APPLIED BEHAVIORAL ANALYSIS

MEDICAL NECESSITY GUIDELINE FOR THE TREATMENT OF AUTISM SPECTRUM DISORDERS

Introduction:

There is a continuum of maladaptive behaviors that may be found in the child with a condition on the Autism Spectrum (ASD), ranging from potentially hazardous self-injury and aggression at the severe end, to social awkwardness or eccentricities at the milder end. Within the Applied Behavioral Analysis (ABA) provider field, there is general recognition of two types of ABA. The terminology may vary among providers, but in this document, ***Type 1 ABA*** will refer to narrowly targeted interventions for specific problematic behaviors (the severe end of the spectrum described in the first sentence of this paragraph) and ***Type 2 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 some overlap between these, and both 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.

Type 1 ABA:
This is used when the maladaptive target behavior is of a severity that the child's personal safety, or the safety of others in the child's environment is jeopardized, or there is very significant or complete interference with functioning (as an example, an autistic child may not be aggressive in school, but may be so avoidant, that there is essentially no interaction or learning that can occur). Treatment may be provided in acute settings (inpatient) in severe cases. The treatment plan is more limited (in terms of the number of discreet target behaviors to be addressed) and it is likely to be briefer in duration (depending on the ability of the child to generalize skills learned so that the maladaptive behavior does not jeopardize safety even outside of the treatment setting).

Type 2 ABA:
This type of ABA uses behavioral techniques focusing on developing social and communication skills to allow children with ASD to fit into environments with their typically developing peers. These interventions are educational in nature, need to start early in the child's life (as described in the position statement from the American Academy of Pediatrics (AAP)), the focus may be on skills such as classroom adjustment, personal grooming, communication, or peer interaction, and require much repetition, involvement of significant people in the child's life and may be provided by professionals with lesser credentials, but

who are supervised by providers with the same training and credentials as those for Type 1 ABA. Typically, this level of treatment may last for months, or even years depending on the child's age and progress. Most gains occur before the child turns 8 or 9.

Therefore, prior to authorizing ABA, there needs to be a level of maladaptive behavior for which ABA represents clinically appropriate effective treatment. Many Aetna plans exclude coverage for services considered to be educational in nature, and this would apply to ABA. In the absence of a state mandate, or plan language including ABA (or more commonly, no plan language excluding coverage for educational services), Aetna would consider ABA to be an educational service and therefore, not covered. In situations where there is coverage (mandated or not excluded), there is insufficient scientific support to determine in advance the optimal frequency, duration or intensity of ABA needed for a particular individual or a particular behavioral target symptom. In the absence of such an evidence base, and to allow for incorporation of resources (such as early intervention, speech therapists, or special education), Aetna would consider no more than 20 hours per week for 60 consecutive days, as sufficient to meet the definition of "intensive" in the AAP statement quoted above.

Type 1 Applied Behavioral Analysis (ABA), Medical Necessity Review:

Purpose:

This guideline is an instrument the clinician uses to aid in the decision-making process that determines the type and intensity of services needed by a child with a condition on the Autism Spectrum. If the treatment is provided in an inpatient, residential, or partial hospitalization setting, medical necessity for coverage at that level of care is determined using the Aetna Level of Care Assessment Tool (LOCAT) and specific additional authorization for ABA is not needed. Reviews using LOCAT occur at a frequency commensurate with the level of care. Prior to discharge from one of these higher levels of care, a review using the guideline below for medical necessity of ongoing Type 1 ABA following discharge is needed.

Essential elements:

1. There must be a diagnosis of a condition on the Autism Spectrum (299 through 299.9).
2. The maladaptive target behavior must be of a severity that the child's personal safety, or the safety of others in the child's environment, is jeopardized or very significantly or even completely interferes with ability to function.
3. Parent(s) (or guardians) must be involved in training in behavioral techniques so that they can provide additional hours of intervention.
4. There is a time limited, individualized treatment plan developed that:

    - Is child-centered, strengths-specific, family-focused, community-based, multi-system, culturally-competent, and least intrusive
    - Clearly defines specific target behaviors
    - Records frequency, rate, symptom intensity or duration, or other objective measures of baseline levels

- Establishes quantifiable criteria for progress
- Describes: behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills
- Documents the plan for transition through the continuum of interventions, services, and settings, as well as discharge criteria

5. There is involvement of community resources to include at a minimum, the school district if the child is 3 or older, or early intervention, if not.
6. Services must be provided directly or billed by individuals licensed by the state or certified by the Behavior Analyst Certifying Board, unless state mandates, plan documents or contracts require otherwise.

