Applied behavior analysis medical necessity guide

Note: If there is a discrepancy between this guideline and a member's plan of benefits, the benefits plan will govern. Also, a state or federal government, or CMS for Medicare and Medicaid members, may mandate some coverage (and coverage limits).*

Purpose

This applied behavior analysis (ABA) guideline is for use by clinicians. It's meant to aid in the decision-making process to determine the type and intensity of services a member with a condition on the autism spectrum needs. If the treatment is provided in an inpatient, residential or partial hospitalization setting, applicable medical necessity for coverage at that level of care is used and specific authorization for ABA is not needed in addition. Reviews using other applicable medical necessity criteria 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 ABA is needed.

Guideline development

These guidelines come from extensive review of the literature on the use of ABA to treat Autism Spectrum Disorder (ASD) and a comparative review of the guidelines of other health insurers. A multidisciplinary committee of health care professionals within and external to Aetna® Behavioral Health developed and approved the guidelines based on these reviews. The guidelines are based upon the reviews and known best practices in the treatment of ASD, including:

- The requirement for a complete assessment using validated tools and standardized developmental norms
- Focused interventions
- Caregiver participation
- Repeated measurement with standardized measures to assess progress

Philosophy

ABA is a scientifically supported model of treatment to remediate the functional impairments typically found in people with ASD. It is a time-limited treatment that should result in progressive, measurable gains in functioning on a standardized measure.

*Exhibit A, attached to this guide, addresses medical necessity review for plans in Maryland subject to the law of the state. Other state laws and regulations may apply in other states.

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Type, duration and intensity of applied behavioral analysis (ABA)

ABA intervention type	Definition	Typical age range	Typical intensity	Typical duration
Comprehensive	Skills and behaviors in multiple affected domains are targeted for treatment, which often include maladaptive behaviors.	0-7 years	10-25 hrs/week	1-2 years
Focused	Services are directed to a limited number of skill and behavioral targets.	All ages	1-20 hrs/week	Variable 1-4 years

Quality of care essential elements:

The elements listed below are the components of ABA that ensure quality care. This list is a guide for providers, and is distinct from the medical necessity criteria addressed later in this document.

1. There is a DSM-V diagnosis of Autism Spectrum Disorder (ICD-10/ F84.0; F84.3 - F84.9) obtained by an appropriate provider (i.e. licensed psychologist/psychiatrist, physician or other health care professional qualified to diagnose mental health conditions within their scope of practice).
2. There are identifiable target behaviors having an impact so the member cannot adequately participate in developmentally appropriate activities such as school. Or there may be a significant risk of harm to self or others. 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.
3. There is engagement and commitment from parent(s) (or guardians) to participate in treatment to generalize gains.
4. There is a time-limited, individualized treatment plan developed that is member-centric, strengths-specific, family-focused, community-based, multi-system culturally competent, and least intrusive. This treatment plan has specific target behaviors that are clearly defined: frequency, rate, symptom intensity or duration, or other objective measures of baseline levels are recorded, and quantifiable criteria for progress are established. The plan describes behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills are specified. And there is documentation of planning for transition through the continuum of interventions, services and settings, as well as titration and discharge criteria.

5. There is a review of the member's history as well as ongoing collaboration and coordination with existing providers and/or the school district, as applicable. There is involvement of, or referrals to, appropriate health care, community or supplemental resources.
6. Services must be provided directly or billed by licensed behavior analysts (in states with behavior analyst licensure laws), board-certified behavior analysts, or licensed psychologists where behavior analysis is within their scope of practice definition, unless state mandates, plan documents or contracts require otherwise. 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 Certification Board as noted above, there must be supervision and direction of the unlicensed or non-certified providers in line with practice standards, unless state mandates, plan documents or contracts require otherwise.

Medical necessity criteria for applied behavior analysis (ABA)

All the following criteria must be met:

1. There is a DSM-V diagnosis of Autism Spectrum Disorder (ICD-10: F84.0; F84.3 - F84.9) obtained by an appropriate provider.
2. Services must be provided directly or billed by the appropriately licensed provider.
3. There is demonstration of functional impairment on a standardized scale of functioning in the past 12 months. For instance, the Vineland Adaptive Behavior Scales 3 (VABS-3), the Adaptive Behavior Assessment Scale (ABAS), VB-MAPP or ABLLS. The impairment must be at least one standard deviation below the population mean OR represent a significant risk of harm to self or others.
4. The treatment plan documents have specific identified target behaviors related to the condition that are clearly defined: frequency, rate, symptom intensity or duration, or other objective measures of baseline levels are recorded, and quantifiable criteria for progress are established. The plan describes behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills are specified. And there is documentation of planning for transition through the continuum of interventions, services and settings, as well as titration and discharge criteria. The treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (school, as an example) as progress occurs.
5. In order to support clinical appropriateness for ABA services, (1) In instances where the frequency of the target behavior has improved over the course of treatment, documentation is included OR (2) If there has NOT been improvement, there is documentation of modification of the treatment, additional assessments that have been conducted, and/or there has been appropriate consultations from other staff or experts.
6. The level of impairment (calculated below) justifies the number of hours requested.

