

Title: Adaptive Behavior Treatment (ABT) for Applied Behavior Analysis (ABA) Therapy	Division: Medical Management Department: Behavioral Health
Approval Date: 3/28/2022	LOB: CHP, MetroPlus Gold, Essential
Effective Date: 3/28/2022	Policy Number: UM-MP333
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1. POLICY DESCRIPTION:

This policy describes the conditions under which MetroPlus will cover Applied Behavior Analysis (ABA) for autism spectrum and related disorders.

2. RESPONSIBLE PARTIES:

Behavioral Health Policy Subcommittee (BHPS)
 MetroPlus’ Utilization Management Department
 Director of Clinical Case Management

DEFINITIONS:

Applied behavior analysis (ABA): used interchangeably with the term adaptive behavior treatment (ABT) means 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.

Comprehensive Evaluation: A comprehensive evaluation with regards to the clinical documents requested that resulted in the autism diagnosis, must meet the quality standards of care set forth by the American Academy of Pediatrics, and NYS Department of Health. A comprehensive diagnostic evaluation typically involves a multidisciplinary team of professionals. This comprehensive evaluation often involves a qualified provider, integrating results from a medical evaluation with evaluations from behavioral health, speech and language pathology, occupational therapy, physical therapy and cognitive testing, as indicated by the nature of symptoms for the specific child. There may be other specialists involved in the diagnostic evaluation, depending on the needs of the child. This comprehensive diagnostic assessment should reflect the use of direct observation, structured parent interview, and a validated standardized testing instrument including ADOS-S, CARS, or ADI-R.

InterQual Criteria: InterQual is a single set of content that is evidence based and updated annually to assess admission, continued stay and discharge across the continuum of care. InterQual explicitly states the differential presentations / dimensions in each level of care. InterQual is updated annually and provides a full bibliography for its evidence base. MetroPlus will be using the InterQual review criteria for all clinical reviews for Adults and Children in Inpatient Mental Health and Partial Hospital Programs.

Telehealth: The use of approved telecommunication and web based methods to provide assessment, supervision, parent training, and consultation to a member across distance. This may include the use of synchronous (e.g., live face to face in real time) methods, allowing for interactive audio and visual communication between the qualified healthcare professional, staff and parent or member.

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3. POLICY:

A. Criteria for Initial Assessment:

An assessment for applied behavior analysis (ABA) also known as adaptive behavior treatment, requires prior authorization, and is considered medically necessary when all the following criteria have been met:

1. Member has a diagnosis of autism spectrum disorder (ASD) according to the DSM-5, following a comprehensive evaluation as defined by NYSDOH/AAP, made by a licensed medical professional, or other qualified healthcare professional (i.e., developmental/behavioral pediatrician, clinical psychologist, neurologist) as consistent with state licensing requirements. This comprehensive evaluation should include ASD DSM-5 specifiers and severity.

Member must meet diagnostic criteria for ASD according to DSM-5, a child must have persistent deficits in each of three areas of social communication and interaction (see A.1. through A.3. below) plus at least two of four types of restricted, repetitive behaviors (see B.1. through B.4. below).

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

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Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior.

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

 4. Hyper- or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior.

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).
-
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
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- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism

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spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger’s disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

With or without accompanying intellectual impairment With or without accompanying language impairment

Associated with a known medical or genetic condition or environmental factor
(Coding note: Use additional code to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioral disorder
(Coding note: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder)
(Coding note: Use additional code 293.89 catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

*From the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Pages 50-51.

Table 2 Severity levels for autism spectrum disorders*		
Severity Level	Social Communication	Restricted, repetitive behaviors
Level 3 “Requiring very substantial support”	Severe deficits in verbal and nonverbal social communications skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and	Inflexibility of behavior, extreme difficulty coping with change, or other restricted / repetitive behaviors markedly interfere with functioning in all spheres. Great distress / difficulty changing focus or action.

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	responds to only very direct social approaches.	
Level 2 “Requiring substantial support”	Marked deficits in verbal and nonverbal communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted / repetitive behaviors appear frequently enough to be obvious to the casual observer in a variety of context. Distress and or difficulty changing focus or action.
Level 1 “Requiring support”	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communications but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more context. Difficulty switching between activities. Problems of organization and planning hamper independence.

* From: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Page 52.

