GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Adaptive Behavior Services address deficient adaptive behaviors (e.g., impaired social, communication, or self-care skills), maladaptive behaviors (e.g., repetitive and stereotypic behaviors, behaviors that risk physical harm to the patient, others, and/or property), or other impaired functioning secondary to deficient adaptive or maladaptive behaviors, including, but not limited to, instruction-following, verbal and nonverbal communication, imitation, play and leisure, social interactions, self-care, daily living and personal safety. AMA 2019 Professional

Applied Behavioral Analysis (ABA) is a type of intensive behavior therapy (IBT) in which individuals trained in objective observation, evidence based assessment, data collection and functional analyses utilize the data to produce meaningful changes in human behavior. There are several Behavior Service programs designed to treat Autism Spectrum Disorder (ASD). ABA is the behavioral treatment approach most commonly used with children diagnosed with an autism spectrum disorder. Medical research has shown improved intellectual functioning, language-related outcomes, acquisition of daily living skills and social functioning in children that receive early behavioral and developmental/relationship-based interventions. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and significant family involvement.

ASD is a medical, neurobiological and development condition. ASD is a pervasive developmental neuropsychiatric disorder that manifests early in life (usually within the first few years). ASD can vary widely in severity and symptoms, depending on the developmental level and chronological age of the patient. The condition is characterized by persistent impairments in socialization, communication as well as restricted and repetitive interests, activities, or behavioral patterns. There is currently no cure for ASD, nor is there any single treatment for the disorder, although ASD may be managed through a combination of therapies, including behavioral, cognitive, pharmacological, and educational interventions. The goal of treatment for children with ASD is to minimize the severity of autism symptoms, increasing skills related to behavioral deficits, maximize learning, facilitate social integration, and improve quality of life for both autistic individuals and their families or caregivers.

American Academy of Pediatrics (AAP)
The AAP recommends universal screening in children aged 18 to 24 months to assist in early detection of ASD. Children that receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, adaptive behavior and social behavior. American Academy of Child and Adolescent Psychiatry (AACAP)
The AACAP recommends children should routinely be tested for ASD during developmental assessments. When screening is indicative of significant ASD symptoms, a thorough diagnostic evaluation should be performed. Clinicians should coordinate an appropriated multidisciplinary assessment of children with ASD and the clinician should help the family obtain appropriate, evidence-based and structured educational and behavioral interventions for treatment. The AACAP has practice parameters for treatment of children and adolescents with ASD. The quality of the literature is variable. None of the treatment models has emerged as superior. While the authors do not make specific recommendations regarding applied behavior analysis (ABA)-based therapies, they note that a meta-analysis found early intensive behavioral intervention (EIBI) effective for young children and that additional research is needed to confirm these findings.
Hayes, a Division of TractManager, unbiased analyses of medical technologies and practices

Hayes comparative effectiveness review of intensive behavioral intervention for treatment of autism spectrum disorder indicated an overall low-quality body of evidence mainly from poor-quality studies suggesting that Intensive Behavioral Intervention (IBI) improves intelligence or cognitive skills, visual-spatial skills, language skills, and adaptive behavior compared with baseline levels or other treatments. IBI is an intensive and highly individualized treatment program for autism based on the principles of ABA. The evidence does not reflect any consensus as to whether the reported improvements are clinically significant. Additional well-designed comparative studies with definitive patient selection criteria, cost-effectiveness and long-term follow-up are needed.

POLICY

Advantage: Ohio Medicaid 5160-34-01
Covered for children age 24 months up to age 21.

Ohio Commercial (HMO, PPO, Individual Marketplace)
Covered for children age 24 months to age 14.

Michigan Commercial
Benefit coverage limits are maximum annual amounts.

- For a covered insured or enrollee through 6yrs of age, $50,000.00.
- For a covered insured or enrollee for 7yrs through 12yrs of age, $40,000.00.
- For a covered insured or enrollee from 13yrs through 18yrs of age, $30,000.00

HMO, PPO, Individual Marketplace, Advantage
There must be a diagnosis of a condition on the Autism Spectrum, ICD-10: R84 through F84.9.

