



## **MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS Applied Behavior Analysis (ABA) Services**

Capital Health Plan (CHP) utilizes medical coverage guidelines to review and make benefit and/or medical necessity coverage decisions for Applied Behavior Analysis (ABA). Despite the lack of evidence from randomized controlled trials, there is growing evidence from observational studies and systematic reviews and a general consensus in the professional community that children with Autism Spectrum Disorder (ASD) should participate in therapeutic programs as early as possible. The use of ABA for older children is controversial. This guideline is for the clinician to use to aid in the decision making process that determines the type and intensity of services needed by a child.

### **Coverage Guidelines:**

Capital Health Plan may authorize ABA services only if all of the following criteria are met:

1. The member has the benefit for ABA therapy, according to their Capital Health Plan benefit package and according to Florida Statute 641.31098.
2. The member has a confirmed diagnosis from a clinician qualified to make such a diagnosis (e.g., clinical child psychologist, child psychiatrist, child neurologist, or developmental pediatrician) at 8 years of age or younger. If the original diagnosis was made by a non-contracted Capital Health Plan provider, a confirmatory diagnosis by a contracted Capital Health Plan provider is required.
3. The diagnostic evaluation for ASD should include a comprehensive assessment, preferably by an interdisciplinary team led by a provider who has sufficient training and expertise to evaluate and manage ASD (e.g., clinical child psychologist, child psychiatrist, child neurologist, developmental pediatrician), and is able to discern subtle differences between ASD and confounding diagnoses (e.g., global developmental delay/intellectual disability, severe language delay/disorder, generalized anxiety disorder, and attention-deficit/hyperactivity disorder [ADHD]). When an interdisciplinary team is not available, a qualified ASD diagnostician, as described above, may be appropriate.
4. Significant maladaptive behaviors or skill-deficits have been identified and are judged to be within the treatment domain of ABA-based treatments (e.g., self-injury, aggression, or deficits in language, self-care, and socialization). The identifiable skill deficits or target behaviors having an impact on development, communication, interaction with others in the child's environment, or adjustment to the settings in which the child functions, such that the child cannot adequately participate in developmentally appropriate essential community activities such as school.
5. The member is expected to be able to adequately participate in treatment (e.g., sufficient cognitive, language, and intellectual capacities) to learn and develop generalized skills

to assist in his or her independence and functional improvements.

6. There is a time limited, individualized treatment and monitoring plan developed as indicated by ALL of the following:
  - a. Treatment intensity (i.e., number of hours per week) is individualized and designed to meet needs of member, and will be adjusted according to member's response to therapy and ability to participate effectively.
  - b. Treatment is to be administered across 'real-world' settings, including school (primarily by school personnel), home, and the community for generalization of skills to occur.
  - c. Treatment plan defines specific target behaviors and skills to be addressed and includes explicit and measurable goals (e.g., behavior change, skill development) that will define member improvement.
  - d. Treatment plan includes regular interval assessments of member progress (or lack of progress) as measured by identified goals.
  - e. Treatment duration will depend on member's attainment of specified goals.
  - f. Treatment plan has documentation of planning for transition through the continuum of interventions, services, settings, as well as discharge criteria.
7. The ABA is not custodial in nature (which CHP defines as care provided when the member has reached the maximum level of physical or mental function and such person is not likely to make further significant improvement or any type of care where the primary purpose of the type of care provided is to attend to the member's daily living activities which do not entail or require the continuing attention of trained personnel.)
8. Parent(s) (or guardians) must be involved in training in behavioral techniques so they can provide additional hours of intervention; this is critical to the generalization of treatment goals to the member's environment and must be documented in the record.
9. There is involvement of community resources to include at a minimum, the school district if the child is 3 or older, or early intervention if not.
  - a. Florida's early intervention system, Early Steps, within Children's Medical Services, serves families with infants and toddlers, birth to 36 months of age, who have developmental delays or a condition likely to result in a delay.
  - b. The Individuals with Disabilities Education Act (IDEA) guarantees a free and appropriate public education for every child aged 3 to 21 years with a disability, including those with ASD. The special education and related services are offered in the form of an individualized education program (IEP).
10. ABA services covered through Capital Health Plan cannot duplicate or replicate services received in a member's early intervention program or primary academic educational setting, or are available within an Individualized Education Plan (IEP) or Individualized Service Plan (ISP). Special education and related services for children with ASD are expected to be provided by the school system and not private therapists.
11. Members 3 years and up: A screening by the school district for an IEP is required and must be submitted with the ABA services request. In Florida, each county has a

designated employee to schedule this screening <http://app4.fldoe.org/EESSContacts/>.

**Medical Necessity Criteria for Initiation of Applied Behavior Analysis:**

<b>Initiation</b>		<b>All 7 sections must be evaluated</b>			
1. Coverage Guidelines above are met. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2. A functional behavioral assessment is planned to be completed within the first 60 days where specific target behaviors are clearly defined. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3. The frequency, rate, symptom intensity or duration, or other objective measure of baseline levels of each target behavior is recorded and quantifiable criteria for progress are established. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
4. The level of impairment (calculated below) justifies the number of hours requested. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Assessment of Symptom Severity (this can be used as a guide)</b>					
<b>Functional Impairment</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	
<b>Hours per week</b>	<b>0 hours</b>	<b>1-2 hours</b>	<b>3-4 hours</b>	<b>5 hours</b>	
Safety: aggression, self-injury, property destruction					
Communication: Problems with expressive or receptive language, poor understanding or use of non-verbal communications, stereotyped or repetitive language					
Socialization / Interpersonal skills: Lack of basic skills required to communicate needs or to function in social settings, such as taking turns, not interrupting conversations, responding to 'no' appropriately					
Maladaptive behavior: Self stimulating through repetitive/stereotyped motions; abnormal, inflexible, or intense preoccupations					
Self-care: Difficulty responding to danger/risks, or advocating for self; problems with grooming/eating/toileting skills					
5. Specific type, duration and frequency of interventions are tied to the function served by the specific target behaviors and related skill deficits. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6. Parent(s) or guardians, are to be trained and required to provide specific additional interventions. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7. If member is 3 years of age or older, a screening by the school district, and/or the child's IEP is included.	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
All seven sections above must be evaluated. Based on scientific literature and CHP's clinical judgment, the initial authorization may be for up to 25 hours per week for up to 6 consecutive months. Further clinical review (by a Medical Director and/or Independent Expert Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information, if ABA services have been provided previously, if the member is 10 years of age or older, and/or any other reason additional					

