**Medical Necessity Guidelines: ABA (Applied Behavioral Analysis) Therapy for Autism Spectrum Disorders: Rhode Island Products**

**Effective:** January 13, 2016

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<tr>
<td>☒ Special Instructions: Prior Authorization recommended, not required</td>
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**Applies to:**
- ☒ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409
- ☐ Tufts Health Public Plans products
  - ☐ Tufts Health Direct — Health Connector; Fax: 888.415.9055
  - ☐ Tufts Health Together — A MassHealth Plan; Fax: 888.415.9055
  - ☐ Tufts Health Unify — OneCare Plan; Fax: 781.393.2607
- ☐ Tufts Health Freedom Plan products; Fax: 617.972.9409

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

**OVERVIEW**

Effective January 1, 2012 for fully insured groups with 51 or more employees, Tufts Health Plan will provide coverage for medically necessary ABA (Applied Behavioral Analysis) Therapy for Members with a definitive diagnosis of an Autism Spectrum Disorder.

As defined by R.I.G.L. c.27-20.11, Applied Behavioral Analysis (ABA) is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. "Involvement by parents [legal guardians] is considered essential to long-term treatment success; parents [legal guardians] are taught to continue behavioral modification training."¹

**COVERAGE GUIDELINES**

Tufts Health Plan may authorize ABA therapy visits, for Members younger than 15 years old, after a comprehensive evaluation and a referral (as needed) when ALL of the following are met:

1. The Member has a definitive diagnosis of an Autism Spectrum Disorder from a Neurologist, Pediatric Neurologist, Developmental Pediatrician, Psychologist, Psychiatrist or other licensed physician experienced in the diagnosis and treatment of autism and
2. The diagnostic evaluation includes, without limitation, behavioral and cognitive evaluation, prenatal (if known) and perinatal history, developmental history and medical screening for comorbid medical issues; and
3. From initial evaluation through the entire course of treatment, ALL of the following must be met:
   a. Documentation must support the position that therapy will achieve functional gains beyond those expected as a result of growth and maturation and there is clear evidence that the symptoms of the illness are active, resulting in substantial impairment in daily functioning; and
   b. There is a clear treatment plan with measurable goals that address the signs and symptoms of the illness; and
   c. There is no less intensive or more appropriate level of services which can be safely and effectively provided; and
   d. The services are not duplicative of services that are part of an Individual Educational Plan (IEP) or Individual Service Plan (ISP), when applicable; and

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¹ Coverage is provided consistent R.I.G.L. c.27-20.11.
e. The Member’s condition can be classified with at least one of the diagnosis codes listed below; and
f. Parent(s) and/or Guardian(s) involvement in the training of behavioral techniques must be documented in the Member’s medical record and is critical to the generalization of treatment goals to the Member’s environment; and
g. ABA services are provided by a Board Certified Behavior Analyst (BCBA), or paraprofessional (H2019) supervised by a BCBA, or provided or supervised by a licensed clinical psychologist practicing within their scope of practice and are billed with the procedure codes listed below.

ATTACHMENT
ABA Autism Service Request– Assessment & Treatment Planning (H0031 code)
Initial Autism Service Request

LIMITATIONS
The following do not meet the medical necessity guidelines, and therefore coverage will not be authorized:

- Therapy when measurable functional improvement is not expected or progress has plateaued.
- Services that are primarily educational in nature
- Services that duplicate services under an individualized family service plan or an individualized education program, as required under the federal Individuals with Disabilities Education Act or the provision of services to an individual under any other federal or state law.
- Services that are not medically necessary
- Treatment whose purpose is vocationally or recreationally based.
- Treatment that is investigational or unproven.
- Services that are provided for developmental purposes. For the purposes of this guideline the term developmental is defined as “a delay in the expected achievement of age-appropriate fine motor, gross motor, social, or language milestones that are not caused by an underlying medical illness or condition.”
- Cognitive Therapy or retraining.
- Personal training, life coaching.
- Custodial care, which for the purposes of this guideline is defined as care that is provided primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety; is provided primarily for maintaining the Member’s or anyone else’s safety; and could be provided by people without professional skills or training.
- Any service, program, supply, or procedure performed in a non-conventional setting (This includes, but is not limited to, spas/resorts; educational, vocational, or recreational settings; Outward Bound; or wilderness, camp or ranch programs). This is the case even if the services are performed by a licensed provider (including, but not limited to, mental health professionals, nutritionists, nurses or physicians).

