

Applied Behavior Analysis Medical Necessity Guidelines

Summary of change: Effective October 19, 2017, the TennCare policy on *Medical Necessity Guidelines for Applied Behavior Analysis (ABA)* will be removed. This is currently the only TennCare medical necessity guideline for a specific treatment.

What does this mean to you?

With the removal of this policy, medical necessity determinations for ABA will be handled by the three MCOs as with every other covered medical service or treatment. The *Amerigroup Community Care Medical Necessity Guidelines for Applied Behavior Analysis* is attached.

What if I need assistance?

If you have questions about this communication, received this fax in error or need help with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.



An Anthem Company

Clinical UM Guideline

Subject: Applied Behavior Analysis

Guideline #:

Origin Date: 09/05/2017

Status: New

Last Review Date:

Applied Behavior Analysis Medical Necessity Guidelines

I. Context

Applied Behavior Analysis (ABA) is managed under the auspices of the Bureau of TennCare. This guideline is prepared to comply with a request by the Bureau of TennCare to manage ABA for Amerigroup members in a manner that is consistent with benefits administered by participating health plans to all TennCare beneficiaries, in accordance with state guidance.

II. Description of Service

Applied Behavior Analysis (ABA) is a widely used strategy for addressing behavior problems among patients with disorders such as intellectual disability, developmental delay, autism spectrum, and traumatic brain injury. It considers antecedents (environmental factors that appear to trigger unwanted behavior), the behaviors themselves, and consequences that either increase or decrease future occurrences of that behavior. A treatment program using a behavioral technique known as operant conditioning is then carried out to address the specific challenging behavior. ABA as described above is a covered TennCare benefit and the subject of this guideline.

Applied Behavior Analysis¹

(9)(A) "Practice of applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis;

(B) Applied behavior analysis (ABA) interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions;

(C) The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities;

III. Components of Behavior Analysis²

- A. Assessments to determine the relationship between environmental events and behaviors
- B. Development of written behavior support, skill development, and maintenance plans, and evaluating and revising plans as needed to meet individuals' needs
- C. Assisting caregivers or others to carry out the approved behavior plans
- D. Observing caregiver (or other plan implementer) and individual's behavior for correct implementation of the behavior plan
- E. Observing individual's behavior to determine effectiveness of the behavior support/maintenance plan
- F. Providing on-site assistance in a difficult or crisis situation

Note: A-F above may be performed by a Behavior Analyst.

C-F above may be performed by a Behavioral Specialist.

¹ Tennessee Code Annotated §63-11-302

² The following is adapted from Tennessee Department of Intellectual and Developmental Disabilities, Provider Manual, Chapter 12, Published March 15, 2005

IV. Essential Practice Elements of ABA³

These characteristics should be apparent throughout all phases of assessment and treatment:

Description of specific levels of behavior at baseline when establishing treatment goals;

- A. A practical focus on **establishing small units of behavior** which build towards larger, more significant changes in functioning related to improved health and levels of independence;
- B. Collection, quantification, analysis, of **direct observational data** on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals;
- C. Efforts to design, establish, and **manage the treatment environment(s)** in order to minimize problem behavior(s) and maximize rate of improvement, including services in office and community settings as indicated;
- D. Use of a **carefully constructed, individualized and detailed behavior analytic treatment plan** which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which lacked consensus about their effectiveness based on evidence in peer-reviewed publications;
- E. An emphasis on **ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan** (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis;
- F. Use of **treatment protocols that are implemented repeatedly, frequently, and consistently** across environments until the client can function independently in multiple situations;
- G. **Direct support and training of family members and other involved professionals** to promote optimal functioning and promote generalization and maintenance of behavioral improvements; and
- H. **Supervision and management by a Behavior Analyst** with expertise and formal training in ABA for the treatment of ASD.

³ GUIDELINES Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder, Behavior Analyst Certification Board, Inc. Ver. 1.1, 2012, p. 11.