expertise is deemed necessary by CHP.

**Medical Necessity Criteria for Continuation of Applied Behavior Analysis (every 6 months):**

<b>All 6 sections must be evaluated: If progress has not been measurable, a new functional analysis, consultations from other staff or experts; and changes in interventions need to be arranged.</b>				
1. Essential elements for initiation are still met. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2. Reevaluation has been performed to assess the need for ongoing ABA, including validated assessments. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3. The frequency of the target behavior has diminished since the last review, or if not, there has been modification of the treatment or additional assessments have been conducted. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4. The level of impairment (calculated below) justifies the number of hours requested for ABA. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Assessment of Symptom Severity (this can be used as a guide)</b>				
<b>Functional Impairment</b>	<b>None/ Goals Met</b>	<b>Mild/ Improved</b>	<b>Moderate or Unchanged</b>	<b>Severe/ Regressed</b>
<b>Hours per week</b>	<b>0 hours</b>	<b>1-2 hours</b>	<b>3-4 hours</b>	<b>5 hours</b>
Safety: aggression, self-injury, property destruction				
Communication: Problems with expressive or receptive language, poor understanding or use of non-verbal communications, stereotyped or repetitive language				
Socialization / Interpersonal skills: Lack of basic skills required to communicate needs or to function in social settings, such as taking turns, not interrupting conversations, responding to 'no' appropriately				
Maladaptive behavior: Self stimulating through repetitive/stereotyped motions; abnormal, inflexible, or intense preoccupations				
Self-care: Difficulty responding to danger/risks, or advocating for self; problems with grooming/eating/toileting skills				
5. Parent(s) or guardians have received retraining on these changed approaches. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6. The treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (ex. school) as progress occurs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<p>All six sections above must be evaluated. Based on scientific literature and CHP's clinical judgment following review of treatment progress and response to intervention, the continued authorization may be adjusted based on clinical justification or may be continued for up to 25 hours per week for up to 6 consecutive months. Further clinical review (by a Medical Director and/or Independent Expert Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information, if the treatment intensity (i.e., number of hours per week) on the continuation request after one year is being maintained or increased over the previous request, if ABA services have been provided for two or more years, if the member is 10 years of age or older, and/or any other reason additional expertise is deemed necessary by CHP.</p>				

**Termination of Applied Behavior Analysis:**

**Termination: A child's progress is to be evaluated every 6 months. A child not making progress would be transitioned to other appropriate services. When it becomes clear that a treatment is ineffective, or the treatment is no longer needed, this must be communicated to the family, the Primary Care Physician, and Capital Health Plan.**

1. The essential elements are no longer met. OR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. The severity of the target behaviors has diminished to an extent that there is less interference with ability to function. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. There has been a generalization of training so that target behaviors do not recur and skill deficits have been remediated in the child's natural environment. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. The improvement is sustainable in the home, school or other natural environment or in a less intensive treatment setting. AND	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Caregivers are trained and can continue with interventions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Exclusions

These services have insufficient or no evidence to support efficacy and do not meet medical necessity:

- Services that are purely academic and duplicate or replicate academic learning in a school setting; services provided by school personnel pursuant to an individual education program.
- Services that are not congruent with this medical policy.
- Treatment that is considered to be investigational/experimental, including, but not limited to: Auditory Integration Therapy; Facilitated Communication; Floor Time (DIR, Developmental Individual-difference Relationship-based model); Higashi Schools/Daily Life; Individual Support Program; Hyperbaric Oxygen Therapy (HBO); LEAP; SPELL; Waldon; Hanen; Early Bird; Bright Start; Social Stories; Gentle Teaching; Response Teaching Curriculum and Developmental Intervention Model; Holding therapy; Movement Therapy; Music therapy; Pet Therapy; Psychoanalysis; Son-Rise Program; Scotopic Sensitivity training; Sensory Integration training; Neurotherapy (EEG biofeedback); Gluten-free/Casein-free diets; Mega-vitamin therapy; chelation of heavy metals; Anti-fungal drugs for presumed fungal infection; Secretin administration
- Respite, shadow, para-professional, or companion services in any setting.
- Custodial care with focus on activities of daily living - bathing, dressing, eating and maintaining personal hygiene, etc. - that do not require the special attention of trained/professional ABA staff.

ICD-10 coding: F84.0, F84.5, F84.9, Q90.x

CPT coding: 97151, 97152, 0362T, 97153, 97154, 97155, 97156, 97157, 97158, 0373T, 99487, 99090

Medical Necessity Approvals to be made by:

- Medical Director
- Physician Reviewer
- Utilization Management Nurse
- Nurse Reviewer
- Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member's benefit package:

- Commercial

Approved by UMWG: 03/24/2017, re-approved by UMWG 05/14/2018, 8/28/19. 12/10/20, 12/9/21, 12/8/22, 12/14/23, 12/12/24, 12/11/25

*Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.*