

BENEFIT COVERAGE POLICY

Title: BCP-12 Applied Behavioral Analysis (ABA) Therapy for Treatment of Autism Spectrum Disorders

Effective Date: 07/01/2023

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

In compliance with the Affordable Care Act (ACA), each state was mandated to create a list of Essential Health Benefits (EHB) that all "metal" plans must cover. The State of Michigan included Applied Behavioral Analysis (ABA) therapy for the treatment of Autism Spectrum Disorders (ASD) in its list of EHBs and mandated coverage of treatment for ASD effective October 2012 for all fully-insured and non-ERISA non-federal governmental self-funded health plans.

Prior to 1/1/2023, the Health Plan requires prior approval for coverage of treatment for medically diagnosed ASD for children through 18 years of age.

Effective **01/01/2023**, the Health Plan requires prior approval for coverage of treatment for medically diagnosed ASD. Age restrictions will not apply to ABA therapy for fully funded health plans. Please see section 5.0 for self-funded health plans.

Please refer to the member's benefit plan coverage guidelines for ASD Treatment as well as below:

- Most plans do not cover treatment of ASD provided by non-network providers.
- A covered member must receive a diagnosis of ASD by a licensed physician or a licensed psychologist to receive coverage for ASD services. Insurance carriers may require an evaluation of the member to be conducted every three years.
- ABA therapy services for autism must be performed by a provider who is supervised by a Michigan licensed Behavior Analyst (BCBA). The ABA treatment plan must be developed and supervised by a Michigan Licensed Behavior Analyst.
- Michigan requires that Behavior Analysts and Assistant Behavior Analysts be licensed under the Michigan Board of Behavior Analysts effective April 3, 2019.
- Health Plan covers the initial evaluation to establish the diagnosis of ASD, including psychological testing and does not require prior approval.
- Physical therapy, occupational therapy and speech therapy require prior approval and must be performed by a licensed therapist. Therapy and documentation must follow the same guidelines as those for non-ASD treatment programs (see BCP-06 "Outpatient Rehabilitation – Physical and

Occupational Therapy”). When therapy is for the treatment of ASD and there is a benefit, these therapies are not subject to the outpatient therapy benefit limit.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

Delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

2.0 Background:

Autism spectrum disorder is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communication behavior used for social interaction, and skills in developing, sustaining, and understanding relationships. In addition to the social communication and interaction deficits, the diagnosis of ASD requires the presence of restricted, repetitive patterns of maladaptive behavior, interests, or activities.

Signs and symptoms of ASD generally appear prior to three years of age and include difficulties with language, deficient social skills, and restricted or repetitive body movements and behaviors. Autism and other Autism Spectrum Disorders may be suspected by the following symptoms: any loss of any language or social skills at any age; no two-word spontaneous (not just echolalic) phrases by 24 months; no babbling by 12 months; no gesturing (e.g., pointing, waving bye-bye) by 12 months; or no single words by 16 months.

There is no cure for ASD. However, there is a consensus that treatment must be individualized depending on the specific strengths, weaknesses, and needs of the child and family. Early diagnosis and early intensive treatment have the potential to affect outcomes, particularly with respect to behavior, functional skills, and communication. There is increasing evidence that intervention is more effective when initiated as early as possible.

Diagnosis and treatment of ASD may involve a variety of tools. Developmental screening, usually performed during a routine well-child exam, identifies unusual behaviors such as social, interactive, and communicative behaviors that are delayed, abnormal, or absent. Once identified, a comprehensive multidisciplinary assessment is recommended in order to make an accurate and appropriate diagnosis.

Appropriate certified/licensed healthcare professionals for evaluation and management of autism include the following: Board Certified Behavior Analyst; developmental pediatrician; neurologist; occupational therapist; physical therapist; primary care provider; psychiatrist; psychologist; or speech-language pathologist and audiologist.

3.0 Clinical Determination Guidelines:

A. A request for ABA therapy approval, must include the following documentation:

1. Identifying information:
 - a. Demographics - patient’s name, date of birth, UM Health Plan member ID#.
 - b. Date(s) of initial assessment and reassessments.
 - c. Michigan licensed Behavior Analysts conducting assessment and/or treatment plan reassessments.
 - d. Autism Corporate Service Provider/company.
2. Background and history:
 - a. Prescribed medications, if applicable.