V. **Provider Requirements**^{4, 5}

A. Behavior Analyst Qualifications

1. Completion of at least a Master's degree in Behavior analysis, psychology, special education, or related field; (beginning January 1, 2016 the Master's degree from an accredited university must be conferred in behavior analysis, education, or psychology, or conferred in a degree program in which the candidate completed a Behavior Analyst Certification Board (BACB) approved course sequence).
2. A minimum of 15 credit hours of graduate level course work in Behavior analysis; courses must have focus on teaching of Behavior analysis, rather than more generic topics in the discipline for which the graduate degree was awarded. The courses should address the following issues in applied Behavior analysis: ethical considerations; definitions, characteristics, principles, processes and concepts; Behavior assessment and the selection of intervention strategies and outcomes; experimental evaluation of intervention; measurement of behavior and displaying/interpreting behavioral data; behavioral change procedures and systems support (adapted from the BACB); and
3. A minimum of 1500 clock hours supervised field experience in Behavior analysis under the supervision of a behavior analyst. Supervision minimally consists of face-to-face meetings for the purposes of providing feedback and technical consultation for at least 5% of the total hours worked. Practicum of 1000 hours may be accepted if they are primarily behavior analytic in nature and supervision is provided for at least 7.5% of those hours. Intensive practicum of 750 hours may be accepted if they are primarily behavior analytic in nature and supervision is provided for at least 10% of those hours. Behavior analysts with the following credentials will be deemed as acceptable supervisors for an applicant who wishes to meet these criteria: Board Certified Behavior Analyst; Board Certified Behavior Analyst – Doctoral; Licensed Practicing Psychologist with practice in behavior analysis and therapy; Licensed Senior Psychological Examiner with practice in behavior analysis and therapy (adapted from the BACB).

B. Behavior Analyst Credentials

1. a. Currently Board Certified Behavior Analyst or Board Certified Behavior Analyst – Doctoral by the BACB, **or**
1. b. Currently licensed in the state of Tennessee for the independent practice of psychology, **or**
1. c. Currently a Qualified Mental Health Professional licensed in the state of Tennessee with the scope of practice to include behavior analysis; **and**
2. Credential verification by the Managed Care Organization.

C. Board-Certified Assistant Behavior Analyst/ DIDD Approved Behavior Specialist Qualifications:

1. Possess a minimum of a bachelor's degree from a BACB approved institution of higher education having the BACB required coursework and experience; **and**
2. Certification by the BACB as an Assistant Behavior Analyst.

⁴ Tennessee Department of Intellectual and Developmental Disabilities DIDD Behavior Provider Qualifications accessed September 5, 2017:

[http://www.tn.gov/assets/entities/didd/attachments/Information for Behavior Analyst and Behavior Specialist Services.pdf](http://www.tn.gov/assets/entities/didd/attachments/Information%20for%20Behavior%20Analyst%20and%20Behavior%20Specialist%20Services.pdf)

⁵ Behavior Analyst Certification Board[®], accessed September 5, 2017:
<https://bacb.com/>

VI. Prior Authorization Clinical Criteria⁶

- A. A reasonable expectation on the part of a treating healthcare professional that the individual's behavior will improve significantly with behavior analysis services for prior authorization to be granted, **and**
- B. An established supporting DSM-V diagnosis (such as autism spectrum or traumatic brain injury) for which ABA has proven to be an effective and appropriate intervention, **and**
- C. 1. A severe challenging behavior (such as self injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others, **or**
2. A severe challenging behavior not generally seen as age or developmentally congruent (such as biting in a 2 to 4 yo, temper tantrums) that significantly interferes with home or community activities; **and**
- D. Less intensive behavior therapy or other medical treatment has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behavior.

VII. Concurrent Review Clinical Criteria⁶

- A. The initial authorization may be limited to an evaluation and plan development. Ongoing ABA interventions may be authorized for 60 day intervals, based on the individual's specific needs, plan for behavior support, skill development, or maintenance, and progress in treatment. While the initial evaluation may be ordered by the primary care provider or specialist, the number of hours the provider of services proposes are needed on a weekly basis to effectively address the challenging behaviors should be a component of the Initial Treatment Plan. The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity, or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes for a period of 3 months of optimal treatment, then ABA will no longer be considered medically necessary. "Optimal treatment" means that a well-designed set of interventions is delivered by qualified applied behavior specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.
- B. For changes to be "meaningful" they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient's residence and to the larger community within which the patient resides. Documentation of meaningful changes must be kept and made available for continued authorization of treatment.
- C. Maintenance of the behavioral changes may require subsequent ABA interventions as the patient grows, develops and faces new challenges in life (e.g., puberty, transition to adulthood, transition to a more integrated living situation, etc.).
- D. Treatment plans should include caregiver training regarding identification of the specific behavior(s) and interventions, in order to support utilization of the ABA techniques by caregiver(s). (See components of Behavior Analysis, section II above).

VIII. Coding

- A. **CPT Procedure Codes:** Tennessee Medicaid only uses the two codes below. No other codes are recognized for ABA services.
 - H0032 - Mental health service plan development by non-MD
 - H2019- Therapeutic behavioral services, per 15 minutes
- B. **ICD-10 Diagnosis Codes:**
 - F70-F79 Intellectual disabilities
 - F84 Pervasive developmental disorders
 - F89 Unspecified disorder of psychological development
 - S06 Intracranial injuries

⁶ Consistent with legacy TennCare guidelines