Medical Necessity Criteria for Initiation of Type 1 Applied Behavioral Analysis:

Initiation Type 1	**All 5 criteria must be evaluated**
1. Essential elements are met. (Y/N) **AND**	Yes ☐ No ☐
2. A functional behavioral assessment is planned to be completed within the first 60 days where specific target behaviors are clearly defined. (Y/N) **AND**	Yes ☐ No ☐
3. The frequency, rate, symptom intensity or duration, or other objective measure of baseline levels of each target behavior is recorded and quantifiable criteria for progress are established. (Y/N) **AND**	Yes ☐ No ☐
4. Specific type, duration and frequency of interventions are tied to the function served by the specific target behaviors. (Y/N) **AND**	Yes ☐ No ☐
5. Parent is to be trained and required to provide specific additional interventions. (Y/N)	Yes ☐ No ☐
All five criteria above must be evaluated. Initial authorization is for up to 20 hours per week for up to 60 consecutive days, unless state mandates dictate otherwise. If appropriate, the functional assessment developed while at a higher level of care can be used following step down to an outpatient or intensive outpatient setting.	

Medical Necessity Criteria for Continuation of Type 1 Applied Behavioral Analysis:

Continuation Type 1	**All 4 criteria must be evaluated**
1. Essential elements are met. (Y/N) **AND**	Yes ☐ No ☐
2. The frequency of the target behavior has diminished since the last review, or if not: a. There has been modification of the treatment or additional assessments have been conducted. b. If progress has not been measurable after two such modifications, a functional analysis will be completed which: i. records the child's maladaptive serious target behavioral symptom(s), ii. their antecedents or precipitants, and that iii. makes a determination of the function a particular maladaptive behavior serves for the child in the environmental context; c. Appropriate consultations from other staff or experts have occurred (psychiatric consultation or pediatric evaluation for other conditions); and d. Interventions have been changed, including the number of hours per week or setting (higher level of care) for ABA. (Y/N) **AND**	Yes ☐ No ☐

3. Parent(s) have received retraining on these changed approaches. (Y/N) **AND**	Yes ☐ No ☐
4. The treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (schools, as an example) as progress occurs. (Y/N)	Yes ☐ No ☐
All four criteria above must be evaluated. Continued authorization is for up to 20 hours per week for up to 60 consecutive days, unless state mandates dictate otherwise.	

Medical Necessity Criteria for Termination of Type 1 Applied Behavioral Analysis:

Termination Type 1	**All 5 criteria must be evaluated**
1. The essential elements are no longer met. (Y/N) **OR**	Yes ☐ No ☐
2. The severity of the maladaptive target behavior has diminished to an extent that the child's personal safety, or the safety of others in the child's environment is no longer jeopardized, or there is less interference with ability to function. (Y/N) **AND**	Yes ☐ No ☐
3. There has been a generalization of training so that target behaviors do not recur in the child's natural environment and continued monitoring can occur in a less restrictive treatment setting. (Y/N) **AND**	Yes ☐ No ☐
4. The improvement is sustainable in the home, school or other natural environment, or in a less intensive treatment setting. (Y/N) **AND**	Yes ☐ No ☐
5. Caregivers are trained and can	Yes ☐ No ☐

continue with interventions. (Y/N)	

Type 2 Applied Behavioral Analysis (ABA), Medical Necessity Review:

Purpose:

Type 2 ABA is typically only eligible for Aetna coverage when mandated by a state or covered by plan documents (that is, not excluded as educational). This guideline is an instrument the clinician uses to aid in the decision-making process that determines the type and intensity of services needed by a child with a condition on the Autism Spectrum.

Essential elements:

1. There must be a diagnosis of a condition on the Autism Spectrum (299 through 299.9) and the member must be under the age of 18 (unless there are mandates specifying other age limits).
2. There are identifiable target behaviors having an impact on development, communication, interaction with typically developing peers or others in the child's environment, or 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.
3. Parent(s) (or guardians) must be involved in prioritizing target behaviors, and training in behavioral techniques so that they can provide additional hours of intervention.
4. The ABA is not custodial in nature (which Aetna defines as care provided when the member "has reached the maximum level of physical or mental function and such person is not likely to make further significant improvement" or "any type of care where the primary purpose of the type of care provided is to attend to the member's daily living activities which do not entail or require the continuing attention of trained medical or paramedical personnel"). Plan documents may have variations on this definition and need to be reviewed.
5. There is a time limited, individualized treatment plan developed that:
    - Is child-centered, strengths-specific, family-focused, community-based, multi-system, culturally-competent, and least intrusive
    - Clearly defines specific target behaviors in terms of frequency, rate, symptom intensity or duration
    - Records objective measure of baseline levels
    - Establishes quantifiable criteria for progress
    - Describes behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills
    - Plans for transition through the continuum of interventions, services, and settings, as well as discharge criteria.

