I. ACTION

New Policy

X Revising Policy Number CMS10.05

Superseding Policy Number

Archiving Policy Number

Retiring Policy Number

II. POLICY DISCLAIMER

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted first to know what benefits are available for coverage.

Specific contract benefits, guidelines or policies supersed the information outlined in this policy.

III. POLICY

For Advantage MD, refer to: Medicare Coverage Database.


For Employer Health Programs (EHP), refer to:

- Plan specific Summary Plan Descriptions (SPD's)

For Priority Partners (PPMCO), refer to : Code of Maryland Regulations

Keywords: ABA, Applied Behavioral Analysis, Autism, BCBA
IV. POLICY CRITERIA

A. Initial Applied Behavioral Analysis: When benefits are provided under the member’s contract, JHHC considers Focused ABA or Comprehensive ABA medically necessary when InterQual® BH Procedures - Applied Behavioral Analysis (ABA) for Autism Spectrum Disorder, criteria are met and ALL of the following are met:

1. There must be a diagnosis of a condition on the Autism Spectrum (ICD-10: F84.0, F84.5, F84.9) meeting all DSM-5 criteria, AND;

2. The diagnosis of Autism Spectrum Disorder (ASD) has been made by a qualified health care professional:
   a. pediatrician, developmental pediatrician, or neurodevelopmental pediatrician,
   b. pediatric neurologist
   c. psychiatrist
   d. doctoral-level clinical psychologist
   e. doctoral-level neuropsychologist
   f. doctor of nursing practice: doctoral-level nurse practitioner or doctoral-level clinical nurse specialist with training and experience to diagnose ASD, (Refer to TRICARE manual in Policy section III above for USFHP specific requirements) AND;

3. The member must be under the age of 19 (unless there are mandates specifying other age limits), AND;

4. The benefits requested are not provided or have not already been provided for diagnostic or treatment services related to learning, curriculum planning, educational achievement or special education programs which are the responsibility of the educational system provided under the IDEA (IEP, IFSP) or 504 Plan, AND;

5. The treatment plan includes detailed goals of what specific behaviors will improve and by what percent within the proposed timeframe, AND;

6. For Focused ABA, the target behavior(s) must be severe, maladaptive and disruptive, such that the behaviors very significantly or even completely interfere with the child's ability to function, or the child’s personal safety, or the safety of others in the child's environment, is jeopardized. Examples of maladaptive disruptive behaviors include, but are not limited to:
   a. aggression (i.e. biting, kicking)
   b. self-injury
   c. disruptive behavior
   d. elopement
   e. other severe challenging behaviors (i.e. urinating/defecating on self, pica) OR

7. For Comprehensive ABA, there are identifiable target behaviors or skill deficits having a severe impact on development, communication, or social interaction with typically developing peers or others in the child’s environment, or a need for 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, AND;

8. Parent(s) (or guardians) are directly involved in prioritizing target behaviors and training in behavioral techniques so that they can provide additional hours of intervention, AND;
9. There is a time-limited, individualized treatment plan developed that:
   a. Is child-centered, strengths-specific, family-focused, community-based, multi-system, culturally-competent, and least-intrusive
   b. Clearly defines specific target behaviors in terms of frequency, rate, symptom intensity or duration
   c. Records frequency, rate, symptom intensity or duration, or other objective measures of baseline levels
   d. Establishes quantifiable criteria for progress
   e. Describes behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills
   f. Documents the plan for transition through the continuum of interventions, services, and settings, as well as discharge criteria, AND;

10. ABA services must be provided by individuals licensed by the state, certified by the Behavior Analyst Certifying Board, or otherwise legally authorized to provide ABA services in the jurisdiction in which the services are provided, unless state mandates, plan documents or contracts require otherwise (Refer to Definitions section for ABA Provider Types).

B. Continued Applied Behavior Analysis: When benefits are provided under the member’s contract, JHHC considers Focused ABA or Comprehensive ABA medically necessary when: InterQual® BH Procedures - Applied Behavioral Analysis (ABA) for Autism Spectrum Disorder, criteria are met and ALL of the following are met:
   1. Requirements outlined in Initial Applied Behavior Analysis continue to be met; AND
   2. Documentation of progress toward goals as evidenced by reduction in rates, intensity and duration of maladaptive behaviors and increase in skill acquisition.
   3. All continued treatment plans for both Type 1 and Type 2 ABA must be submitted for reevaluation before the conclusion of the period that has been preauthorized or every six months, whichever is shorter.