2. The diagnosis is confirmed by a comprehensive evaluation, as defined by New York State Department of Health (NYSDOH) and the American Academy of Pediatrics (AAP). A comprehensive diagnostic evaluation typically involves a multidisciplinary team of professionals. This comprehensive evaluation often involves a qualified provider, integrating results from a medical evaluation with evaluations from behavioral health, speech and language pathology, occupational therapy, and physical therapy, and cognitive testing, as indicated by the nature of symptoms for the specific

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child. There may be other specialists involved in the diagnostic evaluation, depending on the needs of the child. Report of findings should be comprehensive, using a variety of direct and indirect evaluation techniques including standardized assessment instruments, such as the Autism Diagnostic and Observation Schedule (2nd edition) ADOS-2; Childhood Autism Rating Scale (CARS); Autism Spectrum Rating Scale (ASRS); as well as direct observation, parent/caregiver interview, and record review.

3. The member has a referral for ABA therapy services written by a treating physician, and a current physical. The treating physician is an integral part of the treatment team, ensuring that the member's physical health is monitored (i.e., this may include proper vision and hearing screenings). Referrals for ABA services must be made by a NYS licensed physician (including psychiatrists and developmental/behavioral pediatricians, psychologist, psychiatric nurse practitioner, pediatric nurse practitioner or physician assistant).

B. Criteria for Initial Treatment

1. The individual has met the criteria above for an initial course of adaptive behavior assessment
2. The treatment is provided by a QHP, and technician (as permitted by state law and plan requirements) for a number of hours proportionate to the level of impairment, and is supported by clinical rationale (BACB, 2014). The number of direct hours requested should reflect the individual needs of the member, severity of impairment, and the number of goals addressed in the treatment plan.
3. Can be carried out in home, community, and clinic settings
4. Treatment plan goals must meet InterQual criteria for medical necessity, and address core characteristic deficits of ASD (i.e., social, communication, and behavior).
5. The person-centered Treatment Plan includes the following core components:
 - A. Member identifying information:
 - a. Name
 - b. Parent/caregiver name
 - c. DOB
 - d. Age
 - e. Phone Number
 - f. Member Insurance ID #
 - g. Employer/Benefits Plan

B. Provider Information

- a. Provider name, title, and credentials
- b. Service address

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- c. Assessor name, title, and credentials
 - 1. A qualified healthcare professional may be:
 - a. Licensed Behavior Analyst (LBA)
- d. Date of assessment/date of report

C. Autism specific diagnostic information

- a. Diagnosis of ASD/symptom severity
- b. ASD Subscale/specifiers
- c. Date of diagnosis
- d. Name and Credentials of professional who diagnosed autism spectrum disorder
- e. Contact information for diagnostician
- f. Diagnostic/evaluative components (e.g., Standardized instrument (e.g., ADOS-2, ADI-R, CARS), parent interview, observation)

D. Biopsychosocial Information

- a. Family composition
- b. Primary language of the child, and language spoken in the home
- c. Primary concerns or problem areas specific to ASD diagnosis
- d. Member/family’s support system, strengths, and barriers to treatment
- e. Medical history, including medication history (if applicable)
- f. Education and other related services (speech, OT, PT), inclusive of current and prior services
- g. Additional service providers or agencies the family is working with
- h. ABA treatment history
- i. Overall functioning in home and school settings

E. Skills Assessment report based on standardized assessment tool (i.e., VB-MAPP, FBA, ABBLs, AFLS) attach respective assessment grid/graphs.

Summarize each domain assessed, identify strengths and weaknesses/barriers

- a. Cognitive/Pre-academic skills
- b. Communication and language (expressive and receptive)
- c. Interfering /stereotypic behaviors
- d. Severe behaviors (i.e., aggression, property destruction, self-injury)
 - 1. Safety skills
 - 2. Socialization/social skills
 - 3. Play and leisure skills
 - 4. Independent living/self-helps skills
 - 5. Community integration
 - 6. Coping and frustration tolerance

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F. **Symptoms/behavioral concerns** as they relate to ASD core deficits in social interaction, social communication, and repetitive and/or restrictive behaviors

G. **Specific Goals** to address skill deficits per domain

- a. Identify each skill to be taught by domain (see section 3 above)
- b. Describe each skill in observable and measurable terms
- c. Describe data collection procedures
- d. Include baseline
- e. Present level of performance
- f. Mastery criteria
- g. Target date for mastery

NOTE- Objectives should neither be academic in nature or overlap with IEP objectives and must address core characteristics of ASD. Each skill taught should be developmentally appropriate, and attainable within the given authorization period. Each skill taught should be individualized to the specific needs of the member.