6. There is involvement of community resources to include at a minimum, the school district if the child is 3 or older, or early intervention, if not.

7. Services must be provided directly or billed by individuals licensed by the state or certified by the Behavior Analyst Certifying Board. If state mandates, plan documents or contracts allow authorization for services that are not directly provided by individuals licensed by the state or certified by the Behavior Analyst Certifying Board, there must be supervision of the unlicensed or non-certified providers, unless state mandates, plan documents or contracts require otherwise. Supervision is to be documented and is defined as at least one hour of face-to-face supervision of the unlicensed or noncertified provider by a certified behavior analyst or licensed psychologist for each ten hours of behavioral therapy by the supervised provider, and at least one hour a month face-to-face, onsite with the child.

Medical Necessity Criteria for Initiation of Type 2 Applied Behavioral Analysis:

Initiation Type 2	**All 5 criteria must be evaluated**
1. Essential elements are met. (Y/N) **AND**	Yes ☐ No ☐
2. A full assessment of skills is planned to be completed within the first 60 days where specific, measureable target behaviors are clearly and objectively defined. (Y/N) **AND**	Yes ☐ No ☐
3. The assessment data are used to develop a plan to address each skill. The plan must reflect stimulus response consequence for each skill.	
4. The frequency, rate, symptom intensity or duration, or other objective measure of baseline levels of each target behavior is recorded and used to evaluate the impact of interventions and need to modify methods, and to identify when to progress to more advanced skills. (Y/N) **AND**	Yes ☐ No ☐
5. Specific type, duration and frequency of interventions are tied to the function served by the specific target behaviors. Instructional tactics must be selected based on the assessment of skills and be in accordance with	Yes ☐ No ☐

generally accepted standards of practice. (Y/N) **AND**	
6. Parent is trained and required to provide specific additional interventions with the goal of generalization of skills. (Y/N)	Yes ☐ No ☐
All five criteria above must be evaluated. Initial authorization is for up to 20 hours per week for up to 60 consecutive days, unless state mandates dictate otherwise.	

Medical Necessity Criteria for Continuation of Type 2 Applied Behavioral Analysis:

Continuation Type 2	**All 4 criteria must be evaluated**
1. Essential elements are met. (Y/N) **AND**	Yes ☐ No ☐
2. The frequency of the target behavior has diminished since the last review, or if not, a. There has been modification of the treatment or additional assessments have been conducted. b. If progress has not been measurable after two such modifications, a functional analysis will be completed which: i. records the child's identifiable target behavioral symptom(s), ii. their antecedents or precipitants, and iii. that makes a determination of the function a particular identifiable behavior serves for the child in the environmental context; c. Appropriate consultations from other staff or experts have occurred; and d. Interventions have been	Yes ☐ No ☐

changed, including the number of hours per week or setting (higher level of care) for ABA. (Y/N) **AND**	
3. Parent(s) have received retraining on these changed approaches. (Y/N) **AND**	Yes ☐ No ☐
4. The treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (schools, as an example) as progress occurs. (Y/N)	Yes ☐ No ☐
All four criteria above must be evaluated. Continued authorization is for up to 20 hours per week for up to 60 consecutive days, unless state mandates dictate otherwise.	

Medical Necessity Criteria for Termination of Type 2 Applied Behavioral Analysis:

Termination Type 2	**All 5 criteria must be evaluated**
1. The essential elements are no longer met. (Y/N) **OR**	Yes ☐ No ☐
2. The target behaviors that have an impact on development, communication, interaction with typically developing peers or others in the child's environment, or adjustment to the settings in which the child functions have diminished such that the child can adequately participate in developmentally appropriate essential community activities such as school. (Y/N) **AND**	Yes ☐ No ☐
3. There has been a generalization of training so that target behaviors do not recur in the child's natural environment and continued monitoring can occur in a less restrictive treatment setting. (Y/N)	Yes ☐ No ☐

AND	
4. The improvement is sustainable in the home, school or other natural environment or in a less intensive treatment setting. (Y/N) **AND**	Yes ☐ No ☐
5. Caregivers are trained and can continue with interventions. (Y/N)	Yes ☐ No ☐