Assessment of symptom severity (This can be used as a guide)				
	None <1SD below	**Mild** >1 SD below	**Moderate** >1.5 SD below	**Severe** >2SD below
Functional impairment	0 Hours/Wk	1 to 4 Hours/Wk	4 to 7 Hours/Wk	7 to 10 Hours/Wk
Maladaptive behavior: aggression, self-injury, property destruction, restrictive/repetitive behaviors and interests; abnormal, inflexible or intense preoccupations				
Social communication: Problems with expressive or receptive language, poor understanding or use of nonverbal communications, stereotyped or repetitive language, lack of social/emotional reciprocity, failure to seek or develop shared social activities				
Self-care: Difficulty recognizing danger/risks, or advocating for self; problems with grooming/eating/toileting skills which are impeded by symptoms of autism				
Based on functional impairment and assessment of symptom severity, additional authorization may be provided for QHP protocol modification and direction at 1 to 2 hours per 10 hours of treatment by protocol, as well as authorization for caregiver training.				

All criteria above must be evaluated. Authorized hours will be based on documented severity of impairments as listed above (i.e., maladaptive behavior, social communication and self-care).

Termination of coverage of applied behavior analysis (ABA)

Termination: A member's progress is to be evaluated every six months. A member not making progress will be transitioned to other appropriate services. When it becomes clear that a treatment is ineffective, or the treatment is no longer needed, this must be communicated to the family and provider.

Coverage of the service will end when one of the following criteria is met:

1. Medical necessity is no longer met.
2. There has been improvement of two or more standard deviations in multiple domains.
3. There has been improvement of one or more standard deviations in multiple domains in a Focused ABA intervention plan.
4. There has been improvement of less than one standard deviation in all domains for successive authorization periods.

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Exhibit A: Medical necessity review for Maryland plans

Pursuant to Maryland insurance regulation COMAR 31.10.39, Aetna® will apply the following criteria when assessing medical necessity for applied behavior analysis for plans subject to Maryland law.

1. The child's primary care provider or specialty physician must perform a comprehensive evaluation identifying the need for applied behavior analysis for the treatment of Autism or Autism Spectrum Disorder.
2. Such primary care provider or specialty physician must prescribe the treatment. Such prescription must include specific treatment goals.
3. Such treatment shall be reviewed annually for medical necessity with the primary care provider or specialty physician, and in consultation with the applied behavior analysis provider. Such utilization review shall include:
    a. Documentation of benefit to the child
    b. Identification of new or continuing treatment goals
    c. Development of a new or continuing treatment plan
4. The applied behavior analysis provider must be licensed, certified or otherwise authorized under the Maryland Health Occupations Article or similar licensing, certification or authorization requirements of another state or U.S. territory where the services are provided.
5. Coverage may be subject to limitations in a health benefit plan relating to coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, case management provisions, and copayments, coinsurance and deductible amounts.
6. Aetna does not deny coverage for applied behavior analysis based soley on the number of hours of applied behavior analysis prescribed.
7. Aetna does not deny coverage for applied behavior analysis based soley upon the location of services being identified as a child's educational setting.[1]
8. Aetna does not deny payment for applied behavior analysis on the basis that it is experimental or investigational.

[1] Pursuant to applicable law, however, Aetna is not required provide services to a child under an individualized education program or any obligation imposed on a public school by the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq., as amended from time to time.

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at Aetna Inc.'s website: https://www.aetna.com/

TTY: **711**

English	**To access language services at no cost to you, call the number on your ID card.**
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով հէրախոսահամարով
Carolinian (Kapasal Falawasch)	Ngir mëna am sarwis lakk yi te doo fay, woo nimero bi am ci sa kàrt.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ તના ખર્ચ ના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇ કાડપર રહેલ નંબર પર કૉલ કરવો.
Hindi	बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, अपने आइड काडर् पर दए नंबर पर कॉल कर।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢကမၤန့ၣ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လက်ဘူၣ်လက်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ် ဖဲန ID အဖီခိၣ်န့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Laotian	ເພື່ເຂົ້າເຖິງບໍລິການພາສາທີ່ບເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Mon-Khmer, Cambodian	ដើម្បីទទួលបនសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមរទូរសព្ទកាន់លេខដែលមាននលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílį́igo nanitinígíí bee nééhoʼdólzinígíí béésh bee haneʼí bikáʼígíí áajįʼ hólneʼ.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆ ਪੰਜਾਬੀ ਸੇਵਾਵਾ ਦੀ ਵਰਤੋ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Syriac-Assyrian	ܟܢ ܗܫܬܐ ܬܠܘܢ ܥܠ ܝܠܡܢܘܬܐ ܕܡܫܡܫܢܘܬܐ ܠܫܢܐ ܡܓܢܢܝܬܐ، ܘܩܪܘܢ ܡܢܝܢ ܥܠ ܦܬܩܐ ܡܫܘܕܥܢܘܬܐ ܕܝܠܟܘܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Thai	**หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน**
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.