Prior Authorization is required for Children’s Adaptive Behavior Services - Assessments and Treatment, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T and 0373T.

Procedures 0362T and 0373T are not covered for the Advantage Product line, per ODM fee schedules.

Paramount reimburses for state and federal required covered services as part of a comprehensive plan of treatment for autism spectrum disorders when ordered by a licensed physician i.e. pediatrician or psychiatrist and provided by a certified, credentialed and/or licensed Paramount Participating-Provider therapist. Paramount supports early intervention services and therapies for the treatment of autism spectrum disorders (ASD), such as physical, speech and occupational therapy, as well as psychological/psychiatric services.

Elite
Children’s Intensive Behavioral Service & Applied Behavioral Analysis (ABA) for the assessment and/or treatment of ASD is non-covered.

Advantage
Prior to 07/01/18, Paramount defers to the Ohio Department of Mental Health and Addiction Services’ providers for access, delivery and payment of these services for Advantage members. Effective 07/01/18, Paramount sets forth the qualifications for enrollment and reimbursement for a provider who provides treatment for recipients with a primary diagnosis of autism spectrum disorder (ASD).

Advantage HMO, PPO, & Individual Marketplace
The member has an established and current (within 5 years) DSM-5 diagnosis of Autism Spectrum Disorder using one or more validated assessment tool (e.g., Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI-R), Childhood Autism Rating Scale (CARS), Social Communication Questionnaire (SCQ), Social Reciprocity Scale (SRS), Gilliam Autism Rating Scale (GARS):

A. For the purposes of this medical policy the following definitions apply:
   1. “Autism spectrum disorder” is defined as a diagnosis of one of the following:
      a. Autistic disorder
      b. Rett's syndrome
c. Asperger’s syndrome  
d. Pervasive developmental disorder, unspecified  
e. Other pervasive developmental disorders  
f. Other childhood disintegrative disorder

2. "Conformation diagnosis" is a diagnostic procedure for the presence of ASD performed subsequent to the initial diagnostic procedure. The confirmation diagnosis must be performed by a provider other than the one who may be rendering the ASD treatment services, and must make use of one or more of the following tools:
   a. Autism diagnostic observation schedule (ADOS)  
   b. Autism diagnostic interview (ADI)  
   c. Diagnostic interview for social and communication disorders (DISCO)

3. "Organizational provider" means a provider that provides services to recipients with a primary diagnosis of ASD and is recognized by the Ohio Department of Medicaid as a professional medical group.

B. ABA Therapy services can only be administered by an appropriate credentialed or licensed provider which is a board certified behavior analyst, including:
   1. Doctoral level;  
   2. Masters (BCBA);  
   3. Bachelor level (BCaBA); or  
   4. Registered Behavior Technician (RBT) ***

   (a) Services delivered by a BCaBA or RBT must be directly supervised by a BCBA or BCBA-D and should adhere to the member’s specific treatment plan.

   *** Registered Behavior Technician (RBT) -- A grace period of 6 months will be in affect related to Behavior Technicians credentialing, an effective date of 4/1/2020 has been established. This is to avoid any disruption of services in members care. It is expected that all programs will have the BCBA/COBA level of direct supervision for the ABA services.

