Applied Behavioral Analysis Therapy (ABA)

For all Group Health plans with a benefit (except Microsoft)

ABA requires preauthorization for initial and continued therapy. Specific coverage may be defined in the individual member contract.

Additionally, all criteria below must be met:
1. The member has a diagnosis of an Autism Spectrum Disorder (DSM-V-TR299.00) by a neurologist, pediatric neurologist, developmental pediatrician, psychologist, psychiatrist experienced in the diagnosis and treatment of autism
2. A documented diagnostic assessment:
   • Documented routine developmental surveillance b providers at every well child visit
   • Audiology assessment results
   • Screening questionnaire
   • Documentation of formal diagnostic procedures by experienced clinician
   • Specific evaluations to determine developmental profile using standard tools for such evaluation
   • Expanded laboratory, only if indicated
3. The member’s behaviors are having an impact on development, communication or adjustment such that:
   • The member cannot adequately participate in home, school or community activities; and/ or
   • The member presents a safety risk to self or others.
4. Less intrusive and/or less intensive behavioral interventions have been tried and have not been successful and/or there is no equally effective alternative strategy available to address member’s behaviors
5. A documented individualized treatment plan (ITP) that includes:
   • A time-limited ITP that has been developed based on a diagnostic assessment within no more than 12 months of initiating treatment
   • ITP is multidisciplinary in nature, member-centered, family focused, community based, culturally competent and least intrusive
   • Treatment plans that are templates or generic to a particular program are not acceptable
   • The ITP must address behaviors and symptoms that prevents the member from adequately participating home, school or community activities and/or presents a safety risk to self or others with a focus on parent training
   • The ITP should take to account all school or other community resources available to the patient and provide evidence that the requested services are not redundant to other services already being provided
   • Coverage of ABA therapy in public or private schools is only provided under the following circumstances:
     i. Observation and assessment of behavior may take place in the school as part of the ITP assessment with their permission of school personnel
     ii. ABA may be provided on school property before and after regular school hours with the permission of school personnel
     iii. ABA may be provided during regular school hours for children up to the age of 6 years in a day care or preschool setting except when a child is eligible to receive services under an Individual Education Plan (IEP)
   • The ITP must include:
     i. Identification and detailed description of targeted autistic behaviors and symptoms; and
     ii. Objective, baseline measurement levels for each target behaviors and symptoms; and
iii. A comprehensive description of treatment interventions and techniques specific to each of the targeted behavioral/symptoms, including documentation of the number of service hours, in terms of frequency and duration for each intervention; and (not new)

iv. Establishment of treatment goals and objective measures of progress for each intervention specified; and

v. Strategies of generalized learning skills; and

vi. A description of parental education, goals, training and support services to include specific detailed description of interventions with parents including plan for transferring interventions with the patient to parents; and (modified)

vii. Strategies for communication and coordinating treatment with other providers and agencies including school-based special education programs, day care and other health care providers; and (modified)

viii. Plans for transition through a continuum of treatments, services and settings; and

ix. Measurable discharge criteria for completing treatment and plans for continued care after a discharge plan from ABA (modified)

6. Evaluation of progress: At least every six months document a summary outlining the member’s progress based on the establish ITP measures of progress.

- If the member has reached the previously defined goals the re-evaluation should identify new goals toward progress or transition to less intensive interventions
- If the member has not achieved the defined goals, there should be a re-evaluation that identified what are the reasons for not meeting the goals and a revised ITP that addresses revised interventions to meet goals
- If functional and measurable progress toward treatment goals is not occurring and there is not reasonable expectation of further progress, then continued ABA services are not considered medically necessary.

Guidelines for Application of Group Health ABA Benefit

- The ITP must be based on a diagnostic assessment within no more than 12 months of initiating treatment. A diagnostic assessment is a child’s performance on standardized developmental assessment, checklists or rating scales. ITP goals should be based upon where there is the most significant developmental and/or standardized gap in the diagnostic assessment.

- The ITP should address autistic symptoms in one or more of the following areas:
  - Communication
  - Social interaction
  - Behavior (to include restricted, repetitive, and/or stereotypical patterns of behavior, interests, and/or activities)

- All ABA visits with patient and/or family should be documented to include targeted behavior, interventions, response, modifications in techniques and plan for next visit with behavior tracking sheets that record and graph data collected for each visit.

- Coverage of ABA treatment is for behaviors and/or symptoms related to the core symptoms of autism as noted above.

- ABA treatment is not covered for symptoms and/or behaviors that are not part of core symptoms of autism (i.e. impulsivity due to ADHD, reading difficulty due to learning disability, excessive worry due to anxiety disorder).

- If academic or adaptive deficits are included in the ITP, then the focus should be on addressing autistic symptoms that are impeding these deficits in the home environment (i.e. reduce frequency of self-stimulatory behavior to allow child to be able to complete mathematics sorting task and/or following through on toilet training instruction), rather than on the academic and/or adaptive skill targets (i.e. child will read paragraph level information at grade level or be able to dress self independently).
• Functional, objective, and measurable goals should be established. As noted above each goal should include baseline performance, desired performance (imitate, label, list); quality of performance (with assistance, independently); criteria for meeting objective (frequency, duration, accuracy, speed, and intensity) and conditions of performance (location, prompts, audience). Again, goals should be related to areas of deficit/delay identified in developmental assessment. Group Health will cover for assessment of baseline performance in targeted goals. Target for goals should be what child is expected to achieve within six months.