H. **Direct observation** of member and the data collected can reflect any number of methods

- a. Complete ABA data recording
- b. Record functional behavioral assessment data
- c. Verbal Behavior Milestone Assessment & Placement Program
- d. Assessment of Basic Language & Learning Skills-Revised
- e. Other- specify other methods used to systematically evaluate activities

I. **Indirect data collection** may include any combination of methods

- a. Interview parents/caregiver
- b. Record review (e.g., psychological testing, IEP/progress notes, reports from other providers)
- c. Functional Assessment Screening Tool (FAST)
- d. Questionnaire About Behavior Function (QABF)
- e. Other indirect measures- please specify

J. **Functional Behavior Assessment (FBA)** as appropriate, if not conducted provide rational

- a. Description of the problem behavior(s) or presenting problem
- b. Describe topography, intensity, and severity of the behavior
- c. What is the history of the problem behavior?
- d. Antecedent analysis specific to setting, people, events, activities that directly proceed the behavior
- e. Consequence analysis specific to what occurs following the behavior

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- f. Hypothesis statement regarding the hypothesized function of the behavior. Reflect use of a standardized instrument (i.e., Functional Assessment Screening Tool (FAST) or (Questions About Behavioral Function (QABF))
- K. **Behavior Intervention Plan** as appropriate
 - a. Define each behavior in observable and measurable terms
 - b. Define instructional method(s) to be used for each target behavior
 - For Example:
 - Discrete trial teaching
 - Natural environmental teaching
 - Pivotal response training
 - c. Behavioral methods to be used to address each target behavior
 - For Example:
 - Differential Reinforcement (DRO, DRA, DRI)
 - Response cost
 - Extinction
 - d. Define behaviors to increase
 - e. Identify functionally equivalent replacement behaviors to be taught to replace problem behavior.
 - f. Individualized preference assessment, use the most appropriate method for the member
 - For Example:
 - Direct observation
 - Survey or checklist
 - Forced-choice rank order
- L. **Coordination of care** with other providers, doctors, school connection, and related service providers
 - a. Have you coordinated with the members primary care physician? If not, then why?
 - b. Have you been in communication with the member’s prescriber of psychotropic medications (if applicable)? If not, then why?
 - c. Have you been in contact with other behavioral health providers? If not, why?
 - d. Documentation of coordination. If not, then why?
 - e. Documentation of unsuccessful attempts to coordinate, document a minimum of 3 attempts per authorization period
- M. **Parent/caregiver training**, specific goals, and strategies with goal of transferring care
 - a. Observable and measurable goals

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- b. Specific methods for teaching parent/caregiver
 - For Example:
 - Model
 - Interview
 - Written notes
- c. Data collection methods must be in place to track progress
 - For Example:
 - Fidelity checks
 - Observation in natural environment
 - Homework assignment (i.e., ABC, frequency, or anecdotal data collection)
- d. Plan for reinforcing and generalizing mastered skills learned in ABA
- e. Identify barriers to parental participation, and devise a plan to address
- N. Supervision Plan
 - a. Describe how direct and indirect supervision will be delivered
 - b. Describe the method for technician performance feedback
 - c. Documentation of all supervision contact
- O. Crisis plan

Describe the crisis plan to address medical, behavioral, or weather emergencies

 - Provide names and contact information for parents, supervisors, and administrators
- P. Summary and Recommendations
 - a. Provide a justification for treatment recommendations
 - b. Identify which CPT codes are being requested (e.g., 97155), and place of service
 - Units requested must reflect time needed to address skills being taught and severity of ASD diagnosis
- Q. Identify the description of services requested and provider type (e.g., Adaptive Behavior Protocol provided by BCBA)
- R. What is the proposed schedule for services?
 - For example: Monday through Friday 4:00pm-6:00pm
- S. Where are services to take place? Home, Community, Clinic
- T. Print Name of QHP, Signature, Credentials, and date



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C. Criteria for Concurrent Treatment

1. The individual has met the criteria above for an initial course of adaptive behavior treatment
2. Concurrent treatment plan submitted as per above referenced treatment plan components with added progress updates, inclusive of graph depictions, plans to address barriers to progress and next steps.