C. Eligible providers of services for recipients with a primary diagnosis of ASD shall be an organization that provides the services and meets all of the following requirements:
   2. Holds an active accreditation by one or more of the following national accreditation organizations:
      a. The joint commission previously known as the joint commission on accreditation of healthcare organizations  
      b. The commission on accreditation of rehabilitation facilities (CARF)  
      c. The national committee on quality assurance (NCQA)  
      d. The community health accreditation partner (CHAP)  
      e. The council on accreditation (COA)

   3. Employs or contracts with Ohio behavior analysts who have been certified (COBA) by the Ohio board of psychology and work within their scope of practice as defined by state law and at least one of these practitioner types:
      a. Speech-language practitioners who have been certified by the American speech-language-hearing association and have a valid license as a speech language pathologist and work within their scope of practice as defined by state law; and  
      b. Audiology practitioners who have been certified by the American speech-language-hearing association and have a valid license as an audiologist and work within their scope of practice as defined by state law; and  
      c. Occupational therapy practitioners who hold a valid license as an occupational therapist and work within their scope of practice as defined by state law; and  
      d. Physical therapy practitioners who hold a valid license as a physical therapist and work within their scope of practice as defined by state law; and  
      e. Ohio behavior analysts who have been certified (COBA) by the Ohio board of psychology and work within their scope of practice as defined by state law.

   4. Practitioners eligible to secure a provider agreement with Paramount must do so and affiliate with the ASD provider(s) with which they are employed or hold an employment contract.

   5. Provide services to children or adults with a primary diagnosis of ASD that, at a minimum, include behavior therapy including a behavior health assessment, that is provided by or delivery is supervised by a COBA, or practitioner operating within their scope of practice, and at least one of the categories of coverage:
      a. Speech-language pathology therapy services  
      b. Audiology services  
      c. Physical therapy services  
      d. Occupational therapy services
e. Behavior therapy, including a behavior health assessment, that is provided by or delivery is supervised by a COBA, or practitioner operating within their scope of practice.

D. Coverage and limitations:
1. Additional medically necessary physical, occupational, and speech therapy and audiology services beyond the treatment limitations may be rendered by an ASD provider when prior approved by Paramount.
2. Behavior therapy service limitations include:
   a. Prior authorization, by the Paramount designated entity.
   b. The development of a behavior assessment before services are provided. The assessment requires a physician's order, and shall include the development of a treatment plan detailing services to be rendered to the recipient. A total of two assessments may be performed during a twelve-month period.
   c. An initial assessment targets the symptoms identified.
   d. An individualized treatment plan is developed that identifies the core deficits and aberrant behaviors that includes the designated interventions intended to address the found deficits and behaviors.
   e. The development of a documented time-limited, individualized treatment plan should include ALL of the following:
      • Includes identifiable maladaptive target behaviors having a negative impact on development, communication, social interactions, safety, environment or function
      • There is a time-limited individualized treatment plan developed with target behaviors having an impact on development, communication, interaction with typically developing peers or others in the child’s environments', or adjustment to the settings in which the child functions.
      • Duration and Frequency of interventions are tied to the level of impairment.

Care Guide:
   o The initial assessment of symptom severity authorization may be up to 25 hours per week for up to 6 consecutive months, unless state mandates dictate otherwise, or there is a clinical support for more than 25 hours.
     • Functional Impairment:
       1. Mild = 1-2 hours/wk
       2. Moderate = 3-4 hours/wk
       3. Severe = 5 hours/wk
     • Safety:
       1. Mild = 1-2 hours/wk
       2. Moderate = 3-4 hours/wk
       3. Severe = 5 hours/wk
     • Communication:
       1. Mild = 1-2 hours/wk
       2. Moderate = 3-4 hours/wk
       3. Severe = 5 hours/wk
     • Socialization skills:
       1. Mild = 1-2 hours/wk
       2. Moderate = 3-4 hours/wk
       3. Severe = 5 hours/wk
     • Maladaptive behavior:
       1. Mild = 1-2 hours/wk
       2. Moderate = 3-4 hours/wk
       3. Severe = 5 hours/wk
     • Self-care:
       1. Mild = 1-2 hours/wk
       2. Moderate = 3-4 hours/wk
       3. Severe = 5 hours/wk