C. Group Applied Behavior Analysis or Social Skills Group: *(Section C applies to EHP; Refer to TRICARE manual in Policy section III above for USFHP specific coverage/exclusions)*
   When benefits are provided under the member’s contract, JHHC considers treatment of ASD with group ABA or social skills group medically necessary when the following criteria are met:
   1. The member must have a diagnosis of Autism Spectrum Disorder as noted in A.1 above
   2. The member has sufficient social, language, and adaptive skills to participate in the group interventions.
   3. The member’s treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the individual and his/her targeted behaviors/skills.
   4. The treatment plan should provide multiple planned opportunities for the member to practice each target skill with a goal of generalization of skills outside of the group session.
   5. The hours requested should be justified in the treatment plan, reflect the member’s needs and ability to participate, and exclude time unrelated to the provision of treatment.
   6. The group treatment is provided by a board certified behavior analyst (BCBA, BCBA-D), licensed psychologist, or other licensed, credentialed professional whose scope of practice, training, and competence includes applied behavior analysis.
   7. Ongoing group treatment must meet the requirements noted in B. above.

D. Exclusions: Unless benefits are provided under the member's contract, JHHC considers the following ABA services NOT COVERED:
   1. ABA for indications that do not meet the criteria listed in Sections A or B above.
   2. Services rendered when measurable functional improvement or continued clinical benefit is not met, and treatment is not deemed medically necessary.
Applied Behavioral Analysis

3. Coverage for multiple provider's time during one ABA session with a child when more than one ABA provider is present
4. Indirect supervision of ABA providers
5. Writing of notes or assessment reports outside of what is included in the assessment code
6. Office or therapeutic supplies (i.e. building blocks, stickers, binders)
7. Group adaptive behavior treatment, when administered by a technician
8. Assessments to identify behaviors, conducted by a technician

V. DEFINITIONS

Applied Behavioral Analysis (ABA): Means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvements in human behavior and includes the direct observations, measurement, and functional analysis of the relations between environment and behavior (COMAR 10.09.28.01).

1. Comprehensive ABA: Refers to treatment of the multiple affected developmental domains, such as cognitive, communicative, social, emotional, and adaptive functioning. Maladaptive behaviors, such as noncompliance, tantrums, and stereotypy are also typically the focus of treatment.
2. Focused ABA: Therapy interventions targeted for a limited number of specific problematic behaviors. The treatment may involve increasing socially appropriate behavior (i.e. increasing social initiations) or reducing problem behavior (i.e. aggression) as the primary target (BACB, 2014).

Autism Spectrum Disorders (ASD): A neurodevelopmental disorder characterized by persistent deficits in social interaction, verbal and nonverbal communication across multiple contexts, and restricted repetitive patterns of behavior, interests, or activities.

Doctor of Nursing Practice (DNP): For USFHP refer to Policy Section for link to

Group ABA: Treatment of multiple children (2 or more) with fewer providers (e.g. three plus children and one or two providers).

Indirect Supervision: An authorized ABA supervisor or the supervised assistant behavior analyst meets with a BT without the beneficiary present to review the treatment plan on one or more beneficiaries.

Individuals with Disabilities Education Act (IDEA): The U.S. federal special education law that ensures public schools serve the educational needs of students with disabilities. It is designed to provide children with disabilities a free appropriate public education in the least restrictive environment that emphasizes special education and related services to meet a child’s unique needs (20 U.S. Code Chapter 33).

Individual Education Plan (IEP): A legal document that spells out educational objectives for a child who has a disability. The IEP details a child’s present level of function and outlines the annual education goals and what support services, as well as modifications and accommodations, the school will provide to help reach the goals. (34 CFR § 300.320).

Individual Family Service Plan (IFSP): A written legal plan for providing early intervention services to an infant or toddler with a disability that is developed by a multi-disciplinary team that involves the parent (34 CFR § 303.20).

504 Plan: A plan developed to ensure that a child who has a disability identified under the law, and is attending an elementary or secondary educational institution, receives accommodations that will ensure their academic success and access to the learning environment.
Section 504 of Rehabilitation Act of 1973: The first disability civil rights law that prohibits antidiscrimination against people with disabilities in programs that receive federal funding (29 U.S. Code § 701).

