

BSC3.01	Behavioral Health Treatment for Autism Spectrum Disorders		
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Section:	3.0 Mental Health	Page:	Page 1 of 21

Policy Statement

Per California Health and Safety Code Section 1374.73

Except as noted, behavioral health treatment (BHT)/applied behavior analysis (ABA) must be prior authorized by Blue Shield's mental health service administrator (MHSA)* and home-based services (or other non-institutional setting) must be obtained from participating providers.

*(*Blue Shield provides prior authorization for select plans, see member ID card for Mental Health Customer Service contact information.)*

Refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of BHT/ABA as it applies to the individual member. Blue Shield covers BHT/ABA when state mandated or when BHT/ABA is specifically included in a member's benefit plan.

The following criteria are adopted from the Blue Shield of California Mental Health Service Administrator.

Criteria to Initiate Care

- I. Outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered **medically necessary** when **all** of the following criteria are documented:
 - A. There is an established and current (within 24 months) DSM-5 diagnosis of Autism Spectrum Disorder using validated assessment tools, e.g., Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI-R), Parent Evaluation Developmental Stages (PEDS), or Brigance Diagnostic Inventory of Early Development II
 - B. As determined by validated developmental assessment tools, the eligible recipient cannot participate at an age-appropriate level in home, school or community activities because of the presence of behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet **one** or more of the following:
 1. The target behavior or skill is one(1) standard deviation or more below the mean
 2. Represents a behavior that poses significant threat of harm to the recipient or others
 - C. There is an expectation on the part of a qualified treating healthcare professional (e.g. pediatrician, pediatric neurologist, developmental pediatrician, psychologist), who has completed an initial evaluation of the recipient that the individual's behavior and skills will improve to a clinically meaningful extent, in at least two settings (home, school community) with ABA therapy provided by, or supervised by, a certified ABA provider
 - D. A functional assessment using validated tools has been completed by a qualified behavior analyst certified by the Behavior Analyst Certification Board (BACB®). This assessment will include baseline information on the recipient's adaptive functioning within the last 12 months.
 - E. The recipient's caregivers commit to participate in the goals of the treatment plan.
 - F. The recipient is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.
 - G. There is a treatment plan with the following elements:
 1. There are specific, quantifiable goals, that relate to developmental deficits or behaviors that pose a significant risk of harm to the recipient or others
 2. Objective, observable, and quantifiable metrics are utilized to measure change toward the specific goal behaviors

3. Documentation that adjunctive treatments (e.g., psychotherapy, social skills training, medication services, educational services) have been considered for inclusion in the treatment plan, with the rationale for exclusion

Criteria for Continued Care

- II. Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered **medically necessary** when **all** of the following criteria are met:
 - A. The recipient shows improvement from baseline in skill deficits and problematic behaviors targeted in the approved treatment plan using validated assessments of adaptive functioning
 - B. As determined by validated developmental assessment tools, the eligible recipient still cannot participate at an age-appropriate level in home, or community activities because of the presence of behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet **one** or more of the following:
 1. The target behavior or skill is one (1) standard deviation or more below the mean
 2. Represents a behavior that poses significant threat of harm to the recipient or others
 - C. The recipients' caregivers demonstrate continued commitment to participation in the recipient's treatment plan and demonstrate the ability to apply those skills in naturalized settings as documented in the clinical record
 - D. The gains made toward developmental norms and Behavior goals cannot be maintained if care is reduced
 - E. Behavior issues are not exacerbated by the treatment process
 - F. The recipient has the required cognitive capacity to benefit from the care provided and to retain and generalize treatment gains

Criteria for Discharge from Care

- III. Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) is considered **not medically necessary** in **any** of the following circumstances:
 - A. The recipient shows improvement from baseline in targeted skill deficits and problematic behaviors such that goals are achieved or maximum benefit has been reached
 - B. Caregivers have refused treatment recommendations
 - C. Behavioral issues are exacerbated by the treatment
 - D. Recipient is unlikely to continue to benefit or maintain gains from continued care
 - E. The client does not demonstrate progress towards goals for successive authorization periods

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) is generally *not a covered benefit** for **any** of the following purposes:

- Respite
- Day care
- Educational services
- To reimburse a parent for participation in the treatment

* See Benefit Application Section

Description

Behavioral Health Treatment

Behavioral health treatment (BHT) consists of professional services and treatment programs, including applied behavior analysis (ABA) and evidence-based behavior intervention programs that develop or restore, to the maximum extent possible, the functioning of an individual with autism spectrum disorders.