CODES
The Member must have one of the following ICD-9 diagnoses to be considered for coverage.

Please refer to the Autism Professional Payment Policy for information regarding billing of these services.

Table 1: ICD-9 Codes

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<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>299.00</td>
<td>Autistic disorder, current or active state</td>
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<tr>
<td>299.10</td>
<td>Childhood disintegrative disorder, current or active state</td>
</tr>
<tr>
<td>299.80</td>
<td>Other specified pervasive developmental disorders, current or active state</td>
</tr>
<tr>
<td>299.90</td>
<td>Unspecified pervasive developmental disorder, current or active state</td>
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</tbody>
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The Member must have one of the following ICD-10 diagnoses to be considered for coverage.

**Note:** The following ICD-10 diagnosis codes are effective on or after October 1, 2015.

### Table 2: ICD-10 Codes

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F84.0</td>
<td>Autistic disorder</td>
</tr>
<tr>
<td>F84.3</td>
<td>Other childhood disintegrative disorder</td>
</tr>
<tr>
<td>F84.5</td>
<td>Asperger's syndrome</td>
</tr>
<tr>
<td>F84.8</td>
<td>Other pervasive developmental disorders</td>
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<tr>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
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One of the following HCPCS codes needs to be submitted with one of the above diagnosis codes to be considered for coverage:

### Table 3: HCPCS Codes

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<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>H0031</td>
<td>Mental health assessment, by non-physician -- Assessment and treatment planning by a BCBA</td>
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<tr>
<td>H0032</td>
<td>Mental health service plan development by non-physician - Direct supervision of a paraprofessional by a BCBA</td>
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<td>H2012</td>
<td>Behavioral health day treatment, per hour - Direct service by a BCBA</td>
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<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes - Paraprofessional direct service supervised by a BCBA</td>
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**REFERENCES**


**APPROVAL HISTORY**


Subsequent endorsement date(s) and changes made:

- January 1, 2013: Reviewed and revised: Additional clarification added to guidelines, including: Added to Guideline #1: "other licensed physician"; Added clarification to Guideline #2: "The diagnostic evaluation includes, without limitation, behavioral and cognitive evaluation, prenatal (if known) and perinatal history, developmental history and medical screening for comorbid medical issues."; Added clarification to Guideline #3(g): "ABA services are provided by a Board Certified Behavior Analyst (BCBA) or paraprofessional (H2019) supervised by a BCBA and are billed with the procedure codes listed below."
- February 18, 2013: Added ICD-10 Codes
- July 10, 2013: Reviewed and Approved by Integrated Medical Policy Advisory Committee
- March 12, 2014: Reviewed, revised and Approved by Integrated Medical Policy Advisory Committee. Revised 3.f. from requiring parents to be present and participating in all treatment sessions to "Parent(s) and/or Guardian(s) involvement in the training of behavioral techniques must be documented in the Member’s medical record and is critical to the generalization of treatment goals to the Member's environment". Revised last bullet under limitations to further define "non-conventional setting".
- February 12, 2015: Removal of ICD codes 330.8 and F84.2 per Rhode Island General Laws 27-20.11, 27-20.11-2 Definitions. – Autism spectrum disorders" means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, and DSM V.
- August 25, 2015: Reviewed and Approved by the Mental Health Operations and Policy Committee with the following changes: limitations – dollar cap established under RI mandate was removed in order to be consistent with Tufts Health Plan parity policies. Coverage
ABA (Applied Behavioral Analysis) Therapy for Autism Spectrum Disorders: Rhode Island Products

Guidelines: psychologists added to practitioners able to deliver or supervise ABA in order to allow practitioner types consistent with RI mandate.

- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- December 3, 2015: Reviewed by Behavioral Health Practitioner Advisory Committee with no changes recommended.
- December 9, 2015: Reviewed and Approved by the Integrated Medical Policy Advisory Committee (IMPAC), with no changes.
- January 13, 2016: Reviewed by IMPAC. Services provided in daycare or preschool settings removed from limitations section

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member's benefit document. These guidelines do not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or Tufts Health Unify or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates or other requirements will take precedence. For CareLinkSM Members, Cigna conducts utilization review so Cigna's medical necessity guidelines, rather than these guidelines, will apply.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of these guidelines is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.