

Autism spectrum disorder (ASD) represents complex disorders of brain development characterized by variable social interaction and communicative deficits with repetitive, restricted behaviors and for many, significant cognitive impairment. The autism spectrum symptomatology is characterized by impaired social interaction, problems with verbal and nonverbal communication, and unusual, repetitive, or severely limited activities and interests. ASD, as defined in the fifth Edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), includes disorders previously referred to as:

- Atypical autism
- Asperger's disorder
- Childhood autism
- Childhood disintegrative disorder aka Heller's Syndrome
- Early infantile autism
- High-functioning autism
- Kanner's autism

Pervasive developmental disorder not otherwise specified

The National Institute of Mental Health indicates that ASDs are reliably diagnosed by the age of 3 and can be diagnosed as early as 18 months of age. Parents are usually the first to recognize the child's unusual behavior or development. All children should have routine developmental exams by their pediatrician during their well child visits. Further testing may be initiated if there is concern on the part of the doctor or parents. This is particularly true whenever a child fails to meet any of the following language milestones:

- Babbling by 12 months
- Gesturing (pointing, waving bye-bye) by 12 months
- Single words by 16 months
- Two-word spontaneous phrases by 24 months (not just echoing)
- Loss of any language or social skills at any age.

SAS considers ASD evaluation and diagnosis medically necessary when developmental delays or persistent deficits in social communication and social interaction across multiple contexts have been identified and when the evaluation is performed by the appropriate certified/licensed health care provider.

The following services may be included in the assessment of the member's condition:

A. ASD specific developmental evaluation

- B. Cognitive and adaptive behaviors evaluations
- C. Speech, language and comprehensive communication evaluation by speech-language pathologist.
- D. Medical evaluation (complete medical history and physical examination, including neurologic evaluation).
- E. Parent and/or child interview (including siblings of children with autism).
- F. Physical therapy (PT) and/or occupational therapy (OT) evaluations for sensorimotor deficits.

There is no single treatment for ASD. Early intensive behavioral intervention (EIBI) is a therapy based on Applied Behavioral Analysis (ABA) proposed as an effective intervention for children with ASD. ABA is not the appropriate treatment for every Member and parents should be counseled that ABA is not curative. The goals of this treatment are to improve communication, cognitive skills, social interaction, and adaptive behavior. Educational interventions include both behavioral and habilitative strategies concentrating on the development of communication skills, socialization skills, adaptive skills, and control or ablation of disruptive behaviors. Board Certified Behavior Analysts (BCBA® and BCBA-D®) are credentialed by the Behavioral Analyst Certification Board.

### **Medically Necessary Treatment for Autism Spectrum Disorder**

#### **I. Applied Behavioral Analysis**

**A. Applied Behavioral Analysis (ABA)** is considered **medically necessary** for the treatment of autism spectrum disorder (ASD) **for Members age 8 and under** if ALL of the following criteria are met:

**1. Confirmed ASD Diagnosis** - A Network licensed physician (M.D./D.O.) or Network licensed psychologist has diagnosed the Member with ASD having met **all** of the following DSM-5 criteria:

- a. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifests deficits: 1) in social-emotional reciprocity; 2) in nonverbal communicative behaviors used for social interaction; and, 3) in developing and maintaining relationships; AND,
- b. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following: 1) stereotyped or repetitive speech, motor movements, or use of objects; 2) excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; 3) highly restricted, fixated interests that are abnormal in intensity or focus; and/or 4) hyper or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; AND,
- c. Symptoms must be present in early childhood (although may not fully manifest until social demands exceed capacity); AND,

d. Symptoms together limit and impair every day functioning.

**2. Referral for ABA Assessment** - A referral for authorization of ABA assessment must be submitted by a Network licensed physician (M.D./D.O.) or a Network licensed psychologist for Members meeting the diagnostic criteria referenced in A.1.

**3. ABA Assessment by a Certified Practitioner**

a. Behavioral identification assessment and observational behavioral follow-up assessments [0359T, 0360T, 0361T] must be provided or supervised by a Network licensed therapist (BCBA or BCBA-D) certified by the nationally accredited Behavior Analyst Certification Board.

i. Behavioral identification assessment [0359T] is considered **medically necessary** once every six months.

ii. Observational behavioral follow-up assessments [0360T, 0361T] are considered **medically necessary** for a maximum of three hours every six months, as needed.

b. Exposure behavioral follow-up assessments [0362T, 0363T] are considered **medically necessary** for a maximum of three hours every six months, as needed. Exposure behavioral assessments must be provided or supervised by a Network BCBA or Network BCBA-D. *Documentation of BCBA or BCBA-D onsite supervision must be provided for exposure behavioral follow-up assessments.*