Applied Behavior Analysis

Applied behavior analysis is a discipline that applies human behavior principles in various settings, i.e., clinics, schools, homes, and communities, to diminish substantial deficits in a recipient's adaptive functioning or significant behavior problems due to autism spectrum disorder. This technique applies interventions to address three core areas of behavioral functioning:

1. Deficits in developmentally appropriate self-care include, but are not limited to:
 - Feeding
 - Grooming
 - Activities of daily living (e.g., dressing, preparing for school)
 - Preoccupation with one or more restricted, stereotyped patterns of behavior that are abnormal in intensity or focus
 - Inflexible adherence to specific, nonfunctional routines or rituals
 - Stereotyped, repetitive motor mannerisms
 - Persistent preoccupation with parts of objects
2. Impairments in social adaptive skills include, but are not limited to:
 - Delay in or lack of spoken language
 - Inability to sustain adequate conversation with others
 - Impairment in non-verbal behaviors in social interaction
 - Failure to develop peer relationships
 - Lack of spontaneous seeking to share emotions in relationships
 - Lack of social or emotional reciprocity
3. Prevention of harm to self or others (safety concerns) include, but are not limited to:
 - Aggression directed to self or others (e.g., hitting, biting)
 - Engaging in dangerous behaviors (e.g., eating nonfood items, running into the street, elopement)

Autism Spectrum Disorders

The diagnostic category of autism spectrum disorders refers to a group of developmental conditions that involve delayed or impaired communication and social skills, behaviors, and cognitive skills (learning). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5[®]) has established a category for autism spectrum disorders which allows for the accountability of variations in symptoms and behaviors.¹

This medical policy pertains to BHT, including ABA, in the outpatient setting only.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

Autism spectrum disorder (ASD)

Autism spectrum disorder is a new category presented in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5[®]). Symptoms can range from mild to severe and commonly involve impairment or disability with communication skills, motor skills, and social skills. In the previous version, DSM-IV-TR[®], there were distinct subtypes categorized under Pervasive Developmental Disorders (PDD) which included: Autistic Disorder (classic Autism), Asperger's Disorder, Childhood Disintegrative Disorder, Rett's Disorder, and PDD-Not Otherwise Specified.² Pervasive developmental disorders have been categorized as biologically based, neuro-developmental conditions with likely genetic origin. Autism has been the most characteristic and best studied of the previously categorized PDD's. Autism, Asperger's Disorder, and PDD-Not Otherwise Specified now fall under the one category, Autism Spectrum Disorders. According to data from the Centers for Disease Control and Prevention (CDC) in the 2020 surveillance year, the estimated prevalence of ASD is 1 in 36 children in the United States and is more than 4 times more common in boys than among girls.³

Autism Spectrum Disorder is characterized by the following⁴:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behavior
- Symptoms that affect their ability to function in school, work, and other areas of life

Currently there is no cure for autism spectrum disorders or any one single treatment for the disorder. ASD's may be managed using various combinations of therapies including behavioral, cognitive, pharmacological, and education learning. The goal of treatment is to minimize the severity of symptoms, maximize learning, facilitate social integration, and improve quality of life for individuals with the disorder as well as their families and/or caregivers.⁵ Better outcomes have been associated with earlier diagnosis and implementation of treatment. Children with normal to higher intelligence quotients (IQs) and good language skills without comorbidities (e.g., seizure, psychiatric disorders) also appear to have more favorable outcomes. Interventional treatment plans are directed at developing the child's functional strengths and addressing the learning disability weakness.

Health and Safety Code

This medical policy is based on the California Health and Safety Code Section 1374.73 which requires insurers provide coverage of BHT for individuals with autism spectrum disorders. This law became effective July 1, 2012.

