



Subject: Applied Behavioral Analysis (Lovaas Therapy)*

Effective Date: February 27, 2007

Department(s): Utilization Management

Policy: Applied Behavioral Analysis (ABA), also known as Lovaas therapy, is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define criteria for coverage of a specific therapeutic intervention.

Procedure:

- I. With regard to coverage of ABA, the following conditions will apply:

- A. The member must have the diagnosis of autism (ICD-9 299.0, 299.00, 299.01)(ICD-10 F84.0).

If the diagnosis was made more than 24 months prior to the request for initiating ABA treatment, an updated diagnostic evaluation must be completed by a developmental pediatrician, pediatric neurologist, psychologist, psychiatrist, or

other independently licensed mental health clinician.

AND

B. It will be applied to the Mental/Behavioral Health benefit

AND

C. Treatment planning and supervision must be provided by a BCBA or a mental health professional that is licensed to practice independently. The amount of supervision and treatment planning must be consistent with the generally accepted practice standard of 1-2 hours per 10 hours of direct treatment. ABA must be administered by or under the supervision of an individual or individuals certified, in the state in which they practice, by the Behavior Analyst Certification Board as either a Board Certified Behavior Analyst™ (BCBA®) or a Board Certified Assistant Behavior Analyst™ (BCaBA®).

II. For ABA to be reimbursable, the diagnosis of autism must be based on criteria from the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, as follows:

A. A total of at least six features from the three lists below, with at least two from (1) and one each from (2) and (3):

- (1) qualitative impairment in social interaction, as manifested by at least two of the following:
 - a. marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

- b. failure to develop peer relationships appropriate to developmental level
 - c. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - d. lack of social or emotional reciprocity
- (2) qualitative impairments in communication as manifested by at least one of the following:
- a. a. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - b. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - c. stereotyped and repetitive use of language or idiosyncratic language
 - d. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- (3) restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
- a. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - b. apparently inflexible adherence to specific, nonfunctional routines or rituals
 - c. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

- d. persistent preoccupation with parts of objects

B. There must be delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

- (1) Social interaction

OR

- (2) Language as used in social communication

OR

- (3) Symbolic or imaginative play

D. The disturbance is not better accounted for by Rett's disorder or childhood disintegrative disorder.

III. For ABA to be reimbursable, there should be evidence from the evaluation that suggests the individual is capable of making behavioral and cognitive gains. The treatment plan must be individualized and include specific targeted behaviors/skills for improvement, along with clearly defined, measurable, and realistic goals for improving those behaviors/skills relative to baseline data, with a clear plan to train the parents/caregivers in the basic behavioral principles of ABA and to continue behavioral interventions in the home and community. Clearly defined, measurable, realistic discharge criteria and transition plan must be documented. The intensity of treatment must be based on the severity of the impairments, goals of treatment, response to treatment and specific individual variables.

- IV. For individuals with either childhood disintegrative disorder (**299.10**) or Rett's disorder (**299.80**) (**F84.3**) ABA is **not reimbursable** under any circumstances.
- V. Unless otherwise specified in the SPD, ABA will be authorized for an initial period of six months.
- VI. For ABA to continue to be authorized after the initial six months, there must be a written update from the provider documenting progress and improvement in manifestations in II.A and II.B above. The update should include clearly defined, measurable goals for addressing new behaviors and ensuring maintenance and generalization of acquired skills, and clearly defined, measurable parent/caregiver goals designed to transition care to the parent/caregiver upon discharge.

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.