



NEW DIRECTIONS BEHAVIORAL HEALTH, L.L.C.

Blue Cross and Blue Shield Service Benefit Plan Coverage Criteria for Federal Employees	Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder
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Overview

New Directions Behavioral Health® manages Applied Behavior Analysis (ABA) benefits for the Blue Cross and Blue Shield Service Benefit Plan in specific states. This medical coverage criteria is used to review and make benefit decisions for ABA service requests for Service Benefit Plan members with the diagnosis of Autism Spectrum Disorder (ASD).

ASD is a medical, neurobiological, developmental disorder, characterized by Core Deficit areas: persistent deficits in social communication and social interaction across multiple contexts AND, restricted, repetitive patterns of behavior, interests, and activities. Diagnostic and Statistical Manual fifth edition (DSM-5) requires all of these symptoms to be present in early development, and further specifies clinically significant impairment in social, occupational or other important areas of current function

Applied Behavior Analysis is the treatment approach most commonly used with children with ASD. Techniques based on ABA include: Discrete Trial Training, Incidental Teaching, Pivotal Response Training, and Verbal Behavioral Intervention. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and significant family involvement. ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses including eliminating barriers to learning. Behavioral deficits may occur in the areas of communication, social and adaptive skills, but are possible in other areas as well. Examples of deficits may include: a lack of expressive language, inability to request items or actions, limited eye contact with others, and inability to engage in age-appropriate self-help skills such as tooth brushing or dressing. Examples of behavioral excesses may include, but are not limited to: physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior, and vocal stereotypy.

At an initial assessment, target symptoms are identified. A treatment plan is developed that identifies the core deficits and aberrant behaviors, and includes designated interventions intended to address

these deficits and behaviors and achieve individualized goals. Treatment plans are usually reviewed for medical necessity (defined below) twice annually to allow re-assessment and to document treatment progress

A Functional Behavioral Assessment (FBA) may also be a part of any assessment. A FBA consists of

- a. Description of the problem (topography, onset/offset, cycle, intensity, severity)
- b. History of the problem (long-term and recent)
- c. Antecedent analysis (setting, people, time of day, events)
- d. Consequence analysis
- e. Impression and analysis of the function of the problem

Medical Necessity

According to the 2017 Blue Cross and Blue Shield Service Benefit Plan brochure,

“All benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine that the criteria for medical necessity are met. Medical necessity shall mean health care services that a physician, hospital, or other covered professional for facility provider, exercising prudent clinical judgment would provide to a patient for the purpose of preventing, evaluation, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

- a. In accordance with generally accepted standards of medical practice in the United States; and
- b. Clinically appropriate, in terms of type, frequency, extent, site, and duration; and considered effective for the patient’s illness, injury, disease, or its symptoms; and
- c. Not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of a patient’s illness, injury, or disease, or its symptoms; and
- d. Not part of or associated with scholastic education or vocational training of the patient; and
- e. In the case of inpatient care, able to be provided safely only in the inpatient setting.

For these purposes, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community and physician specialty society recommendations.”

Coverage Guidelines: Initial Service Request

New Directions may authorize ABA services for ASD only if all of the following criteria are met:

COMPREHENSIVE DIAGNOSTIC EVALUATION

1. The member has a diagnosis of Autism Spectrum Disorder (ASD) from a clinician who is licensed and qualified to make such a diagnosis. Such clinicians are usually a: neurologist, developmental pediatrician, pediatrician, psychiatrist, licensed clinical psychologist, or medical doctor experienced in the diagnosis of ASD;

2. Diagnostic evaluation with order / treatment recommendation for treatment includes:
 - a. A detailed developmental and medical history, including medical records from prior clinicians;
 - b. developmental and cognitive evaluation;
 - c. medical comorbidity;
 - d. neurological evaluation;
 - e. autism specific assessments by a qualified health care professional licensed to diagnose behavioral/ medical conditions;
 - f. adaptive behavior assessment.

ABA TREATMENT ASSESSMENT

New Directions may authorize an ABA services assessment only if all of the following criteria are met:

1. Diagnostic Criteria as set forth in the current DSM are met;
2. Hours requested are not more than what is required to complete the treatment assessment.