• Targets should be developed in coordination with other services (SLP, BHS, IEP team). There should be awareness of what specific goals is being worked by Speech and Language Pathologist and the school (i.e. IEP) with treatment goals identified that can help facilitate generalization of skills learned in school based and/or therapy services to the home environment. Group Health will cover:
  
a. Time needed to review IEP and/or other specialty service goals to incorporate these goals into the ITP and/or
b. Meeting with school and/or other treatment providers to both coordinate care and to facilitate incorporation of school and/or treatment provider goals into the ITP

• Development of the six month progress report to include data review, development of new goals and written preparation of the report is covered.
• If an individual is unable to demonstrate progress towards meeting the majority of goals after two six month periods of ABA treatment, then consideration will be made as to whether there is a reasonable expectation that child is capable of making progress with ABA therapy. If so, then the individual no longer meets criteria for continued ABA therapy.
• Coverage of development of ITP does include time to do baseline assessments, review of past treatment (including IEPs) and development of plan that includes parent training and coordination with other treatment providers. Six to ten hours is usually sufficient for the development of the ITP. However, more complex cases, or cases in which a complete functional analysis is needed, may require up to 15-20 hours for the initial assessment and treatment planning.
• Following the initial evaluation/assessment, 20-40 hours total per week is the usual range of services for early intervention intensive ABA when deficits are across a broad range of autistic behaviors (language, social, and behavioral deficits). These services can include direct services to member/identified patient and/or parents by program manager/lead behavioral therapist and/or therapy assistants/behavioral technicians/paraprofessionals, program development, treatment plan development, case review, and supervision.
• Supervision hours are typically 1-2 hours for every 10 hours of service.
• Fewer hours may be required (5-15 hours per week) for Focused ABA when primary difficulty is in one targeted area (i.e. social skills deficits).
• Direct services to the member/identified patient are generally provided one-on-one or with parents present, most often in the home setting but also in community settings depending on the member/identified patient’s needs and the settings where significant difficulties occur.
• Social skills groups may be appropriate as a component of a member’s overall ABA program.

The following are not considered to be medically necessary ABA services:
• More than one program manager/lead behavioral therapist for a member/identified patient at any one time.
• More than one agency/organization providing ABA services for a member/identified patient at any one time.
• If the school has determined that a child is eligible to receive services under an IEP which would overlap with ABA services and the school services are declined or discontinued by the parent.
• Activities and therapy modalities that do not constitute application of applied behavioral analysis techniques for treatment of autism. Examples include (but not limited to):
  1. Taking the member/identified patient to appointments or activities outside of the home (e.g. recreational activities, eating out, shopping, play activities, medical appointments), except when the member/identified patient has demonstrated a pattern of significant behavioral difficulties during specific activities.
  2. Assisting the member/identified patient with academic work or functioning as a tutor, educational or other aide for the member/identified patient in school

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3. Provision of services that are part of an IEP and therefore should be provided by school personnel, or other services that schools are obligated to provide
4. Doing house work or chores, or assisting the member/identified patient with house work or chores, except when the member has demonstrated a pattern of significant behavioral difficulties during specific house work or chores, or acquiring the skills to do specific house work or chores is part of the ABA treatment plan for the member/identified patient
5. Travel time
6. Residing in the member’s home and functioning as live-in help (e.g. in an au-pair role)

ABA Provider Qualifications and Procedure Codes

1. Providers delivering ABA must meet the following qualifications:
   - At a minimum, the lead behavioral therapist, providing treatment and clinical supervision of treatment program must demonstrate that she/he is a board certified behavior analyst (BCBA) or must demonstrate that the she/he has at least 240 hours of coursework related to behavior analysis and/or 750 hours of supervised experience or 2 years of practical experience in designing and implementing comprehensive behavioral analytic therapies for children with autism; and
     a. Either:
        i. Individually satisfy the following requirements:
           1. Be a licensed health provider under Title 18, Revised Code of Washington, including but not limited to: speech therapist, occupational therapist, psychologist, pediatrician, neurologist, psychiatrist, mental health counselor, social worker; and
           2. Be licensed to practice independently; and
           3. Be credentialed and contracted by the Plan; or
        iii. Be employed by a Healthcare Delivery Organization that meets the following requirements:
            1. Be a hospital, mental health facility, home health agency or in-home agency licensed to provide home health services, or other mental health agency licensed by the Washington Department of Health; or a community mental health agency or home health agency licensed by the Washington Department of Social and Health Services; and
            2. Be credentialed and contracted by the Plan.
   b. Clinical supervision for unlicensed staff providing services must be provided by a lead behavioral therapist as indicated above. Such supervision must:
      i. Include bimonthly (once every 60 days) approval and review of the ITP and case review of every member receiving clinical health services; and
      ii. Include at least one hour of on-site supervision, with on-site observation for at least one hour for every 40 hours of service to the member.

2. Providers must use the following codes to obtain reimbursement for ABA and ABA-related services

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>H2017</td>
<td></td>
<td>Provision of ABA services by lead behavioral therapist to patient to include direct one to one services, face to face parent training as well as supervision of unlicensed provider per 15 minutes</td>
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<tr>
<td>H2014</td>
<td></td>
<td>Provision of ABA services face to face with patient one to one by unlicensed provider as well as providing face to face parent training per 15 minutes</td>
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<tr>
<td>H2019</td>
<td></td>
<td>Covers assessment of patient by lead behavior therapist (which includes administration of assessment instruments, scoring interpretation of assessment instruments as well as write of initial individualized treatment plan) as well as completion of 6 month progress reports per 15 minutes</td>
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<tr>
<td>H2012</td>
<td></td>
<td>ABA Group Therapy services maximum of 2 hours per session</td>
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