   • The treatment plan development focused is child-centered, strengths-specific, family-focused, community-based, multi-system, culturally-competent, and of least intrusiveness.
   • Defines objective baseline measures including frequency, rate, symptom intensity and symptom duration
   • Establishes specific and quantifiable criteria for progress
   • Demonstrates that ABA therapy is not custodial or maintenance-oriented in nature and is planned to prevent, diagnose, evaluate, correct, ameliorate, or treat the ASD
• Is completed by the treating provider and includes coordination across all providers, supports and resources
• Includes services that are not recreational in nature, or for the purposes of respite or residential care
• Identifies parental or guardian involvement in prioritizing target behaviors, and training in behavioral techniques in order to provide additional and supportive hours of interventions
• Includes criteria and specific behavioral goals and interventions for lesser intensity of care and discharge
• There is evidence of identified and involved community resources

f. Ongoing review of progress, the frequency of which is determined by clinical review and/or applicable state laws, must be developed and documented by a licensed practitioner as defined in this policy and include ALL criteria above, as well as:
• Upon request, a letter indicating the continued medical necessity from a licensed credentialed psychologist, psychiatrist, or developmental pediatrician that includes consideration of less intensive interventions and rationale for continued ABA therapy
• An updated individualized treatment plan noting specific measurable progress on targeted behaviors identified in initial treatment plan (e.g. frequency, rate, intensity and duration), and new or refined interventions evidencing individualized need and demonstrating the non-custodial nature of care. 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

3. Services provided by an eligible ASD provider or by hospital outpatient departments are reimbursable.
4. A confirmational diagnosis may be required as a component of the prior authorization process.
5. Nothing in this medical policy shall preclude Paramount from contracting with a provider that has not achieved the accreditation during the time period the provider is actively seeking accreditation. This time period may not exceed two hundred calendar days.
6. Nothing in this medical policy shall preclude a practitioner of one or more of the services that is not employed by a provider from rendering those services to a recipient with a primary diagnosis of ASD and receiving reimbursement, as appropriate, for the provision of the services.
7. The treatment plan developed for the provision of services to a recipient with a primary diagnosis of ASD must include a description of the participation, by the recipient's parent or guardian in the treatment program.

E. Exclusions, not all-inclusive:
1. Community psychiatric supportive treatment is not reimbursable when a recipient receives services from an ASD provider.
2. Services are reimbursable only when provided to a recipient 24 months up to twenty-one years of age.
3. Nothing in this rule shall prohibit a physician group practice or other medical group practice from rendering services other than those listed above to a recipient with a diagnosis of autism spectrum disorder.
4. Reimbursement is not permitted under any of the following situations:
   a. Services or activities not stated in the treatment plan
   b. Services or activities based on experimental behavior methods or models
   c. Education and related services or activities as described by the individuals with disability education act (IDEA)
   d. Services or activities that are vocational in nature and otherwise available to the recipient through a program funded under Section 110 of the Rehabilitation Act of 1973
   e. Services or activities that are a component of adult day care programs

F. Services provided by family or household members are not covered.
G. Treatment will not be covered if the care is primarily custodial in nature (that do not require the special attention of trained/professional ABA staff), shadow, para-professional, or companion services in any setting.
H. Personal training or life coaching.
I. Services that are more costly than an alternative service or services, which are at least as likely to produce equivalent diagnostic or therapeutic results for the patient’s illness or disease.
J. Any program or service performed in nonconventional settings (even if the services are performed by a licensed provider), including: spas/resorts; vocational or recreational settings; Outward Bound; and wilderness, camp or ranch programs.
K. Treatments that are considered experimental or those lack scientifically proven benefits are not covered,
including, but not limited to: Auditory Integration Therapy, Facilitated Communication; Floor Time (DIR, Developmental Individual-difference Relationship-based model); Higashi Schools/Daily Life; Individual Support Program; LEAP; SPELL; Waldon: Hanen; Early Bird; Bright Start: Social Stories; Gentle Teaching; Response Teaching Curriculum and Developmental Intervention Model; Holding therapy; Movement Therapy; Music therapy; Pet Therapy; Psychoanalysis; Son-Rise Program; Scotopic Sensitivity training; Sensory Integration training; Neurotherapy (EEG biofeedback); Gluten-free/Casein-free diets; Mega-vitamin therapy; chelation of heavy metals; Anti-fungal drugs for presumed fungal infection; Secretin administration.