According to Health and Safety Code Section 1374.73, "Behavioral health treatment means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism..."⁶

As taken directly from the California Health and Safety Code Section 1374.73, BHT must meet all of the following criteria⁶:

- The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.
- The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:
 - A qualified autism service provider.
 - A qualified autism service professional supervised by the qualified autism service provider.
 - A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.
- The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:
 - Describes the patient's behavioral health impairments or developmental challenges that are to be treated.
 - Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.
 - Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.
 - Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.
- The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

A qualified autism service provider is defined as either of the following:

- A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.
- A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

A qualified autism service professional is defined as an individual who meets all of the following criteria:

- Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.
- Is supervised by a qualified autism service provider.
- Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.
- Is a behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program.
- Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.
- Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

A qualified autism service paraprofessional is defined as an unlicensed and uncertified individual who meets all of the following criteria:

- Is supervised by a qualified autism service provider or qualified autism service professional at a level of clinical supervision that meets professionally recognized standards of practice.
- Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.
- Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations.
- Has adequate education, training, and experience, as certified by a qualified autism service provider or an entity or group that employs qualified autism service providers.
- Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

Additionally, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

Applied Behavior Analysis

Applied behavior analysis therapy is the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.

The first demonstrations of the effectiveness of this treatment model occurred in the 1960s with the employment of highly structured operant conditioning learning programs to improve the condition of recipients with autism and mental retardation. Many techniques, strategies, and approaches have been developed using ABA as a foundation. ABA treatments derive from the experimental analysis of behavior – a field dedicated to understanding how environmental events affect behavior.

ABA systematically applies interventions based on learning theory to improve social interaction, verbal and nonverbal communication, and maladaptive or challenging behavior while demonstrating that the interventions employed are responsible for the improvement. Deficits in functioning may be due to environmental factors, physical conditions, mental health disorders, and psychological factors. The severity and frequency of maladaptive behavior, e.g., aggression, violence,

destructiveness, and self-injury, may result in risk to the physical safety of the individual or others. ABA involves the analysis, design, implementation, and evaluation of behavior modification plans to produce significant improvement in behavior. ABA programs include multiple techniques (e.g., discrete trial training and naturalistic teaching) and integrate different strategies based on the recipient's needs and target goals. The ABA literature universally cites the need for caregiver training and caregiver assumption of treatment interventions. ABA methodologies incorporate data collection to monitor the recipient's progress and evaluate the effectiveness of the intervention.

General ABA behavior goals in autism include: (1) increasing selected behaviors, (2) teaching new skills, (3) maintaining selected behaviors, (4) generalizing or transferring selected behaviors, (5) restricting or narrowing conditions under which interfering behaviors occur, (6) reducing interfering behaviors, and (7) parental skill development and the application of those skills in natural settings. Socially significant behaviors frequently targeted include addressing underlying issues that impair academic functioning, social skills, communication and adaptive living skills, e.g., eating and food preparation, toileting, dressing, personal self-care, domestic skills, time and punctuality, money and value, home and community orientation and work skills. Please note that gross and fine motor skills should come under the responsibility of Occupational Therapy, or other therapeutic interventions that do not fall within the scope of ABA.

Functional Behavior Assessment

Functional Behavior Assessment (FBA) or Functional Analysis is a rigorous method of gathering information about problem behaviors. The underlying theory of FBA is that most problem behaviors serve some type of an adaptive function reinforced by consequences. FBA is used in both designing a behavior program for maximum effectiveness and serves as the foundation of the individualized treatment plan.

Comprehensive VS Focused Interventions

The decision about the need for comprehensive versus focused interventions is generally determined, in part, by an evaluation of the level of impairment as demonstrated on validated developmental assessment tools. The severity of impairment is often based on how far the person's scores are from the mean (average). A customary statistic for describing how far someone is from the mean is the standard deviation score (SD). SD scores of less than 1 are considered within the range of normal development. A SD score of 1 but less than 1.5 is considered mild impairment, 1.5 but less than 2 is considered moderate impairment, and 2 or more is considered severe.

Comprehensive Intervention

Comprehensive intervention services may range from 30 to 40 hours per week, early in the recipient's development (for example, under the age of 7). More than 40 hours will be approved where medically necessary for the member. Services are provided for multiple targets across most or all developmental domains. Comprehensive interventions may close the gap between a recipient's level of functioning and that of a typically developing peer. The standard of care for comprehensive services has been for durations of 1 to 2 years.

