient shows continuing response to therapy;
3. The individual-specific treatment plan has been updated and submitted to UHA. Treatment plans may be required to be updated more often than scheduled if warranted by individual circumstances;
4. For each goal in the individual-specific treatment plan, the following is documented:
   a. Re-evaluation, done no later than two months after the initial course of ABA treatment began, in order to establish a baseline in the areas of social skills, communication skills, language skills, and adaptive functioning;
   b. Progress to date; and
   c. Anticipated timeline for achievement of the goal based on both the initial assessment and subsequent interim assessments over the duration of the intervention; and
5. Interim progress towards treatment plan goals must be apparent utilizing a generally accepted measurement of progress.
   a. Examples of measurement systems may include VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program) or ABLLS-R (Assessment of Basic Language and Learning Skills-Revised).

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.
IV. Administrative Guidelines

A. No Prior Authorization is required for diagnostic evaluation for ASD. If psychological testing is performed for initial diagnosis of ASD, refer to UHA's Psychological and Neuropsychological Testing medical payment policy.

B. Prior Authorization is required for the development of the ABA treatment plan.
   1. Requiring prior authorization for development of the ABA plan is designed to help prevent parents and providers from spending time and resources on ABA plan development when the diagnosis of ABA or the participation in ABA therapy does not meet policy criteria or requires additional documentation.

C. Prior Authorization is required for the initial course of ABA.
   1. UHA will review the submitted treatment plan and determine how many hours of ABA to prior authorize. Initial course of ABA shall be no less than six months of service.

D. Prior Authorization is required for continuation of ABA after initial course is completed and periodically thereafter.
   1. A treatment plan for continuing treatment must be submitted to UHA at least two weeks prior to the end of the current approved treatment; UHA shall make a determination within this period to minimize disruption in services.

E. ABA treatment will not be covered when the criteria above are not met or when there is no documentation of clinically significant developmental progress in any one of the following areas:
   1. Social skills, communication skills, language skills, adaptive functioning as measured by either interim progress assessment, or developmental status as measured by standardized tests.

F. ABA treatment will not be covered when any of the following apply:
   1. Care is custodial in nature;
   2. Services and supplies are not clinically appropriate;
   3. Services are provided by family or household members;
   4. Treatments are considered experimental;
   5. Services are provided outside of the State of Hawaii.

G. Qualified BCBA or BCBA-D practitioners may supervise up to 10 full-time BCaBA and RBTs. Supervisor must review and sign off on assessments and treatment plans. The supervision of BCaBA and RBTs includes:
   1. All aspects of clinical direction, supervision, and case management
   2. Knowledge of each beneficiary and the treatment team’s ability to effectively carry out clinical activities before assigning them.
   3. Familiarity with the beneficiary’s assessment, needs, treatment plan, and regular observation of the rendering provider implementing the plan (at least two hours for every 10 hours of service provided with at least one of the two hours being direct clinical supervision).
   4. Ideally, the BCBA or BCBA-D practitioner will remain on site while supervising BCaBA and RBTs. If the practitioner is off site, UHA may require additional documentation to assure that adequate supervision is rendered. In the absence of such assurance, reimbursement of services may be denied.

H. To request prior authorization, please go to UHA’s website: https://uhahealth.com/page/prior-authorization-forms to submit via UHA’s online portal.
<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>0359T</td>
<td>Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report</td>
</tr>
<tr>
<td>0360T</td>
<td>Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient</td>
</tr>
<tr>
<td>0361T</td>
<td>Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient</td>
</tr>
<tr>
<td>0362T</td>
<td>Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient</td>
</tr>
<tr>
<td>0363T</td>
<td>Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient</td>
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<tr>
<td>0364T</td>
<td>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time</td>
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<tr>
<td>0365T</td>
<td>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time</td>
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<tr>
<td>0366T</td>
<td>Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time</td>
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<tr>
<td>0367T</td>
<td>Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time</td>
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<tr>
<td>0368T</td>
<td>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time</td>
</tr>
<tr>
<td>0369T</td>
<td>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time</td>
</tr>
<tr>
<td>0370T</td>
<td>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)</td>
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<tr>
<td>0371T</td>
<td>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)</td>
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<tr>
<td>0372T</td>
<td>Adaptive behavior treatment social skills group, administered by physician or other qualified healthcare professional face-to-face with multiple patients</td>
</tr>
<tr>
<td>0373T</td>
<td>Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient</td>
</tr>
<tr>
<td>0374T</td>
<td>Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians’ time, face-to-face with patient</td>
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**Applied Behavior Analysis for Autism Spectrum Disorders Payment Policy**
<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>H0031</td>
<td>Mental health assessment by non-physician [when specified as functional assessment and treatment plan developed for Applied Behavior Analysis (ABA) services by a Qualified Autism Service Provider (licensed clinician or Board Certified Behavioral Analyst (BCBA))</td>
</tr>
<tr>
<td>H0032</td>
<td>Mental health service plan development by non-physician [when specified as supervision of a Qualified Autism Service Professional or Paraprofessional by a Qualified Autism Service Provider]</td>
</tr>
<tr>
<td>H0046</td>
<td>Mental health services, not otherwise specified [when specified as direct ABA services by a Qualified Autism Service Professional]</td>
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<tr>
<td>H2012</td>
<td>Behavioral health day treatment, per hour [when specified as direct ABA services by a Qualified Autism Service Provider]</td>
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<tr>
<td>H2014</td>
<td>Skills training and development, per 15 minutes [when specified as skill development, social skills group activity]</td>
</tr>
<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes [when specified as direct ABA services by a Qualified Autism Service Paraprofessional]</td>
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<thead>
<tr>
<th>ICD-10 Diagnosis</th>
<th>Description</th>
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<tbody>
<tr>
<td>F84.0</td>
<td>Autistic disorder</td>
</tr>
<tr>
<td>F84.3</td>
<td>Other childhood disintegrative disorder</td>
</tr>
<tr>
<td>F84.5</td>
<td>Asperger's syndrome</td>
</tr>
<tr>
<td>F84.8</td>
<td>Other pervasive developmental disorders</td>
</tr>
<tr>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
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</tbody>
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V. Policy History

Policy Number: MPP-0117-151001
Current Effective Date: 01/01/2018
Original Document Effective Date: 10/01/2015
Previous Revision Dates: 09/01/2016
PAP Approved Date: 05/19/2015

References:
UHA policy for evaluation and assessment of Autism Spectrum Disorders is based on criteria published by the American Academy of Neurology (Filipek, 2000), the Child Neurology Society and the American Academy of Pediatrics (Johnson, 2007) the American Academy of Child and Adolescent Psychiatry (Volkmar,1999), and the mandates of State of Hawaii under SB 791: Relating to Autism Spectrum Disorders.