

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 1 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

### SCOPE:

Coordinated Care Medical Management Department

### PURPOSE:

To ensure members follow selection elements established by the Health Care Authority and Coordinated Care clinical policy for Applied Behavioral Analysis (ABA). ABA is an empirically validated approach to improve behavior and skills related to core impairments associated with autism and a number of other developmental disabilities. ABA applies behavioral principles, to everyday situations, that is intended to increase or decrease targeted behaviors. ABA has been used to improve areas such as language, self-help, and play skills, as well as decrease behaviors such as aggression, self-stimulatory behaviors, and self-injury. ABA services support learning and assist with the development of social, behavioral, adaptive, motor, vocational, and cognitive skills. For children with Autism Spectrum Disorder (ASD), therapy can range from 25 to 40 hours per week and requires active parent/guardian involvement to increase the potential for behavior improvement. ABA can also be referred to as Lovaas therapy and intensive behavioral intervention (IBI).

### POLICY/CRITERIA:

Any request for ABA services will trigger a referral to Case Management if there is not already a Case Manager assigned.

### Forms to be included in Requests:

1. Applied Behavioral Analysis Outpatient Treatment Form (filled out completely and legible)
2. Doctor's order for ABA services and Autism Spectrum Disorder diagnosis or other developmental disorder that would benefit from ABA therapy
3. Comprehensive Evaluation of Autism by COE
4. Autism Spectrum Disorder DSM-5 Checklist
5. HCA Applied Behavioral Analysis (ABA) Level of Support Checklist
6. Up to date Treatment Plan with SMART\* goals (For recertification of services this MUST be updated).

### Approval:

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 2 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

Approved ABA services are granted in three to six month increments or longer at Coordinated Care's discretion. Provider must request recertification of services, if needed, 5 days before authorization expires.

### **Initiation of Services**

#### **Criteria:**

1. The *initiation of services* is considered medically necessary when all of the following criteria are met:
  - a. Member is age twenty or younger (the day treatment program is restricted to age two through five);
  - b. Have a physician's order that the client is likely to benefit from participation *AND*;
2. Have one of the following:
  - a. A diagnosis of an autism spectrum disorder as defined by the most current version of the Diagnostic Statistical Manual *OR*;
  - b. A developmental disability for which there is evidence ABA services are effective *AND*;
3. Member exhibits functional impairment, communication delays, social interactions, repetitive, stereotyped behavior or severe behavior that presents a clinically significant health or safety risk to self or others (such as self-injury, aggression toward others, and destruction of property, elopement, severe disruptive behavior or significant interference with basic home or community activities of daily life) *AND*;
4. Less-intensive behavior treatment or other therapy of 60 – 90 days in duration has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behaviors *AND*;
5. An appropriate diagnostician has ruled out all of the following as a sole explanation for symptoms of ASD:
  - a. Neurological disorder (by an MD);
  - b. Lead poisoning (by an MD);
  - c. Primary speech disorder;
  - d. Primary hearing disorder *AND*;
6. The requesting provider is either from a Center of Excellence (COE) or Applied Behavior Analysis (ABA) therapy service provider *AND*;
7. The COE or Medical Provider completes a comprehensive diagnostic evaluation that indicates evidence-based ABA services are medically

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 3 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

necessary and should include all of the following, but is not limited to:

- a. A clinical history with informed parent/guardian, inclusive of developmental and psychosocial history;
  - b. Direct observation
  - c. Review of available records; and Standardized measures including ASD core features, general psychopathology, cognitive abilities, and adaptive functioning using published instruments administered by qualified members of a diagnostic team *AND*;
8. The member is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care *AND*;
  9. There is a reasonable expectation on the part of a qualified treating health care professional who has completed an initial evaluation of the member that the individual's behavior will improve significantly with ABA therapy provided by, or supervised by, a credentialed and contracted ABA provider *AND*;
  10. The treatment plan is built upon individualized age and functionally appropriate goals and projected time lines to achieve those goals. Objectives are measurable and tailored to the patient *AND*;
  11. Parent or caregiver training and support is incorporated into the treatment plan and takes place on a regular basis *AND*;
  12. Interventions are consistent with ABA techniques and emphasize generalization of skills and focus on the development of spontaneous social communication, adaptive skill, and appropriate behaviors *AND*;
  13. The number of service hours necessary to effectively address the challenging behaviors is listed in the treatment plan *AND*;
  14. ABA services are provided by appropriate professional or paraprofessionals meeting their individual state requirements as appropriately licensed, certified or otherwise approved to provide ABA evaluations, assessments, care/treatment planning and the delivery of the recommended services.

