

Effective: January 1, 2024

<p>Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Notification Required IF <u>REQUIRED</u>, concurrent review may apply</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409
CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Autism spectrum disorders (ASD) are a group of neurodevelopmental disorders characterized by difficulties in social interaction, impaired communication (both verbal and nonverbal), and repetitive, restrictive behaviors that present in early childhood. ASD has heterogeneous etiology and comorbidities. Diagnostic criteria and nomenclature for these disorders has changed over the years and, while the current terminology in the Diagnostic and Statistical Manual 5 (DSM 5) uses a single category called Autism Spectrum Disorders, previous versions divided this into multiple subcategories.

Applied Behavioral Analysis (ABA) services are defined according to the Behavior Analyst Certification Board as the following:

“ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.”

Types of ABA include, but are not limited to, discrete trial training, verbal behavioral intervention, and pivot response training. Parental and caregiver involvement in the process and continued use of the strategies outside of the formal sessions is

important for the success of the treatment in the long-term.

The individual ABA treatment plan is developed by a Licensed, Applied Behavior Analyst. The actual one-on-one sessions are typically provided by behavioral technicians or paraprofessionals with services ranging in hours of Member contact per week based on the severity of symptoms and intensity of treatment. The technician is supervised by the Licensed, Applied Behavior Analyst.

Treatment may be provided in a variety of settings, such as at home and in the community. ABA services covered under a health benefit plan are typically delivered by a contracted and credentialed provider in a home or community setting. Services provided in a school setting are distinct and separate from those covered by the health plan and are typically covered by the educational system's special education resources as part of the Individual Education Plan (IEP) pursuant to Public Law 94-142.

ABA is typically an extremely intensive treatment program designed to address challenging behavior as defined in our admission criteria. It can occur in any number of settings, including, home, agencies, and hospitals.

Clinical Guideline Coverage Criteria

ADMISSION CRITERIA

The Plan considers admission for ABA Therapy as reasonable and medically necessary for ASD when **ALL** of the following criteria are met:

1. The Member has a definitive diagnosis of an Autism Spectrum Disorder (DSM 5) or an Autistic Disorder/Asperger's Disorder/Pervasive developmental disorder not otherwise specified (PDD-NOS) diagnosis (DSM IV); **and**
2. The diagnosis in criterion 1 above is made by a licensed physician or psychologist experienced in the diagnosis and treatment of autism with developmental or child /adolescent expertise; **and**
3. The child or adolescent has received a comprehensive diagnostic and/or functional assessment (e.g., ABLLS-R, Vineland-II, ADI-R, ADOS-G, CARS2, VB-MAPP, or Autism Behavior Checklist), which include the **ALL** following:
 - a. Complete medical history includes pre-and perinatal, medical, developmental, family, and social elements; **and**
 - b. Physical examination, which may include items such as growth parameters, head circumference, and a neurologic examination; **and**
 - c. Detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of ASD and its' associated comorbidities. A diagnostic evaluation must include the scores from the use of formal diagnostic tests and scales as well as observation and history of behaviors. Screening scales such as the MCHAT-R are not sufficient to make a diagnosis and will not be accepted as the only formal scale; **and**
 - d. Medical screening and testing has been completed to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated; **and**
4. The Member exhibits atypical or disruptive behavior that significantly interferes with daily functioning and activities or that poses a risk to Member or others related to aggression, self-injury, property destruction, etc.; **and**
5. Initial evaluation from a Licensed Applied Behavior Analyst supports the request for the ABA services; **and**
6. The diagnostic report clearly states the diagnosis and the evidence used to make that diagnosis.

CONTINUING STAY CRITERIA

The Plan considers continuation of ABA Therapy as reasonable and medically necessary for ASD when **ALL** of the following are met:

1. The individual's condition continues to meet admission criteria for ABA, either due to continuation of presenting problems, or appearance of new problems or symptoms; **and**
2. There is reasonable expectation that the individual will benefit from the continuation of ABA services. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. The treatment plan is updated based on treatment progress including the addition of new target behaviors; **and**
3. Initial assessment from a Licensed Applied Behavior Analyst supports the request for ABA services; **and**
4. Member's progress is monitored regularly evidenced by behavioral graphs, progress notes, and daily session notes. The treatment plan is to be modified, if there is no measurable progress toward decreasing the frequency, intensity and/or duration of the targeted behaviors and/or increase in skills for skill acquisition to achieve targeted goals and objectives; **and**
5. There is documented skills transfer to the individual and treatment transition planning from the beginning of treatment; **and**

6. There is a documented active attempt at coordination of care with relevant providers/caretakers, etc., when appropriate. If coordination is not successful, the reasons are documented; **and**
7. Parent(s) and/or guardian(s) involvement in the training of behavioral techniques must be documented in Member's medical record and is critical to the generalization of treatment goals to Member's environment; **and**
8. Services are not duplicative of services that are part of an Individual Educational Plan (IEP) or Individual Service Plan (ISP) when applicable.

DISCHARGE CRITERIA

The Plan considers discharge from ABA Therapy as reasonable and medically necessary when **ONE** of the following is met:

1. Member's individual treatment plan and goals have been met; **or**
2. Member has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated; **or**
3. Member no longer meets admission criteria, or meets criteria for a less or more intensive service; **or**
4. Treatment is making the symptoms persistently worse; **or**
5. Member is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement or stabilization of challenging behavior and there is no reasonable expectation of progress.

Limitations

The Plan considers ABA therapy as not medically necessary for the following conditions:

1. Member has medical conditions or impairments that would prevent beneficial utilization of services.
2. Member requires the 24-hour medical/nursing monitoring or procedures provided in a hospital setting.
3. Member is receiving on going In-Home Behavioral Services or services similar to ABA.
4. The following services are not included within the ABA treatment process and will not be certified:
 - a. vocational rehabilitation
 - b. supportive respite care
 - c. recreational therapy
 - d. respite care.
5. The services are primarily for school or educational purposes.
6. The treatment is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, and Higashi (Daily Life Therapy).
7. Pursuant to MassHealth requirements, Member is ≥ 19 years of age and enrolled in a Family Assistance plan, or ≥ 21 years of age and enrolled in a Standard or CommonHealth plan.

Codes

The Member must have one of the following ICD-10 diagnoses to be considered for coverage. Please refer to the [Autism Professional Payment Policy](#) for information regarding billing instructions for these services.

Table 1: ICD-10 Codes

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

Table 2: CPT/HCPCS Codes

The following code(s) require prior authorization:

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
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
H0031	Mental health assessment, by non-physician - Assessment and treatment planning by a BCBA

References:

1. MassHealth Medical Necessity Criteria “Applied Behavioral Analysis (ABA)” published August 23, 2016

Approval And Revision History

September 9, 2015: Reviewed by the Medical Policy Approval Committee (MPAC) effective October 1, 2015.

Subsequent endorsement date(s) and changes made:

- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 4, 2020: Fax number for Unify updated
- November 18, 2020: Reviewed by IMPAC. Addition of code 97156 effective 8/1/2020, revised code description to H2012.
- September 15, 2021: Reviewed by IMPAC, renewed without changes
- April 4, 2022: Template updated
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- April 19, 2023: Reviewed by Medical Policy Approval Committee (MPAC) with the following approved: Removal of codes H0032, H2012 and H2019. Addition of codes 97151, 97153, 97154, 97155, and 97157 which are effective October 1, 2022.
- August 16, 2023: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes, template updated effective November 1, 2023
- October 24, 2023: Template updated
- November 2023: Rebranded Unify to One Care effective January 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members

under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.