Types of ABA Providers:

1. **Board Certified Behavior Analyst (BCBA, BCBA-D):** Must possess a master’s degree or above in a qualifying field as defined by the state licensure or certification requirements, or in the absence of existing state licensure or certification, a degree in a field accepted by the Behavior Analyst Certification Board (BACB) as meeting eligibility requirements for master's Board Certified Behavior Analyst® (BCBA) or doctoral level (BCBA-D) certification. Completion of a BACB 8-hour supervisory training course with continuing education related to supervision for all BCBAs and BCBA-Ds providing supervision to any assistant behavior analyst or BT is required.
   In addition, meet the following requirements:
   a. A current, unrestricted state-issued license to provide ABA if practicing in a state that offers licensure, OR;
   b. A current, unrestricted state-issued certificate as a provider of ABA if practicing in a state that does not offer licensure but offers certification, OR;
   c. A current certification from BACB as either a BCBA or a BCBA-D where such state-issued license or certification is not available, AND;
   d. Enter into a Participation Agreement with JHHC, AND;
   e. Meet all applicable requirements of the states in which they provide ABA, including those states in which they provide remote supervision of assistant behavior analysts and behavioral technicians (BTs) and oversee ABA provided where the member is receiving services.
   f. Basic Life Support (BLS) certification

2. **Assistant Behavior Analyst / Board Certified Assistant Behavior Analyst (BCaBA):** Must possess a bachelor’s degree or above in a field as defined by the state licensure or certification requirements or in a field accepted by the BACB or Qualified Applied Behavior Analysis accreditation, (QABA) as meeting eligibility requirements for assistant behavior analyst for states that do not regulate ABA.. A supervised assistant behavior analyst working within the scope of their training, practice, and competence may assist the authorized ABA supervisor (BCBA, BCBA-D) in various roles and responsibilities as determined appropriate by the authorized ABA supervisor and delegated to the assistant behavior analyst, consistent with the most current BACB Guidelines. Assistant behavior analysts must work under the supervision of an authorized ABA supervisor who meets the requirements specified above.
   In addition, meet the following requirements:
   a. A current, unrestricted State-issued license to provide ABA if practicing in a state that offers licensure, OR;
   b. A current, unrestricted State-issued certificate as a provider of ABA if practicing in a state that does not offer licensure but offers certification, OR;
   c. A current certification from BACB or QABA where such state-issued license or certification is not available.
   d. Basic Life Support (BLS) certification

3. **Behavior Technician (BT):** Para-professionals credentialed as Registered Behavior Technicians (RBT) who under supervision implement ABA treatment plans developed by ABA supervisors.
   In addition meet the following requirements:
   a. Have completed a minimum of 12 semester hours of college coursework in psychology, education, social work, behavior sciences, human development or related fields, such as counseling, OT, SLP, and be currently enrolled in a course of study leading to an associate or bachelor’s degree by an accredited college or university, OR;
   b. Have completed a minimum of 48 semester hours of college courses in an accredited college or university in the above stated coursework, OR;
c. Have obtained a High School diploma or General Education Development (GED) equivalent and have completed 500 hours of employment providing directly supervised ABA therapy as verified by the ACSP, or authorized ABA supervisor, **AND**;

d. BLS certification.

VI. BACKGROUND

Applied Behavioral Analysis (ABA) is defined in the 2011 Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Review as “an umbrella term describing principles and techniques used in the assessment, treatment, and prevention of challenging behaviors and the promotion of new desired behaviors. The goal of ABA is to teach new skills, promote generalization of these skills, and reduce challenging behaviors with systematic reinforcement.”

Within the Applied Behavioral Analysis (ABA) provider field, there is general recognition of two types of ABA. The terminology may vary among providers, however, and for the purpose of this document, Focused ABA will refer to narrowly targeted interventions for specific problematic behaviors. Comprehensive ABA will refer to those broader behavioral interventions aimed at a wider range of skills building activities (usually applicable to behaviors that impair social interaction, communication, and adjustment to the environment).