### **ABA Recertification of Services**

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 4 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

When ABA is a **covered benefit**, the recertification of services is considered medically necessary when the above criteria from prior ABA services is met as well as the following criteria:

- a. Requests for recertification of therapy must be accompanied by documentation maintained by the provider that outlines actual services received and a graphic representation documenting the progress made by the member *AND*;
- b. Recertification of services need to be requested 5 days before the expiration date of the last authorization *AND*;
- c. There is reasonable expectation member will benefit from the recertification of ABA therapy as evidenced by mastery of skills defined in initial plan or a change of treatment approach from the initial plan *AND*;
- d. The treatment plan is updated at least every 30 days with formal review of the treatment plan *AND*;
- e. Measurable progress is documented. Continued progress is determined based on improvement in goals as outlined in the provider treatment plan and will focus on improvements in verbal skills, social functioning, and IQ (for children under 4 years) *AND*;
- f. Treatment is not making the symptoms worse *AND*;
- g. Reasonable expectation, based on the members' clinical history, that withdrawal of treatment will result in decompensation or recurrence of signs and symptoms.

### **Exclusion Criteria**

ABA treatment will not be authorized for any of the following purposes:

- Speech therapy
- Occupational therapy
- Vocational rehabilitation
- Supportive respite care
- Recreational therapy
- Orientation and mobility
- ABA services provided in the school setting.
- Services are being provided in duplicate through any another source/setting

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 5 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

### **Transition/Discharge Planning**

Members may reduce or end Applied Behavioral Analysis services after achieving their treatment goals. Upon successfully meeting treatment goals, members may better qualify for lower levels of care. This can be demonstrated by the following:

- a. Member's and family's ability to generalize the skills in multiple settings and mastery of the majority of the program goals.
- b. Step-down in program hours as recommended by the provider.
- c. Member's readiness to move from current level of service to lower level of service.
- d. Communication and coordination of care between all other professionals involved in member's care.

### **Termination/Denial of Services**

1. If Coordinated Care determines during review that treatment does not appear to meet medical necessity criteria, the provider will be notified at that time and the case will be sent for level II review by Medical Director for determination as outlined in WA.UM.02.01 *Medical Necessity Review in TruCare*.
2. Medical necessity denial of services may be due to one of the following:
  - a. No meaningful, measurable change has been documented in the patient's behavior(s) for a period of **three to six months** or optimal treatment (For changes to be "meaningful" they must be durable over time beyond the end of the actual treatment session, and generalized outside of the treatment setting to the patient's residence and to the larger community within which the patient resides.)OR;
  - b. Treatment is making the symptoms worse OR;
  - c. The patient has achieved adequate stabilization of the challenging behavior and less-intensive modes of therapy are appropriate OR;
  - d. The patient demonstrates an inability to maintain long-term gains from the proposed plan of treatment.
  - e. Noncompliance (does not keep appointment, parent fails to attend treatment sessions and/ or fails to attend scheduled parent training sessions.)

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 6 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 7 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 8 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

### Background

A number of scientific studies have been conducted evaluating the effectiveness of ABA. The original and long-term follow-up study conducted by O. Ivar Lovaas included 38 children who were non-randomly assigned to ABA therapy or minimal therapy. Outcomes were compared to data from 21 children in another facility that had similar characteristics. Lovaas reported improvements in cognitive function and behavior that were sustained for at least 5 years. Almost half of the ABA group passed normal first grade and had an IQ score that was at least average. The flaws in this study included: small sample size, non-randomization of patients to treatment groups, potential selection bias, and endpoints that may not meet current standards (Hayes Medical Directory). More recent studies have reported effectiveness in some autistic children, especially in relatively high-functioning children, but none have replicated the results from the Lovaas study.