- b. Medical co-morbidities, if applicable.
 - c. If the child is enrolled in school, what are his/her specific hours in school?
 - d. Specify hours for other services indicated (physical, occupational, speech therapy); OR statement specifying no other services are received.
 - e. Statement regarding the level of severity: mild = level 1, moderate = level 2, severe = level 3, and the qualified healthcare provider that made this determination. *See *table below in Sec. 6.0 "Terms and Definition."*
 - f. History of ABA therapy – the start of care for ABA services and type of treatment setting(s).
 - g. Parent/Guardian signature.
 - h. Name of supervising Michigan Licensed Behavior Analyst.
3. Assessment/reassessment that includes:
- a. Identifiable maladaptive target behaviors having a negative impact on development, social interactions, communication, safety, environment, or function.
 - b. Prior to the end of the six-month authorization period, a reassessment is required no more than 60 days from the end of the authorization period.
4. Individualized Treatment Plan that includes:
- a. Goals and objectives that are specific, measurable, time-limited (e.g., frequency, rate, intensity, and duration), mastery criteria, and include coordination with all providers, supports, and resources.
 - b. Planned treatment setting (e.g., home, clinic, school).
 - c. Other services to be provided (physical, occupational, or speech therapy), with specific hours for each discipline OR include a statement specifying that no other services are received.
 - d. Number of hours requested for each service with a summary to justify hours and billing codes.
 - e. Documentation that ABA therapy is not custodial, maintenance, or recreational in nature, and not for the purposes of respite or residential care. Services are provided as planned to prevent, diagnose, evaluate, correct, or treat ASD.
 - f. Identifies parental or guardian participation in prioritizing target behaviors, and training in behavior techniques to provide additional and supportive interventions. Noting "parent participation" is not sufficient. Parent training shall include specific, measurable, time-limited (e.g., frequency, rate, intensity, and duration) and mastery criteria.
 - g. Evidence of identified and involved community resources.
 - h. An updated treatment plan noting measurable progress on targeted behaviors identified in the initial treatment plan, and new or revised interventions specifying individualized needs. Updated criteria and specific behavioral goals and interventions for lesser intensity of care and discharge must be included; as well as documentation of updated parental or guardian involvement in prioritizing target behaviors and training in behavioral techniques in order to provide additional and supportive interventions.
 - i. Transition plan.
 - j. Discharge plan.
 - k. Crisis plan, if needed.
- B. Benefit exclusions include:

1. Sensory integration therapy.
 2. Adults age 19 years and older (DOS prior to 12/31/2022).
 3. Services provided by family or household members.
 4. Treatment of conditions such as Rett's Disorder or childhood disintegrative disorder.
 5. Services for treatment of Autism Spectrum Disorders received from Non-Network health care providers.
- C. The Health Plan considers the following procedures and services experimental and investigational as peer-reviewed medical literature does not support the use of these procedures and services in the assessment and treatment of autism and other pervasive developmental disorders:
1. Assessment:
 - a. Allergy testing (e.g., food allergies for gluten, casein, candida, molds).
 - b. Celiac antibody testing.
 - c. Ciliary neurotrophic factor (as a biomarker for ASD).
 - d. GABA receptor polymorphisms testing.
 - e. Electronystagmography (in the absence of dizziness, vertigo, or balance disorder).
 - f. Erythrocyte glutathione peroxidase studies.
 - g. Event-related brain potentials (EEG).
 - h. Genetic panels other than CGH (e.g., the Fulgent ASD panel, the Greenwood Genetic Center's Syndromic Autism Panel, and the MitoMed-Autism Assay).
 - i. Genetic testing for DRD2, HTR2C, MTHFR, RELN, SLC25A12, and UGT2B15 for diagnosis of autism and other pervasive developmental disorders and their drug treatment.
 - j. Hair analysis.
 - k. Homocysteine testing.
 - l. Intestinal permeability studies.
 - m. Latent class analysis (for determination of psychosis-related clinical profiles in children with autism spectrum disorders).
 - n. Magneto-encephalography/magnetic source imaging.
 - o. Neuroimaging studies such as CT, functional MRI (fMRI), MRI, MRS.
 - p. Nutritional testing (e.g., testing for arabinose and tartaric acid).
 - q. Olfactory function testing.
 - r. Provocative chelation tests for mercury.
 - s. Serum cytokine and growth factor levels.
 - t. Stool analysis.
 - u. Tests for glutamatergic candidate genes.
 - v. Tests for immunologic or neurochemical abnormalities.
 - w. Tests for micronutrients such as vitamin levels.
 - x. Tests for mitochondrial disorders including lactate and pyruvate.