Focused Intervention

Focused intervention services are provided up to 25 hours per week and are directed to a more limited set of problematic behaviors or skills deficits in areas such as self-care, communication and personal safety. Focused services introduce and strengthen more adaptive behaviors to address specific behaviors that are problematic for the recipient.

Desired Outcome

The desired outcomes for discharge should be specified at the initiation of services and refined throughout the treatment process. Transition and discharge planning from a treatment program should include a written plan that specifies details of monitoring and follow-up as is appropriate for the individual and the family. Parents, community caregivers and other involved professionals should

be consulted ongoing and prior to the planned reduction of service hours. Additional services, including behavioral therapies and other supports, should be considered for the child and family as care is faded to lower frequency.

Summary of Evidence

Blue Shield will provide coverage for medically necessary outpatient BHT/ABA services for individuals diagnosed with autism spectrum disorders when the BHT/ABA services are ordered and deemed medically necessary based on the specific applicability and criteria outlined by Health and Safety code 1374.73 and in the BSC Medical Policy.

Appendix 1

Behavioral health treatment (BHT) is also referred to as intensive behavioral intervention (IBI), early intensive behavioral intervention (EIBI), or applied behavior analysis (ABA) including Lovaas-based approaches. Applied behavior analysis focuses on remediating the child's delay in communication, social and emotional skills and places great focus on integrating the child with peers in typical settings.

This document is provided as companion to Magellan Healthcare's Guidelines for the use of applied behavior analysis (ABA). Magellan supports the use of clinical best practices and strongly encourages participating providers to consult resources such as those published by the Behavior Analyst Certification Board (BACB®).

ABA systematically applies interventions based on learning theory to improve social interaction, verbal and nonverbal communication, and maladaptive or challenging behavior while demonstrating that the interventions employed are responsible for the improvement. Deficits in functioning may be due to environmental factors, physical conditions, mental health disorders, and psychological factors. The severity and frequency of maladaptive behavior (e.g., aggression, violence, destructiveness, and self-injury) may result in risk to the physical safety of the individual or others. ABA involves the analysis, design, implementation, and evaluation of behavior modification plans to produce significant improvement in behavior. ABA programs include multiple techniques (e.g., discrete trial training and naturalistic teaching) and integrate different strategies based on the recipient's needs and target goals. ABA methodologies incorporate data collection to monitor the recipient's progress and evaluate the effectiveness of the intervention and evaluate behavior with validated tools and objective developmental norms. An ABA program is directed to promoting the greatest level of independence possible for the recipient and provides training and support for the caregivers. An ABA program that does not include the substantial involvement of the recipient's caregivers does not meet Magellan's expectations of a successful treatment plan based on an extensive review of the available literature on the effectiveness of ABA, and as such, cannot be authorized for reimbursement.

Essential Elements of Effective ABA Treatment

1. An objective assessment and analysis of the client's condition by observing how the environment affects the client's behavior, as evidenced through appropriate data collection and the use of validated assessment tools and developmental norms.
2. An understanding of the context of the behavior and the behavior's value to the individual, the family, and the community and a plan to address the most socially significant deficits in skill or problem behaviors that will allow the independent functioning for the recipient across these environments.
3. A thorough review of the recipient's medical, educational, and psychological and behavioral history and ongoing coordination of care with other providers involved in the recipient's treatment (e.g., physical therapists, social workers, occupational therapists, pediatricians, speech therapists).

4. The use of ongoing, objective assessments and data analysis to inform clinical decision making.
5. A focus on the recipient's quality of life, with care provided only for as long as necessary to achieve goals, or maximize clinical benefit, and promote independence for the recipient.
6. The facilitation of opportunities for the recipient to interact with typically-developing peers.
7. The inclusion of the recipients' caregivers in a formalized program of training that allows them to develop skills and apply these in naturalized settings to further the recipient's treatment goals.
8. A strong program of support for the caregivers that addresses the stresses and strains of caregiving including community connection to supportive resources.