**4. ABA Treatment Plan Development** – An individualized specific treatment plan is developed by a Network BCBA® or Network BCBA-D® and includes all of the following:

a. Focus on and addressing the identified behavioral, psychological, family and medical concerns of the Member; and,

b. The goals of intervention are appropriate for the Member's age and impairment status (in keeping with the applicable Member's health plan benefits and/or exclusions). Social, communication, or language skills or adaptive functioning that have been identified as deficient according to age expected norms form the foundation for the individualized specific treatment plan, including hours of therapy; and

c. Identification of measurable goals in objective and measurable terms based on standardized autism-specific testing [such as Assessment of Basic Language and Learning Skills (ABLLS), Verbal Behavior Milestones Assessment and Placement Program (VBMAPP), or comparable test] that addresses the behaviors and deficiencies for which the ABA intervention is to be applied. Each goal should reflect baseline measurements, progress intervals measurements and anticipated and updated timeline for achievement of the goals over the course of treatment;

- Standardized autism-specific testing (ABLLS, VBMAPP, or comparable test) [96111] must be done within two months of the beginning of the initial course of treatment for baseline measurements of social skills, communication skills, language skills and adaptive functioning
- d. Type, amount, duration and frequency of treatment are included in the individualized specific treatment plan; and,
- e. The parent(s) or caregiver(s) must participate fully and follow training and provide support which is incorporated into the individualized specific treatment plan.

**B.** Continuation of ABA is considered **medically necessary** only if there is documented evidence of clinical progress toward treatment plan goals with interim assessment at least every six months, and meet ALL of the following requirements:

1. The Member met the criteria for the initial course of ABA; and,
2. There is an order for continuation of ABA treatment from the Network licensed physician (M.D./D.O.) or Network licensed psychologist in A.2. above; and,
3. The individualized specific treatment plan is updated and submitted to the Company no less than every six months or more often based on the Member's specific situation; and,
4. The updated treatment plan includes measures of the progress made with social skills, communications skills, language skills and adaptive functioning. Clinically significant progress in these skills are to be documented as follows:
  - a. Interim progress assessment at least every six months based on clinical progress of the treatment plan goals;
  - b. Developmental status as measured by standard scores using standardized autism-specific testing (ABLLS, VBMAPP, or comparable test) [96111] performed by a Network developmental pediatrician, Network child psychiatrist, or Network child psychologist once per year; and,
5. The updated individualized specific treatment plan includes age and deficiency appropriate goals and measurements of progress. As during the initial course of treatment, the following must be documented for each goal:
  - a. Include standardized autism-specific testing (ABLLS, VBMAPP, or comparable test) measurements of social skills, communication skills, language skills and adaptive functioning; and,
  - b. Progress interval measurements; and,
  - c. Anticipated and updated timeline for achievement of the goals over the course of treatment based on initial and subsequent assessments; and,

- 6.** ABA is to be provided for no more than three years; and,
- 7.** The Member is age 8 and under. Specifically, regardless of when ABA is initiated, upon reaching age 9, such services will not be a Covered Service for which Benefits are provided.

\* A Member's progress is to be measured using standardized autism-specific testing (ABLLS, VBMAPP, or comparable test) with known normative data. Such tests should have age specific norms against which the Member's progress is measured. The norms and the Member's results must be clearly documented in the record.

## **II. Speech Therapy, Physical Therapy, and Occupational Therapy**

Speech Therapy, Physical Therapy, and Occupational Therapy are considered **medically necessary** for the treatment of ASD, if rendered in accordance with the Member's specific benefit plan for the treatment of the co-morbidities of ASD, and the therapy rendered is considered the standard of care for the co-morbid condition diagnosed by the treating physician under a therapy treatment plan outlining the goals of therapy, mode of therapy, and duration of therapy.

### **Not Medically Necessary and Investigational Treatment for Autism Spectrum Disorder**

ABA treatment is considered **not medically necessary** when the criteria above are not met or when there is no documentation of clinically significant developmental progress in any one of the following areas: social skills, communication skills, language skills, or adaptive functioning as measured by either a) interim progress assessment or b) developmental status as measured by standardized autism specific testing (ABLLS, VBMAPP, or comparable test).

The following are considered **investigational** treatment for autism spectrum disorder:

- Activity therapy, such as music, dance, art or play therapies
- Pet Therapy
- Vision Therapy
- Secretin Infusion Therapy
- Chelation Therapy
- Cognitive Rehabilitation
- Hippotherapy
- Hyperbaric Oxygen Therapy
- Intravenous Immune Globulin

Sensory or Auditory Integration Therapy  
Gastrointestinal (GI) Function/Health Panel  
Fecal Analysis in the Diagnosis of Intestinal Dysbiosis  
Elimination Diet  
Spinal Manipulation  
Biofeedback  
Neurofeedback

Benefits will not be provided for the following:

Custodial care  
Day-care  
Home-based care  
School Settings  
Any programs, including educational, required by federal or state law to be performed and/or offered by public schools, including, but not limited to, Individualized Education Programs, Special Education Services, and Individuals with Disabilities Education Improvement Act programs, Attention Deficit Disorder Classrooms; Autism Spectrum Disorders Classrooms or Applied Behavioral Analysis (ABA)  
Treatment for autism spectrum disorders not covered under Medical Policy unless mandated by state law  
Speech Therapy and Physical Medicine (Physical and Occupational Therapy) visits in excess of the Schedule of Benefits

Services/treatment excluded under the Member's Benefit Plan.