- y. Tests for amino acids (except quantitative plasma amino acid assays to detect phenylketonuria), fatty acids (non-esterified), organic acids, citrate, silica, urine vanillylmandelic acid.
 - z. Tests for heavy metals (e.g., antimony, arsenic, barium, beryllium, bismuth, mercury).
 - aa. Tests for trace metals (e.g., aluminum, cadmium, chromium, copper, iron, lead, lithium, magnesium, manganese, nickel, selenium, zinc).
 - bb. Tympanometry (in the absence of hearing loss).
 - cc. Urinary peptide testing.
 - dd. Whole-exome sequencing.
2. Treatment.
- a. Acupuncture.
 - b. Anti-fungal medications (e.g., fluconazole, ketoconazole, metronidazole, nystatin).
 - c. Anti-viral medications (e.g., acyclovir, amantadine, famciclovir, isoprinosine, oseltamivir, valacyclovir).
 - d. Auditory integration therapy.
 - e. Chelation therapy.
 - f. Cognitive rehabilitation.
 - g. Electro-convulsive therapy (for the treatment of autistic catatonia).
 - h. Elimination diets (e.g., gluten and milk elimination).
 - i. Facilitated communication.
 - j. Emotion recognition training.
 - k. Herbal remedies (e.g., astragalus, berberis, echinacea, garlic, plant tannins, uva ursi).
 - l. Floortime therapy or Individual Difference Relationship (IDR).
 - m. GABAergic agents (e.g., acamprosate, arbaclofen, and valproic acid).
 - n. Hippotherapy.
 - o. Holding therapy.
 - p. Immunoglobulin infusion therapy.
 - q. Manipulative therapies.
 - r. Massage therapy.
 - s. Music therapy and rhythmic entrainment interventions.
 - t. Memantine.
 - u. Neuro-feedback/EEG biofeedback.
 - v. Nutritional supplements (e.g., dimethylglycine, glutathione, magnesium, megavitamins, omega-3 fatty acids, and high-dose pyridoxine).
 - w. Nutritional therapy (e.g., casein-free and gluten-free diets, ketogenic and modified Atkins diets).
 - x. Oxytocin.
 - y. Quantum Reflex Integration.
 - z. Relationship Development Intervention (RDI).
 - aa. Secretin infusion therapy.

- bb. Sensory integration therapy.
- cc. Stem cell transplantation.
- dd. Systemic hyperbaric oxygen therapy.
- ee. Tomatis sound therapy.
- ff. Transcranial direct current stimulation.
- gg. Vestibular stimulation.
- hh. Vision therapy.
- ii. Vitamin and/or mineral therapy (calcium, germanium, magnesium, manganese, selenium, tin, tungsten, vanadium, zinc, etc.).
- jj. Weighted blankets or vests.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237, 10 = ASO group L0002193.

| COVERED CODES | | | |
|----------------------|--|-----------------------|---|
| Code | Description | Prior Approval | Benefit Plan Cost Share Reference |
| 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 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 97154 | Group adaptive behavior treatment by | Y | Applied Behavioral |

| COVERED CODES | | | |
|----------------------|--|-----------------------|---|
| Code | Description | Prior Approval | Benefit Plan Cost Share Reference |
| | 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 | | Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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. | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |
| 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 | Y | Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders |

| COVERED CODES | | | |
|---------------|-------------|----------------|-----------------------------------|
| Code | Description | Prior Approval | Benefit Plan Cost Share Reference |
| | behavior. | | |

| NON-COVERED DIAGNOSIS CODES | | |
|-----------------------------|-----------------|---------------------------------|
| Dx Code | Description | Benefit Plan Reference/Reason |
| F84.2 | Rett's syndrome | Not included in state of MI law |

| ICD-10 DIAGNOSIS CODES (list is all-inclusive) | |
|--|---|
| Code | Description |
| F84.0 | Autistic disorder |
| F84.5 | Asperger's syndrome |
| F84.8 | Other pervasive developmental disorders |
| F84.9 | Pervasive developmental disorder, unspecified |

5.0 Unique Configuration/Prior Approval/Coverage Details:

Self-funded plans, MAS05100, DAS01301, DAS01501, DAS01601 do not cover treatment for autism spectrum disorders.

Self-funded group L0002184 – removed autism age limit eff 6/10/2022. PA still required.

Self-funded groups L0002169 (non-union only) and L0002237 – removed autism age limit eff 1/1/2023. PA still required.

Self-funded group L0002011 – removed autism age limit eff 04/01/2023. PA still required.

Self-funded group L0002193 – removed autism age limit eff 07/01/2023. PA still required.

