



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 symptoms and signs. 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, if at all. ABA is a discipline that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. When applied to ASD, ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments and responses thereto.

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)
 - Autism Diagnostic Interview-Revised (ADI-R)
 - Autism Diagnostic Observation Schedule-2nd Edition (ADOS-2)
 - Gilliam Autism Rating Scale-2nd Edition (GARS-2)
 - Childhood Autism Rating Scale-2nd Edition (CARS-2)
 - Vineland Adaptive Behavior Scale
 - iii. In cases of diagnostic uncertainty, UHA encourages providers to consider a second expert opinion, such as a developmental pediatrician or pediatric neurologist.
 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. After completion of an approved initial course of ABA, continuation of ABA treatment requires additional Prior Authorization for coverage of services beyond the previously approved initial course. 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. Limitations/Exclusions

- A. 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.
- B. Coverage for ABA services for members must be coordinated with other State programs within the following guidelines:
 - 1. Early Intervention Program (EIP) is responsible to determine and provide specific services to its EIP beneficiaries aged 0 to three. ABA services for UHA members who participate in an EIP must have coordination of such services. Duplicate services will not be covered. In cases where treatment objectives are identical or similar, the requesting provider must include an explanation of how interventions are materially different.
 - 2. Department of Education (DOE) will determine services to be provided to a beneficiary while the beneficiary is in school. Services provided by the DOE are for purposes of educational access and benefit only and will be determined in accordance with the IDEA (Individuals with Disabilities Education Act). UHA will collaborate with DOE, as applicable, to provide and reimburse for ABA services outside of school. Duplicate services will not be covered. In cases where treatment objectives are identical or similar, the requesting provider must include an explanation of how interventions are materially different.

IV. Administrative Guidelines

- A. Prior Authorization is not required for diagnostic evaluation (CPT 90791 or 90792) 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 initial assessment and development of the ABA treatment plan.
 - 1. Requiring prior authorization for development of the ABA plan is designed to 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 will be prior authorized. Initial course of ABA shall be no less than six months of service.
- D. Prior Authorization is required for subsequent assessments to update the treatment plan.
- E. 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. If proper documentation is submitted for review, UHA shall make a determination within this period to minimize disruption in services.
- F. 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.
- 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 submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- I. This policy may apply to the following codes. Inclusion of a code in the tables below does not guarantee that it will be reimbursed.

Screening:

| CPT Code | Description |
|----------|---|
| 96110 | Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument |

Diagnostic Evaluation:

| CPT Code | Description |
|----------|---|
| 90791* | Psychiatric diagnostic evaluation |
| 90792* | Psychiatric diagnostic evaluation with medical services |

Psychological Testing:

| CPT Code | Description |
|----------|--|
| 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour |
| +96113 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 96130 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour |
| +96131 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) |
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes |

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| +96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes |
| +96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) |

*Prior Authorization not required.

ABA Assessment:

| CPT 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 |
| 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. |

Adaptive Behavior Analysis:

| CPT Code | Description |
|----------|--|
| 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 |
| 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 |

*Telehealth modifier, GT, will only be applicable for these codes.

V. Policy History

Policy Number: MPP-0117-151001

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PAC 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.