Initial Evaluation

After an initial diagnosis of autism has been obtained from an appropriate provider (e.g., pediatrician, pediatric neurologist, developmental pediatrician, psychologist), a functional behavioral assessment should be completed that includes observation across all relevant settings (e.g., home, school and community). The intent of the FBA is to develop a thorough plan of interventions that will target reductions in problematic behaviors, in addition to the promotion of more adaptive skills and behaviors. The FBA captures baseline data and will design a plan of ongoing data collection that will inform the duration and intensity of services. The FBA will include a plan for the training of the recipient's caregivers, complete with goals for the caregivers and a plan to train and support the caregivers. The FBA should include:

1. Validated developmental and adaptive skills assessment (e.g. ABAS, Bayley or Vineland,) to establish baseline functioning.
2. Review of the recipient's medical, psychiatric, educational records.
3. An evaluation of the purpose of maladaptive behaviors using a validated assessment tool (e.g., QABF, FAST, FACT).
4. Caregiver interview.
5. Evidence of coordination of services with the recipient's other treatment providers.
6. Consideration for the recipient's medications and medical comorbidities.
7. A detailed description of behavior reduction goals with clear definition, antecedent, baseline, and mastery criteria for needed skills development.
8. A detailed description of replacement behavior and skill acquisition goal selection based on reported behaviors and developmental evaluation scores.
9. Caregiver training goals and a plan to provide necessary support and training to caregivers as well as a plan to evaluate their acquisition of these skills.
10. A detailed proposal for the intensity and duration of services, as well as the locations where those services will be provided.
11. Full documentation of any IEP services the recipient is receiving and a description of how the proposed care will coordinate with the established IEP.
12. An indication of other services that will be necessary such as physical therapy or family therapy, and documentation that such referrals have been provided.
13. A clear plan with objective milestones for the systematic reduction of care and the criteria for discharge from services.

Ongoing Services

1. Validated developmental and adaptive skills assessment (e.g., ABAS, Bayley, or Vineland) should be administered every 12 six(6) months to evaluate progress from baseline functioning.
2. Care should be applied as prescribed in the treatment plan, and behavior tracking should be completed such that the occurrence and frequency of maladaptive behaviors as well as replacement behaviors are captured graphically.
3. Antecedents to behavior should be noted as well as response to interventions.
4. The setting of ongoing services should be documented as well as participants present during the intervention.

5. Interventions should promote the recipient's independence and should be focused on those behaviors that interfere with the recipient's self-care abilities, the recipient's safety and those behaviors that interfere with the recipient's communication and interaction with others.
6. Caregivers are participating in training and interventions such that the treating professional can fade out of the intervention and the caregiver can effectively achieve the goal of the intervention over time.
7. Caregivers should have specific behavior goals that generalize treatment benefits across multiple settings and allow treatment progress to be maintained over time.
8. The recipient should be presented with opportunities to demonstrate skills acquisition with developmentally-typical peers.
9. Adjustments to treatment interventions will be made in consultation with the BACB supervisor, and the reason for these adjustments will be well documented in the clinical record, including the goals and the behavior tracking of these goals.
10. A detailed tracking of the intensity of services as well as the locations where those services are provided shall be maintained in the treatment record.
11. Coordination with other services such as physical therapy or family therapy should be ongoing.
12. Measurement of progression on milestones should be captured on an ongoing basis and progress to discharge goals should be noted.

Intensity of Services

The intensity and duration of services will be based on a careful evaluation of the level of the recipient's impairment from developmentally expected norms as well as the severity of maladaptive behaviors. Behaviors and skills deficits that prevent the recipient from performing activities of daily living related to self-care (e.g., self-feeding, toileting and grooming), socially effective communication (e.g., mutuality, emotional reciprocity, stereotypy, shared interests) or safety (e.g., aggression, pica, elopement) must be noted. The use of standardized testing is critical in the evaluation of the recipient's development against published developmental norms. Scores less than a standard deviation from developmental norms are considered within range of normal development: 1 standard deviation equates to mild impairment, 1.5-2 standard deviations equates to moderate impairment, and 2 or more standard deviations will be considered severe. The response to services must be evaluated on an ongoing basis with validated tools to monitor treatment progress. Treatment progress should also be evaluated against treatment goals through careful tracking of the frequency of maladaptive behaviors as well as replacement behaviors. The achievement of caregiver goals should be consistently tracked. Lack of skills acquisition or behavioral goals require immediate attention to required changes in the intervention and may lead to the discontinuation of services.