All other self-funded plans will continue the age limit of 18 unless otherwise noted in this section.

6.0 Terms & Definitions:

Applied Behavior Analysis (ABA) - Applied behavior analysis (ABA) is the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

Autism Diagnostic Interview (ADI) - a structured interview conducted with the parents, guardian or caregiver of an individual who has been referred for the evaluation of possible autism spectrum disorders.

Autism Diagnostic Observation Schedule (ADOS) – a standardized diagnostic test for diagnosing and assessing autism spectrum disorders. Protocol consists of a series of structured and semi-structured tasks that involve social interaction between the examiner (psychologist or psychiatrist) and the person being assessed.

Board Certified Assistant Behavior Analyst (BCaBA) – undergraduate-level (bachelor's) certification in any discipline. BCaBAs may not practice independently, and must be supervised by someone certified

at the BCBA level. BCaBAs can supervise the work of a Registered Behavior Technician, and others who implement behavior-analytic interventions.

Board Certified Behavior Analyst (BCBA) – a state-licensed provider who has a graduate-level (master’s or doctoral) certification in behavior analysis and who has successfully completed all applicable requirements imposed by the state of Michigan to practice ABA. Directly supervises and is responsible for acquiring, training, and overseeing the work of lay workers who deliver intensive behavioral/educational interventions.

Registered Behavior Technician (RBT) – a paraprofessional who practices the close, ongoing supervision of a BCaBA, or BCBA. Primarily responsible for the direct implementation of behavior-analytic services as described in the treatment plan. It is the responsibility of the RBT Supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. Applicant must be 18 years of age, have a high school diploma or national equivalent, complete 40 hours of training, complete a background check and pass the RBT Competency Assessment and RBT examination.

Relationship Development Intervention – a trademarked proprietary treatment program for ASD that is a family-based, behavioral treatment that addresses the core symptoms of autism. Parents and caregivers of persons with autism are trained as the primary therapist and focuses on building social and emotional skills. Training is received through seminars, books, videos, and/or working with an RDI-certified consultant.

Severity levels for ASD:

| Severity Level | Social Communication | Restricted, Repetitive Behaviors |
|---|--|--|
| Level 3 “Requiring very substantial support” | Severe deficits in verbal and nonverbal social communications skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches. | Inflexibility of behavior, extreme difficulty coping with change, or other restricted / repetitive behaviors markedly interfere with functioning in all spheres. Great distress / difficulty changing focus or action. |
| Level 2 “Requiring substantial support” | Marked deficits in verbal and nonverbal communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication. | Inflexibility of behavior, difficulty coping with change, or other restricted / repetitive behaviors appear frequently enough to be obvious to the casual observer in a variety of context. Distress and or difficulty changing focus or action. |

| Severity Level | Social Communication | Restricted, Repetitive Behaviors |
|--------------------------------|---|--|
| Level 1 "Requiring support" | Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communications but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful. | Inflexibility of behavior causes significant interference with functioning in one or more context. Difficulty switching between activities. Problems of organization and planning hamper independence. |

From Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Pages 50-51.

Treatment Plan - a written, comprehensive, and individualized intervention plan that incorporates at a minimum, objective and measurable treatment goals and objectives with mastery criteria, treatment protocols, data collection procedures, parent/caregiver training goals with mastery criteria, care coordination plan, and transition/discharge plan. The treatment plan is developed by a licensed behavior analyst when the treatment of Autism Spectrum Disorder is first prescribed or ordered by a licensed Physician or licensed psychologist.

Treatment Goals – broad, complex short-term and long-term desired outcomes of ABA therapy.

Treatment Objectives – short, simple, measurable steps that must be accomplished to reach the short-term and long-term goals of ABA therapy.

7.0 References, Citations & Resources:

1. Agency for Healthcare Research and Quality, "Effective Health Care Program." Available at: <https://effectivehealthcare.ahrq.gov/health-topics/autism-spectrum-disorder>.
2. Department of Licensing and Regulatory Affairs. Michigan Board of Behavior Analysts. Available at: https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_80658_91162-424096--,00.html.
3. HHS.gov, "The Affordable Care Act and Autism and Related Conditions." April 9, 2015. Available at: <https://www.hhs.gov/programs/topic-sites/autism/aca-and-autism/index.html>.
4. Michigan Autism Program, "Autism Awareness, Education and Resources," Dept. of Health and Human Services. 2018. Available at: <https://www.michigan.gov/autism/0,4848,7-294-63681---,00.html>.
5. National Conference of State Legislatures, "Autism and Insurance Coverage; State Laws." 08.08.2018. Available at: <http://www.ncsl.org/research/health/autism-and-insurance-coverage-state-laws.aspx>.
6. Senate Fiscal Agency, "Insurance: Autism Coverage, S.B. 414 (S-3), 415 (S-3), & 981 (S-1): Committee Summary. 03.08.2012. Available at: <http://www.legislature.mi.gov/documents/2011-2012/billanalysis/Senate/pdf/2011-SFA-0414-S.pdf>.