Multiple systematic reviews with meta-analyses have been conducted on ABA studies for ASD, with conflicting results. Ospina and colleagues (2008) systematically reviewed studies comparing behavioral and developmental interventions for ASD. The four randomized control trials (RCTs) reviewed that compared ABA to Developmental Individual-difference relationship-based intervention (DIR) or Integrative/Discrete trial combined with Treatment and Education of Autistic and related Communication Handicapped Children (TEACCH) found no significant difference in outcomes (Ospina et al., p. 4). Seven out of eight studies that reported significant improvements were not RCTs and have significant methodological limitations (Ospina et al., 2008, p. 5). Results from a meta-analysis of controlled clinical trials demonstrated that Lovaas is superior to special education for a variety of outcomes; however, there is no definitive evidence suggesting superiority of Lovaas over other active interventions (Ospina et al. 2008, p. 26). Additionally, five other systematic reviews found that ABA was an effective intervention for ASD, but still noted the substantial limitations of included studies, which could affect meta-analysis results and the expected efficacy of ABA (Eldevik 2009; Reichow 2009; Makrygianni 2010; Virues-Ortega 2010; Warren et al. 2011).



## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 9 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

Furthermore, Reichow and others (2014) conducted a systematic review of the RCTs, quasi-RCTs, and controlled clinical trials in the ABA literature, commenting that these were not of optimal design. Reichow and others (2014) concluded that the evidence suggests ABA can lead to improvements in IQ, adaptive behavior, socialization, communication and daily living skills. However, they strongly caution that given the limited amount of reliable evidence, decisions about using ABA as an intervention for ASD should be made on a case by case basis (Reichow et al. 2014, p. 33). In contrast, Spreckley and Boyd (2009) state in their systematic review that children receiving high intensity ABA did not show significant improvement in cognitive functioning (IQ), receptive and expressive language, and adaptive behavior compared to lesser interventions including parenting training, parent- applied behavior intervention supervised weekly by a therapist, or interventions in the kindergarten.

Further research needs to be done to determine the effectiveness of ABA at improving IQ, language skills, social skills, and adaptive behaviors, especially compared to other interventions. In addition, rigorous studies should examine which subgroups of children or adolescents with ASD benefit the most from ABA.

### **Coding Implications**

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### **ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

ICD-10-CM Code	Description
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## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 10 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

ICD-10-CM Code	Description
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

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## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 11 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

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## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 12 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

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**REFERENCES:** Washington State Health Care Authority Washington Apple Health (Medicaid) Applied Behavioral Analysis (ABA) Program billing Guide January 1, 2018

### ATTACHMENTS:

### DEFINITIONS:

**Diagnostic and Statistical Manual of Mental Disorders (DSM-5)** - The manual published under this title by the American Psychiatric Association that provides a common language and standard criteria for the classification of mental disorders.

**Applied Behavioral Analysis (ABA):** The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human social behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

**Autism Spectrum Disorder (ASD):** The meaning given that term in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

**Autism:** A developmental disability significantly affecting verbal and nonverbal communication and social interaction that adversely affects a child's

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 13 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

educational performance. Other characteristics that may be associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Essential features are typically but not necessarily manifested before age three. Autism may include autism spectrum disorders such as but not limited to autistic disorder, pervasive developmental disorder, not otherwise specified, and Asperger’s syndrome. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance. However, a child who qualifies for special education under the category of autism may also have an emotional disturbance as a secondary disability if the child meets the criteria under emotional disturbance.

**Center of Excellence (COE):** A COE is a hospital, medical center, or other health care provider that meets or exceeds standards set by the agency for specific treatments or specialty care. In this program, a COE performs the clinical diagnostic evaluation to determine whether ABA services are appropriate for an individual child. The COE also provides the required diagnostic documentation to the agency and the managed care plans.

### REVISION LOG

<b>REVISION</b>	<b>DATE</b>
Policy created.	5/16/17
Updated to include referral to CM upon request for authorization.	6/2/17
Updated with revisions for Washington State HCA guidelines	7/26/17
Moved to correct Centene Policy template	9/19/17
Reviewed and Updated against Centene policy update: added background, coding implications, ICD 10 information, references, and added criteria 4 and 5. Reviewed against January 2018 HCA billing guide: updated purpose, 2a, added definition of COE and updated ABA recertification section “d”. Moved list of required documents to the top of the policy below purpose.	6/1/18

#### Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 14 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Applied Behavioral Analysis Therapy
<b>PAGE:</b> 15 of 15	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/16/17	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/26/17	<b>REVIEWED/REVISED:</b> 6/1/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.35

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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### APPROVAL

*The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to an actual signature on paper.*

VP/Director Medical Management: On file.