Comprehensive Interventions:

- Research tends to support comprehensive services for younger children who have substantial impairments in most or all areas of functioning; behavior is of such a severe nature that the child or those around the child are in imminent risk of harm; and are generally authorized as time-limited.
- Comprehensive services may be appropriate for older individuals depending on the clinical and behavioral presentation of the individual
- The overarching goal of comprehensive intervention is to close the gap between a recipient's level of functioning and that of a typically developing peer.
- Comprehensive ABA of up to 40 hours per week is limited to treatment where there are multiple targets across most or all developmental domains that are impaired due to the child's autism. More than 40 hours will be approved where medically necessary for the member

- Comprehensive services are generally rendered when the recipient is early in his or her development and are generally not intended to be applied to older children or adolescents who are often more appropriate for focused interventions.
- Optimal treatment duration will vary by child, but literature generally supports total interventions (comprehensive) up to of 1-2 years of care. Treatment duration will vary by child. Literature generally demonstrates that optimal benefit generally occurs within 12 – 24 months of treatment.

Focused Interventions:

- Magellan will authorize medically necessary applied behavior analysis, based on individualized goals, provided in a focused or comprehensive manner:
 - Focused interventions are generally authorized for 10-25 hours per week of direct treatment. (Additional authorization will be provided for direct supervision at 1 to 2 hours per 10 of direct care, as well as authorization for caregiver training.)
 - Focused intervention is authorized when the recipient needs to acquire skills such as communication, safety and self-care.
 - Focused intervention is authorized to reduce dangerous or maladaptive behavior.
 - Focused intervention is authorized to introduce and strengthen more appropriate and functional behavior.
- Magellan encourages providers to consult with a Magellan care manager if there are questions about the appropriateness of a planned intervention, and at any time a child's condition worsens for any reason.

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Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
 - Comprehensive diagnostic evaluation and definitive DSM-5 diagnosis
 - Documentation of the type and degree of behaviors needing treatment
 - Functional assessment
 - Prior specific treatment(s)/intervention(s) and response
 - Proposed/current treatment plan including but not limited to the anticipated response to treatment, goals and other types of treatment that have been tried (with results) or considered but excluded
 - For continuation, documented progress/improvement (if applicable) but not having yet met goals; why gains cannot be maintained with a lower level of care; and that treatment has not worsened issues
- Copy of the most current individualized education program (IEP)/intervention support program (ISP) (if applicable)
- Discharge summary from earlier treatment (if applicable/available)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

Type	Code	Description
	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
HCPCS	G9012	Other specified case management service not elsewhere classified
	H0031	Mental health assessment, by nonphysician
	H0032	Mental health service plan development by nonphysician
	H2014	Skills training and development, per 15 minutes
	H2019	Therapeutic behavioral services, per 15 minutes
	S5108	Home care training to home care client, per 15 minutes
	S5110	Home care training, family; per 15 minutes

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
07/01/2012	New policy
08/29/2014	Coding update
05/01/2016	Policy title change from Behavioral Health Treatment for Pervasive Developmental Disorders Policy revision without position change

Effective Date	Action
05/01/2017	Policy revision without position change
06/01/2018	Policy revision without position change
01/01/2019	Coding update
06/01/2019	Policy revision without position change
06/01/2020	Annual review. Policy statement and literature updated.
06/01/2021	Annual review. No change to policy statement. Literature review updated.
06/01/2022	Annual review. No change to policy statement. Literature review updated.
06/01/2023	Annual review. No change to policy statement. Literature review updated.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local

standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT	
BEFORE <i>Red font: Verbiage removed</i>	AFTER <i>Blue font: Verbiage Changes/Additions</i>
<p>Behavioral Health Treatment for Autism Spectrum Disorders BSC3.01</p> <p>Policy Statement: <i>Per California Health and Safety Code Section 1374.73</i></p> <p>Except as noted, behavioral health treatment (BHT)/applied behavior analysis (ABA) must be prior authorized by Blue Shield’s mental health service administrator (MHSA)* and home-based services (or other non-institutional setting) must be obtained from participating providers.</p> <p><i>(*Blue Shield provides prior authorization for select plans, see member ID card for Mental Health Customer Service contact information.)</i></p> <p>Refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of BHT/ABA as it applies to the individual member. Blue Shield covers BHT/ABA when state mandated or when BHT/ABA is specifically included in a member's benefit plan.</p> <p>The following criteria are adopted from the Blue Shield of California Mental Health Service Administrator.</p> <p>Criteria to Initiate Care Outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered medically necessary when all of the following criteria are documented:</p> <ul style="list-style-type: none"> I. There is an established and current (within 24 months) DSM-5 diagnosis of Autism Spectrum Disorder using validated assessment tools, e.g., Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI-R), Parent Evaluation Developmental Stages (PEDS), or Brigance Diagnostic Inventory of Early Development II II. As determined by validated developmental assessment tools, the eligible recipient cannot participate at an age-appropriate level in home, school or community activities because of the presence of 	<p>Behavioral Health Treatment for Autism Spectrum Disorders BSC3.01</p> <p>Policy Statement: <i>Per California Health and Safety Code Section 1374.73</i></p> <p>Except as noted, behavioral health treatment (BHT)/applied behavior analysis (ABA) must be prior authorized by Blue Shield’s mental health service administrator (MHSA)* and home-based services (or other non-institutional setting) must be obtained from participating providers.</p> <p><i>(*Blue Shield provides prior authorization for select plans, see member ID card for Mental Health Customer Service contact information.)</i></p> <p>Refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of BHT/ABA as it applies to the individual member. Blue Shield covers BHT/ABA when state mandated or when BHT/ABA is specifically included in a member's benefit plan.</p> <p>The following criteria are adopted from the Blue Shield of California Mental Health Service Administrator.</p> <p>Criteria to Initiate Care</p> <ul style="list-style-type: none"> I. Outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered medically necessary when all of the following criteria are documented: <ul style="list-style-type: none"> A. There is an established and current (within 24 months) DSM-5 diagnosis of Autism Spectrum Disorder using validated assessment tools, e.g., Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI-R), Parent Evaluation Developmental Stages (PEDS), or Brigance Diagnostic Inventory of Early Development II B. As determined by validated developmental assessment tools, the eligible recipient cannot participate at an age-appropriate level in home, school or community activities because of the

POLICY STATEMENT

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<p>behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet one or more of the following:</p> <ul style="list-style-type: none"> A. The target behavior or skill is one(1)standard deviation or more below the mean B. Represents a behavior that poses significant threat of harm to the recipient or others <p>III. There is an expectation on the part of a qualified treating healthcare professional (e.g. pediatrician, pediatric neurologist, developmental pediatrician, psychologist), who has completed an initial evaluation of the recipient that the individual's behavior and skills will improve to a clinically meaningful extent, in at least two settings (home, school community) with ABA therapy provided by, or supervised by, a certified ABA provider</p> <p>IV. A functional assessment using validated tools has been completed by a qualified behavior analyst certified by the Behavior Analyst Certification Board (BACB®). This assessment will include baseline information on the recipient's adaptive functioning within the last 12 months.</p> <p>V. The recipient's caregivers commit to participate in the goals of the treatment plan.</p> <p>VI. The recipient is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.</p> <p>VII. There is a treatment plan with the following elements:</p> <ul style="list-style-type: none"> A. There are specific, quantifiable goals, that relate to developmental deficits or behaviors that pose a significant risk of harm to the recipient or others B. Objective, observable, and quantifiable metrics are utilized to measure change toward the specific goal behaviors C. Documentation that adjunctive treatments (e.g., psychotherapy, social skills training, medication services, educational services) have been considered for inclusion in the treatment plan, with the rationale for exclusion 	<p>presence of behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet one or more of the following:</p> <ul style="list-style-type: none"> 1. The target behavior or skill is one(1)standard deviation or more below the mean 2. Represents a behavior that poses significant threat of harm to the recipient or others <p>C. There is an expectation on the part of a qualified treating healthcare professional (e.g. pediatrician, pediatric neurologist, developmental pediatrician, psychologist), who has completed an initial evaluation of the recipient that the individual's behavior and skills will improve to a clinically meaningful extent, in at least two settings (home, school community) with ABA therapy provided by, or supervised by, a certified ABA provider</p> <p>D. A functional assessment using validated tools has been completed by a qualified behavior analyst certified by the Behavior Analyst Certification Board (BACB®). This assessment will include baseline information on the recipient's adaptive functioning within the last 12 months.</p> <p>E. The recipient's caregivers commit to participate in the goals of the treatment plan.</p> <p>F. The recipient is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.</p> <p>G. There is a treatment plan with the following elements:</p> <ul style="list-style-type: none"> 1. There are specific, quantifiable goals, that relate to developmental deficits or behaviors that pose a significant risk of harm to the recipient or others 2. Objective, observable, and quantifiable metrics are utilized to measure change toward the specific goal behaviors 3. Documentation that adjunctive treatments (e.g., psychotherapy, social skills training, medication services, educational services) have been considered for inclusion in the treatment plan, with the rationale for exclusion