Note: Standardized psychological testing services are billed with specific psychological testing AMA-CPT code by eligible providers. Typically, a clinical psychologist is qualified to provide testing services.

INITIAL ABA SERVICE TREATMENT REQUEST

New Directions may authorize the initiation of ABA services for ASD only if all of the following criteria are met:

1. Diagnostic Criteria as set forth in the current DSM are met;
2. The ABA services recommended do not duplicate or replicate services received in a member's primary academic educational setting, or are available within an Individualized Education Plan (IEP) or Individualized Service Plan (ISP);
3. The ABA services recommended do not duplicate services provided or available to the member by other medical or behavioral health professionals;
4. Approved treatment goals and clinical documentation must be focused on active ASD core symptoms and deficits that inhibit daily functioning. This includes a plan for stimulus and response Generalization in novel contexts;
5. When there is a history of ABA treatment, the provider reviews the previous ABA treatment record to determine that there is a reasonable expectation that a member has the capacity to learn and generalize skills to assist in his or her independence and functional improvements;
6. Adaptive Behavior Testing such as the Vineland and ABAS testing within a 45-day period before or after the initial service start date;

7. For comprehensive treatment, the requested ABA services are directed toward reducing the gap between the member's chronological and developmental ages such that the member is able to develop or restore function to the maximum extent practical;
OR
For focused treatment, the requested ABA services are designed to reduce the burden of selected targeted symptoms on the member, family and other significant people in the environment, and to target increases in appropriate alternative behaviors;
8. Treatment intensity does not exceed the member's functional ability to participate;
9. Hours per week requested are not more than what is required to achieve the goals listed in the treatment plan and must reflect the member's, caregiver's, and provider's availability to participate in treatment;
10. A comprehensive medical record is submitted by the Board Certified Behavior Analyst (BCBA) to include:
 - a. All initial assessments performed by the BCBA. Preferred assessments must be developmentally and age appropriate and include the ABLLS, VB-MAPP, and any other developmental measurements employed. Only those portions of assessments that address core deficits of autism are covered; this excludes assessments or portions of assessments that cover academic, speech, vocational deficits, etc.;
 - b. Individualized treatment plan with clinically significant and measurable goals that clearly address the active symptoms and signs of the member's core deficits of ASD;
 - c. Goals should be written with measurable criteria such that they can be reasonably achieved within six months;
 - d. Goals should include: documentation of core symptoms of ASD in the treatment plan, date of treatment introduction, estimated date of mastery, and a specific plan for Generalization of skills;
 - e. Functional Behavior Assessment to address targeted problematic behaviors with operational definition and provide data to measure progress, as clinically indicated;
 - f. Documentation of treatment participants, procedures and setting;
11. Caregiver participation in at least 80 percent of scheduled caregiver training sessions. Caregiver training is defined as the education and development of caregiver-mediated ABA strategies, protocols, or techniques directed at facilitating, improving, or generalizing social interaction, skill acquisition and behavior management, to include observational measures for assurance of treatment integrity. It is recommended that one hour of caregiver training occurs for the first 10 hours of direct line therapy, with an additional 0.5 hours for every additional 10 hours of scheduled direct line therapy unless contraindicated or caregiver declines. Caregiver training requirements should increase to a higher ratio of total direct line therapy hours as increased number of member goals address activities of daily living, as provider plans for transition to lower level of care within the next 6 months or as member comes within one year of termination of benefits based on policy benefit restrictions. Caregiver training is necessary to address member's appropriate Generalization of skills, including activities of daily living, and to potentially decrease familial stressors by increasing member's independence. ABA principles

utilized during caregiver training to achieve desired outcomes may include, but are not limited to, reinforcement, task analysis, prompting, fading, shaping and chaining;

12. Although not required for the initial service request, transition and aftercare planning should begin during the early phases of treatment.