D. For all Adaptive Treatment Requests

1. Requests for authorization for BH Outpatient Applied Behavior Analysis (ABA) Adaptive Behavior Treatment *Concurrent treatment*, must be accompanied by clinical documents that are no older than 30-days.
2. The requested start date for BH Outpatient Applied Behavior Analysis (ABA) Adaptive Behavior Treatment must be within 30-days of the submission for the request of services.
3. Continuation of Care requests must provide verifiable documentation that the member was in active treatment within the most recent 30-days prior to the request for services. Acceptable documents include session notes or treatment plan with accompanying data, and/or prior paid claims.
 1. Gaps in service greater than 30-day no longer meet the consideration of a Continuation of Care and will be processed as a new initiation, subject to the requirements of a new request.
4. Continuation of Care requests with Out-of-Network providers are based on the clinical information available at the time the care was provided to the member.
5. InterQual Criteria is applied to Outpatient Programs/Applied Behavior analysis for mental health treatment services and levels of care for initial assessment, initial treatment, and concurrent reviews. The number of units approved for behavioral health adaptive behavior treatment will be commensurate to the treatment needs of the member, unless not clinically appropriate.
6. Best practices dictate in-person services are preferred to telehealth services. Requests for synchronous telehealth will be reviewed for medical necessity on a case by case basis. We expect that providers to provide these services in a manner consistent with BACB ethical standards, and DOH telehealth guidelines. We reserve the right to retrospective review of services delivered using telehealth.
7. Retrospective review requests may be conducted on behalf of the insured as far back

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as the most recent 6-months, providing appropriate clinical documentation (i.e., treatment plan with session data) has been provided. MetroPlus will use MNC guidelines approved by the State to determine appropriateness of new and ongoing services related to the member’s transition. New York State supports a family-driven, youth-guided, person-centered approach to care in which each enrollee’s needs, preferences, and strengths are considered in the development of a treatment plan. MetroPlus will view each request for authorization for a specific service level within the larger context of the child’s needs.

14. Medical necessity decisions will include a thorough review of the member’s case file, submitted treatment plan and clinical data, including prior peer reviews that may have resulted in a recommended level of care.

15. In addition to evaluation for medical necessity, BH UM Clinicians will assist providers with treatment, titration, and discharge planning by providing treatment history which includes Medical and Behavioral health history, family and related provider contact information and potential resources to enhance member’s connectivity to supportive services in the community. Care Coordination encompasses care management activity meant to guide the provider towards best practices including, but not limited to, review of:
 - i. Use of Evidence Based Practices (EBP)
 - ii. Crisis plan development.
 - iii. Use of natural supports
 - iv. Use of community supports; and
Access to Medical care, monitoring for common comorbid conditions (e.g., Seizure disorders, G.I. disorders, feeding/nutrition), and specialists (e.g., OT, PT, Speech Therapy, Counseling).

LIMITATIONS/ EXCLUSIONS:

Applied Behavior Analysis (ABA) services are limited to those possessing a diagnosis of autism spectrum and related disorders as per DSM-V, and may not substitute an educational or vocational program, or respite services.

A member may be excluded from this level of care:

1. If they have a comorbid condition that may interfere with their ability to benefit from service utilization.
2. If they are hospitalized
3. If the treatment is investigational, experimental or unproven (i.e. facilitated communication, hippotherapy)

APPLICABLE PROCEDURE CODES:

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The codes listed below require prior authorization and are taken directly from the ABA Coding Coalition

CPT	Description
97151	Behavior identification assessment, administered by physician or other qualified healthcare professional, each 15-minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardians/caregiver, administering assessments, and discussing findings and recommendations, and non-face to face
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 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 patient's, each 15-minutes
97155	Adaptive behavior treatment with protocol modification administered by physician or other qualified healthcare 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 healthcare professional (with or without patient present), face-to-face with guardians/caregivers, each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes
97158	Group adaptive behavior treatment with protocol modification by physician or other qualified healthcare professional face-to-face with multiple patients, each 15 minutes
0362T	Behavior identification supporting assessment, each 15-minutes of technician's time face-to-face with a patient, requiring the QHP be on site, with the assistance of two or more technicians', for patients who exhibit destructive behavior, in an environment that is customized to the patient's behavior. This can be conducted in the home or clinic setting.
0373T	Adaptive behavior treatment with protocol modification, each 15-minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site, with 2 or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to the patient's behavior

(2021) (<https://abacodes.org/sitemap>).

1. APPLICABLE DIAGNOSIS CODES:

CODE	Description
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F84.0	Autistic Disorder
F84.2	Rett Syndrome

2. REFERENCES:

- N.Y. Ins. Law §§ 3216(i)(25), 3221(l)(17), and 4303(ee)
- Social Services Law (SSL) section 365-a(3)(b)
- Social Services Law (SSL), Section 505.39:
- Medicare CMS guidelines
- New York State Office of the Professions: Applied Behavior Analysis Article 167-

REVISION LOG:

REVISIONS	DATE
Creation date	10/01/2021

Approved:	Date:	Approved:	Date:
Jennifer Singarayer, MD Children's Behavioral Health Medical Director		Sanjiv Shah, MD Chief Medical Officer	



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Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.