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<p>Criteria for Continued Care Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered medically necessary when all of the following criteria are met:</p> <ul style="list-style-type: none"> I. The recipient shows improvement from baseline in skill deficits and problematic behaviors targeted in the approved treatment plan using validated assessments of adaptive functioning II. As determined by validated developmental assessment tools, the eligible recipient still cannot participate at an age-appropriate level in home, or community activities because of the presence of behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet one or more of the following: <ul style="list-style-type: none"> A. The target behavior or skill is one (1) standard deviation or more below the mean B. Represents a behavior that poses significant threat of harm to the recipient or others III. The recipients’ caregivers demonstrate continued commitment to participation in the recipient’s treatment plan and demonstrate the ability to apply those skills in naturalized settings as documented in the clinical record IV. The gains made toward developmental norms and Behavior goals cannot be maintained if care is reduced V. Behavior issues are not exacerbated by the treatment process VI. The recipient has the required cognitive capacity to benefit from the care provided and to retain and generalize treatment gains <p>Criteria for Discharge from Care Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) is considered not medically necessary in any of the following circumstances:</p> <ul style="list-style-type: none"> I. The recipient shows improvement from baseline in targeted skill deficits and problematic behaviors such that goals are achieved or maximum benefit has been reached 	<p>Criteria for Continued Care</p> <ul style="list-style-type: none"> II. Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered medically necessary when all of the following criteria are met: <ul style="list-style-type: none"> A. The recipient shows improvement from baseline in skill deficits and problematic behaviors targeted in the approved treatment plan using validated assessments of adaptive functioning B. As determined by validated developmental assessment tools, the eligible recipient still cannot participate at an age-appropriate level in home, or community activities because of the presence of behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet one or more of the following: <ul style="list-style-type: none"> 1. The target behavior or skill is one (1) standard deviation or more below the mean 2. Represents a behavior that poses significant threat of harm to the recipient or others C. The recipients’ caregivers demonstrate continued commitment to participation in the recipient’s treatment plan and demonstrate the ability to apply those skills in naturalized settings as documented in the clinical record D. The gains made toward developmental norms and Behavior goals cannot be maintained if care is reduced E. Behavior issues are not exacerbated by the treatment process F. The recipient has the required cognitive capacity to benefit from the care provided and to retain and generalize treatment gains <p>Criteria for Discharge from Care</p> <ul style="list-style-type: none"> III. Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) is considered not medically necessary in any of the following circumstances: <ul style="list-style-type: none"> A. The recipient shows improvement from baseline in targeted skill deficits and problematic behaviors such that goals are achieved or maximum benefit has been reached

POLICY STATEMENT

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<ul style="list-style-type: none"> II. Caregivers have refused treatment recommendations III. Behavioral issues are exacerbated by the treatment IV. Recipient is unlikely to continue to benefit or maintain gains from continued care V. The client does not demonstrate progress towards goals for successive authorization periods 	<ul style="list-style-type: none"> B. Caregivers have refused treatment recommendations C. Behavioral issues are exacerbated by the treatment D. Recipient is unlikely to continue to benefit or maintain gains from continued care E. The client does not demonstrate progress towards goals for successive authorization periods