Per the Ohio Department of Medicaid (ODM), Providers can request prior authorization to exceed coverage or benefit limits for members under age 21, Advantage Product Line.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>97151</td>
</tr>
<tr>
<td>97152</td>
</tr>
<tr>
<td>97153</td>
</tr>
<tr>
<td>97154</td>
</tr>
<tr>
<td>97155</td>
</tr>
<tr>
<td>97156</td>
</tr>
<tr>
<td>97157</td>
</tr>
<tr>
<td>97158</td>
</tr>
<tr>
<td>0362T</td>
</tr>
<tr>
<td>0373T</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 DIAGNOSIS CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>F84.0</td>
</tr>
<tr>
<td>F84.2</td>
</tr>
<tr>
<td>F84.5</td>
</tr>
<tr>
<td>F84.9</td>
</tr>
<tr>
<td>F88</td>
</tr>
<tr>
<td>F89</td>
</tr>
</tbody>
</table>

REVISION HISTORY EXPLANATION
12/17/15: Policy created to reflect most current clinical evidence per TAWG.
02/26/16: Applied Behavior Analysis (0359T-0374T) may be covered with prior authorization for Advantage. Policy reviewed and updated to reflect most current clinical evidence per TAWG.
07/22/16: Policy reviewed and updated to reflect most current clinical evidence per TAWG.
02/14/17: Applied Behavior Analysis (0359T-0374T) is non-covered for Advantage. For Advantage members, Paramount defers to the Ohio Department of Mental Health and Addiction Services’ providers for access, delivery and payment of these services. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
05/09/17: Changed title from Applied Behavioral Analysis (ABA) to Children’s Intensive Behavioral Service/Applied Behavioral Analysis (ABA). Added codes 96150-96155 as covered with prior authorization for HMO, PPO, & Individual Marketplace and non-covered for Elite & Advantage. Applied Behavior Analysis (0359T-0374T) is now covered with prior authorization for Ohio HMO, PPO, & Individual Marketplace. 20 hours per week limit for
Children’s Intensive Behavioral Service. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

07/10/18: Effective 07/01/18 codes 0359T, 0364T, 0365T, 0368T, & 0369T are now be covered with prior authorization for Advantage per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

01/08/19: Effective 12/31/18 deleted codes 0359T-0361T, 0363T-0372T, & 0374T. Revised effective 01/01/2019 codes 0362T & 0373T. Added effective 01/01/19 new codes 97151-97158. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.


Ohio Mandate, House Bill Number 463, Sec. 1751.84
20 hours/wk for clinical therapeutic interventions (therapies supported by empirical evidence, i.e. applied behavioral analysis), for children under the age of fourteen.

Ohio Medicaid, 5160-34-01
Coverage is up to age 21
A total of two assessments may be performed during a twelve-month period.

Michigan Mandate, Senate Bill Number 415
There is no limit on the number of visits covered for the treatment of autism spectrum disorders
Benefit coverage limits are maximum annual amounts.
  - For a covered insured or enrollee through 6yrs of age, $50,000.00.
  - For a covered insured or enrollee for 7yrs through 12yrs of age, $40,000.00.
  - For a covered insured or enrollee from 13yrs through 18yrs of age, $30,000.00

10/21/19: Registered Behavior Technician (RBT) -- A grace period of 6 months will be in affect related to Behavior Technicians credentialing, an effective date of 4/1/2020 has been established. This is to avoid any disruption of services in members care. It is expected that all programs will have the BCBA/COBA level of direct supervision for the ABA services.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Ohio Mandate, House Bill Number 463, Sec. 1751.84
Ohio Medicaid, 5160-34-01
Michigan Mandate, Senate Bill Number 415