Coverage Guidelines: Continued Service Request

New Directions may authorize continued ABA treatment services for ASD only if all of the following criteria are met:

1. Diagnostic Criteria as set forth in the current DSM are met;
2. The ABA services recommended do not duplicate or replicate services received in a member's primary academic educational setting, or are available within an Individualized Education Plan (IEP) or Individualized Service Plan (ISP);
3. The ABA services recommended do not duplicate services provided or available to the member by other medical or behavioral health professionals;
4. Approved treatment goals and clinical documentation must be focused on active ASD core symptoms and deficits that inhibit daily functioning. This includes a plan for stimulus and response Generalization in novel contexts;
5. Adaptive Behavior Testing such as the Vineland and ABAS testing annually within a 45-day period before the next scheduled concurrent review. The Vineland or other standardized psychological tests may be required on any concurrent review dependent on clinical information obtained during the course of ABA treatment;
6. For comprehensive treatment, the requested ABA services are directed toward reducing the gap between the member's chronological and developmental ages such that the member is able to develop or restore function to the maximum extent practical;

OR

For focused treatment the requested ABA services are designed to reduce the burden of selected targeted symptoms on the member, family and other significant people in the environment, and to target increases in appropriate alternative behaviors;

7. Treatment intensity does not exceed the member's functional ability to participate
8. Hours per week requested are not more than what is required to achieve the goals listed in the treatment plan and must reflect the member's, caregiver's, and provider's availability to participate in treatment;
9. A comprehensive medical record is submitted by the BCBA to include:
 - a. Collected data, including additional testing such as ABLLS, VB-MAPP or other developmentally appropriate assessments, celeration charts, graphs, progress notes that link to interventions of specific treatment plan goals/objectives. Only those portions of assessments that address core deficits of autism are covered; this excludes assessments or portions of assessments that cover academic, speech, vocational deficits, etc.;
 - b. Individualized treatment plan with clinically significant and measurable goals that clearly address the active symptoms and signs of the member's core deficits of ASD

- c. Goals should be written with measurable criteria such that they can be reasonably achieved within six months;
 - d. Goals should include documentation of core symptoms of ASD identified on the treatment plan, date of treatment introduction, estimated date of mastery, a specific plan for Generalization of skills, and the number of hours per week estimated to achieve each goal;
 - e. Functional Behavior Assessment to address targeted problematic behaviors with operational definition and provide data to measure progress, as clinically indicated;
 - f. Documentation of treatment participants, procedures and setting;
10. On concurrent review, the current ABA treatment demonstrates significant improvement and clinically significant progress to develop or restore the function of the member.
- a. Significant improvement is mastery of a minimum of 50 percent of stated goals found in the submitted treatment plan. Psychological testing may be requested to clarify limited/lack of treatment response. Adaptive behavior, cognitive and/or language testing must show evidence of measureable functional improvement, as opposed to declining or plateaued scores. For members who do not master 50 percent of stated goals and/or fail to demonstrate measurable and substantial evidence toward developing or restoring the maximum function of the member, the treatment plan should clearly address the barriers to treatment success;
 - b. There is reasonable expectations of mastery of proposed goals within the requested six-month treatment period and that achievement of goals will assist in the member's independence and functional improvements;
 - c. There is a reasonable expectation that a member is able to, or demonstrates the capacity to, acquire and develop clinically significant generalized skills to assist in his or her independence and functional improvements;
 - d. If the member does not demonstrate significant improvement or progress achieving goals for successive authorization periods, benefit coverage of ABA services may be reduced or denied;
11. Caregiver participation in at least 80 percent of scheduled caregiver training sessions. Caregiver training is defined as the education and development of caregiver-mediated ABA strategies, protocols, or techniques directed at facilitating, improving, or generalizing social interaction, skill acquisition and behavior management, to include observational measures for assurance of treatment integrity. It is recommended that one hour of caregiver training occurs for the first 10 hours of direct line therapy, with an additional 0.5 hours for every additional 10 hours of scheduled direct line therapy unless contraindicated or caregiver declines. Caregiver training requirements should increase to a higher ratio of total direct line therapy hours as increased number of member goals address activities of daily living, as provider plans for transition to lower level of care within the next 6 months or as member comes within one year of termination of benefits based on policy benefit restrictions. Caregiver training is necessary to address member's appropriate Generalization of skills, including activities of daily living, and to potentially decrease familial stressors by increasing member's independence. ABA principles

utilized during caregiver training to achieve desired outcomes may include, but are not limited to, reinforcement, task analysis, prompting, fading, shaping and chaining.