8.0 Associated Documents [For internal use only]:

Policies and Procedures (P&Ps) - MMP-09 Benefit Determinations MMP-02 Transition and Continuity of Care; UMPP-02 Peer to Peer Conversations

Standard Operating Procedures (SOPs) –MMS-03 Algorithm for Use of Criteria for Benefit Determinations, MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA,

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter, Lack of Information Letter

Forms – ABA Therapy Request Form, ABA Prior Authorization Checklists, Initial Request and Concurrent Review (see attached samples on pages 12 and 13), Request Form: Out of Network/ Prior Authorization.

9.0 Revision History:

Original Effective Date: 10/01/2019

Next Review Date: 07/01/2024

| Revision Date | Reason for Revision |
|----------------------|--|
| 12/18 | BCP created; approved by QI/MRM 8/14/19 and leadership 8/20/19. |
| 4/20 | Annual review; sample forms added |
| 3/21 | Annual review; no substantive changes, approved by BCC 5/3/21 |
| 3/22 | Annual review – Added that the removal of age restrictions, at this time, is only for small groups and individual metal products. Also added ASO group L0002237. Please note, that Silvia and I will be working on the age restriction for LG and ASO. We will update once the direction is received |
| 06/22 | ASO group L0002184 has removed age restriction as of 06/10/2022 |
| 4/23 | Annual review – Updated section 5.0: Self-funded group L0002011 – removed autism age limit eff 04/01/2023.PA still required. Self-funded group L0002193 – removed autism age limit eff 07/01/2023. PA still required. Updated associated documents in section 8.0. |
| 12/23 | Policy presented and approved at the Medical Management Committee on 12/13/2023 |



***Applied Behavior Analysis/Services (ABA/ABS)
Prior Authorization Checklist***

For use with BCP-12 ABA Therapy for Treatment of Autism Spectrum Disorders

Initial Request

Member ID # and name:

Authorization #

Date request received: [Click here to enter a date.](#)

1. Prior Approval Form

- Is patient information complete?
- Is provider information complete?
- Is the appropriate diagnosis included?
- Are all the appropriate procedure codes and units included?
- Has a Qualified Health Practitioner ordered the services? (Physician or psychologist)

2. Diagnostic Assessment (initial request only to establish a diagnosis of ASD)

- Has an Autism Diagnostic Observation Schedule (ADOS) and/or Autism Diagnostic Interview (ADI) been completed AND signed by a physician or licensed psychologist?
- Is there documentation of the member's symptoms meeting criteria for ASD in the past year?
- Is there a referral for ABA services?



Applied Behavior Analysis/Services (ABA/ABS)

For use with BCP-12 ABA Therapy for Treatment of Autism Spectrum Disorders

Concurrent Review

Member ID # and name:

Authorization #

Date request received: [Click here to enter a date.](#)

1. Assessment or Reassessment

- Does the assessment/reassessment support the request for ABA therapy?
- Are the atypical or disruptive behaviors identified for treatment by ABA therapy?
- Is the provider performing the assessment/reassessment identified (BCBA)?

2. Treatment Plan (does the treatment plan identify ALL the following):

- Psychological concerns
- Medical concerns
- Behaviors to be targeted
- Hours spent in school per week (including home school)
- Current therapies (e.g., PT/OT/ST/outpatient behavior health)
- Planned treatment setting
- A school transition plan developed and included?

3. Measurable goals: (applies to EACH treatment plan goal):

- Has a baseline measurement been performed and documented for this goal?
- Has a timeline been established for resolving this behavior in a measurable way?
- Has the provider performing therapy been identified? (BCBA, BCaBA, RBT)
- Have the hours requested for each goal been substantiated?
- For ongoing treatment, is the treatment plan updated with treatment progress and new goals?

4. Parental training:

- Is the modality clearly identified? (video review, role-playing, lecture, etc.)
- Is the frequency identified (# of times per week/month) and parental involvement documented?
- Is the duration identified and demonstrated? (hours per session)
- Is the provider performing parental training identified? (BCBA, BCaBA, RBT)