There may be overlap between these two types. Both methods utilize similar treatment techniques based on behavior modification, have the same theoretical underpinnings from the scientific literature on learning and behavior, and both are provided by professionals with similar training and credentials.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the standard reference used by healthcare providers to diagnosis mental and behavioral conditions, including autism spectrum disorder (Autism Speaks, 2019). In 2013, the American Psychiatric Association updated the DSM. The five previous diagnoses encompassing autism under DSM-4 included autistic disorder, Rett syndrome, Asperger syndrome, childhood disintegrative disorder, and pervasive developmental disorder—not otherwise specified. Under DSM-5 the diagnosis of autism spectrum disorder (ASD) is limited to autistic disorder, Asperger syndrome, and pervasive developmental disorder—not otherwise specified (Tricare Operations Manual, 2019).

There were six major changes to the DSM-5 criteria for diagnosing autism spectrum disorder. The symptoms of autism where reclassified into two categories: persistent deficits in social communication/interaction, and restricted, repetitive patterns of behavior. The specific symptom category of language/communication impairment was removed and a new, separate diagnosis of social communication disorder was created for disabilities in social communication without repetitive behaviors. Sensory issues were added under the restrictive, repetitive patterns of behavior category of symptoms to include hyper or hypo reactivity to stimuli or unusual interest in stimuli. Additionally, a severity rating scale is now included and additional diagnostic criteria were added to include assessments for language level, intellectual disability, known genetic causes of autism (e.g. fragile X, Rett syndrome), and the presence of autism-associated medical conditions (e.g. seizures, disruptive sleep, anxiety, gastrointestinal disorders) (Autism Speaks, 2019; CDC, 2019).

Early identification of developmental disorders including autism is critical and an integral function of primary care providers to allow for early intervention and treatment. The American Academy of Pediatrics recommends that all children be screened for ASD at ages 18 and 24 months, along with regular developmental surveillance (AAP, 2019). For positive screening results, the child should be referred simultaneously for a comprehensive ASD evaluation, early intervention/early childhood, and an audiological evaluation (Johnson, 2007). The American Academy of Neurology and the Child Neurology Society recommend further developmental evaluation whenever a child fails to meet expected verbal and non-verbal communication milestones (CDC).

Autism Spectrum Disorder is characterized by varying degrees of difficulty in social interaction, verbal and nonverbal
communication and restrictive, repetitive patterns of behavior. A comparative effectiveness review conducted by Hayes (2019), compared the use of intensive applied behavior analysis-based interventions for the treatment of autism spectrum disorder to other interventions of various intensities. The report concludes that overall the quality of evidence for the use of intensive behavioral interventions (IBI) in the treatment of autism is low, but the quality of evidence for individual outcomes varied. There was moderate-quality, consistent evidence that IBI improves visual-spatial skills and language skills, and low-quality of evidence that IBI improves adaptive skills and intelligence/cognitive skills.

Interventions to improve social skills may be performed in one-on-one sessions or in a group setting and include various behavior intervention models including principles of applied behavior analysis. In a small randomized control trial that evaluated a social skills group using a progressive applied behavior analysis model for individuals diagnosed with autism spectrum disorder, results demonstrated that participants made significant improvements with their social behavior following intervention, and the results were maintained up to 32 weeks after the social skills group concluded (Leaf, 2017).

VII. CODING DISCLAIMER

CPT Copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member’s specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other polices and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

<table>
<thead>
<tr>
<th>Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits</th>
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<tbody>
<tr>
<td>Employer Health Programs (EHP) refer to specific Summary Plan Description (SPD). If there is no criteria in the SPD, apply the Medical Policy criteria.</td>
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VIII. CODING INFORMATION

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>0362T</td>
<td>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</td>
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<tr>
<td>0373T</td>
<td>Adaptive behavior treatment with protocol modification, each 15 minutes of technicians’ time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient’s behavior</td>
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Applied Behavioral Analysis

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<tr>
<th>HCPCS CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>T1023</td>
<td>Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter</td>
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<tr>
<th>ICD10 CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>F84.0</td>
<td>Autistic disorder</td>
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<tr>
<td>F84.5</td>
<td>Asperger's syndrome</td>
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<tr>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
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IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy

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Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

X. REFERENCES


Code of Maryland Regulations (COMAR 10.09.56.00). Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder Retrieved: http://www.dsd.state.md.us/


XI. APPROVALS
Historical Effective Dates: 03/01/2013, 12/04/2015, 06/03/2016, 03/03/2017, 07/01/2019, 02/03/2020