12. Transition and aftercare planning should begin during the early phases of treatment. Transition planning should focus on the skills and supports required for the member to transition into their normal environment as appropriate to their achieved and realistic developmental ability. The aftercare planning includes the identification of appropriate services and supports for the time period following ABA treatment. The planning process and documentation should include active involvement and collaboration with a multidisciplinary team. Goals must be developed specifically for the individual with ASD, be functional in nature, and focus on skills needed in current and future environments. The plan must include the specific skills essential for both the family and member to succeed and how they are actively being addressed. It must include a detailed strategy for moving to less intensive ABA care and detail how hours will be faded. The plan must connect to measurable objectives for caregivers and member.

New Directions will review requests for ABA treatment benefit coverage based upon clinical information submitted by the provider.

Service Intensity Classification

Comprehensive treatments range from 25 to 40 total hours of direct services weekly. However, New Directions will review each request on an individual basis for fidelity to medical necessity and approve total hours based on the member's severity, intensity and frequency of symptoms. Comprehensive treatment includes direct 1:1 ABA, caregiver training, supervision and treatment planning.

Comprehensive ABA treatment targets members whose treatment plans address deficits in all of the core symptoms of Autism. Appropriate examples of comprehensive treatment include: early intensive behavioral intervention and treatment programs for older children with aberrant behaviors across multiple settings. This treatment level, which requires very substantial support, should initially occur in a structured setting with 1:1 staffing and should advance to a least restrictive environment and small group format. Caregiver training is an essential component of Comprehensive ABA treatment. This treatment is primarily directed to children ages 3 to 8 years old because Comprehensive ABA treatment has been shown to be most effective with this population.

Focused treatments range from 10 to 25 total hours of direct services per week. However, New Directions will review each request on an individual basis for fidelity to medical necessity and approve total hours based on the member's severity, intensity and frequency of symptoms. This treatment may include caregiver training as the only component.

Focused treatment typically targets a limited number of behavior goals requiring substantial support. Behavioral targets include marked deficits in social communication skills and restricted, repetitive behavior such as difficulties coping with change. In cases of specific aberrant and/or restricted, repetitive behaviors, attention to prioritization of skills is necessary to prevent and offset exacerbation of these behaviors, and to teach new skill sets. Identified aberrant behaviors should be addressed with specific procedures outlined in a Behavior Intervention Plan. Emphasis is placed on group work and caregiver training to assist the member in developing and enhancing his/her participation in family and

community life, and developing appropriate adaptive, social or functional skills in the least restrictive environment.

Requested treatment hours outside of the range for Comprehensive or Focused treatment will require a specific clinical rationale.

Hours to be Authorized

Total authorized hours will be determined based on all of the following:

- The current medical policy and medical necessity
- Provider treatment plan, that identifies suitable behaviors for treatment and improves the functional ability across multiple contexts
- Member's age
- Severity of symptoms, including aberrant behaviors
- Continued measurable treatment gains

Caseload Size

The Behavioral Analyst Certification Board's ("BACB") Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, 2nd Edition, [page 35], states that Behavior Analysts should carry a caseload that allows them to provide appropriate case supervision to facilitate effective treatment delivery and ensure consumer protection.

Caseload size for the Behavior Analyst is typically determined by the following factors:

- Complexity and needs of the clients in the caseload
- Total treatment hours delivered to the clients in the caseload
- Total case supervision and clinical direction required by caseload
- Expertise and skills of the Behavior Analyst;
- Location and modality of supervision and treatment (for example, center vs. home, individual vs. group,)
- Availability of support staff for the Behavior Analyst (for example, a BCaBA).

The recommended caseload range for one (1) Behavior Analyst is as follows:

Supervising Focused Treatment

- Without support of a BCaBA is 10 - 15*
- With support of one (1) BCaBA is 16 - 24*

Additional BCaBAs permit modest increases in caseloads.

* Focused treatment for severe problem behavior is complex and requires considerably greater levels of case supervision, which will necessitate smaller caseloads.

Supervising Comprehensive Treatment

- Without support of a BCaBA is 6 - 12
- With support of one (1) BCaBA is 12 - 16

Additional BCaBAs permit modest increases in caseloads.

DEFINITIONS:

- **Clinical Significance:** Clinical significance is the measurement of practical importance of a treatment effect – whether it creates a meaningful difference and has an impact that is noticeable in daily life.
- **Core deficits of Autism:** persistent deficits in social communication and social interaction across multiple contexts AND, restricted, repetitive patterns of behavior, interests, and activities
- **Generalization:** skills acquired in one setting are applied to many contexts, stimuli, materials, people, and/or settings to be practical, useful, and functional for the individual. Generalized behavior change involves systematic planning, and needs to be a central part of every intervention and every caregiver training strategy.
- **Baseline Data:** objective and quantitative measures of the percentage, frequency or intensity and duration of skill/behavior prior to intervention
- **Mastery Criteria:** objectively and quantitatively stated percentage, frequency or intensity and duration in which a member must display skill/behavior to be considered an acquired skill/behavior
- **Functional Analysis:** Empirically supported process of making systematic changes to the environment to evaluate the effects of the four testing conditions of play (control), contingent attention, contingent escape and the alone condition, on the target behavior, which allows the practitioner to determine the antecedents and consequences maintaining the behavior
- **Neurological Evaluation:** This needs to be completed and documented on every member by a licensed physician as part of the diagnostic evaluation. Any significant abnormalities on the minimal elements of an exam should trigger a referral to a neurologist to perform comprehensive testing to assess neurological abnormalities. Minimal elements include:
 - Evaluation of Cranial nerves I-XII
 - Evaluation of all four extremities, to include motor, sensory and reflex testing
 - Evaluation of coordination
 - Evaluation of facial and/or somatic dysmorphism
 - Evaluation of seizures or seizure like activity
- **Standardized Assessments:** the listed assessments are not meant to be exhaustive, but serve as a general guideline to measure intelligence, adaptive behaviors or provide diagnostic assessment
- **Custodial Treatment:** Non-skilled, personal care. Examples include:

- help with activities of daily living, such as bathing, dressing, eating, getting in or out of a bed or chair, moving around, using the bathroom, preparing special diets, and taking medications
 - Care designed for maintaining the safety of the member or anyone else
 - Care with the sole purpose of maintaining and monitoring an established treatment program
- **Respite Care:** care that provides respite for the individual’s family or persons caring for the individual
 - **Interpersonal Care:** interventions that do not diagnose or treat a disease, and that provide either improved communication between individuals, or a social interaction replacement
 - **Paraprofessional Care:** services provided by unlicensed persons to help maintain behavior programs designed to allow inclusion of members in structured programs or to support independent living goals

Autism Specific Assessments

- Childhood Autism Rating Scale, second edition. (CARS-2)
- Childhood Autism Spectrum Test. (CAST)
- Social Communications Questionnaire (SCQ)
- Social Responsiveness Scale, second edition. (SRS-2)
- Autism Behavior Checklist (ABC)
- Gilliam Autism Rating Scale (GARS)
- Aberrant Behavior Checklist
- Autism Diagnostic Observation Schedule, second edition. (ADOS-2)
- Autism Diagnostic Interview, revised. (ADI-R)
- Checklist for Autism in Toddlers (CHAT)

Other Assessment Instruments

- Vineland Adaptive behavior Scale (VABS)
- Adaptive behavior Assessment Scale (ABAS)

Cognitive Assessments

- Leiter International Performance Scale-R
- Mullen Scales of Early Learning
- Bayley Scales of Infant Development
- Kaufmann Assessment Battery for Children, second edition. (K-ABC-II)
- Wechsler Preschool and Primary Scale of Intelligence, third edition. (WPPSI-III)
- Wechsler Intelligence Scale for Children, fourth edition. (WISC-IV)
- Test of Non-Verbal Intelligence, fourth edition (TONI-4)

Diagnostic Codes

ICD-10 Codes

F84.0	Autistic Disorder
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F84.3	Other Childhood Disintegrative Disorder
F84.5	Asperger Disorder
F84.8	Other Pervasive Developmental Disorder
F84.9	Pervasive Developmental Disorder, unspecified

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