Applied Behavior Analysis (ABA)

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Introduction & Instructions for Use

Introduction

Supplemental Clinical Criteria are a set of objective and evidence-based behavioral health criteria used by medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by The Health Plan®

Instructions for Use

This guideline is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by The Health Plan. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply. The Health Plan reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in Clinical Criteria.

This guideline is provided for informational purposes. It does not constitute medical advice.

The Health Plan may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. The Health Plan may develop clinical criteria or adopt externally developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

Benefit Considerations

Before using this policy, please check the member-specific benefit plan document and any federal or state mandates, if applicable.

Description of Service

Applied Behavior Analysis (ABA)

The Council of Autism Service Providers [CASP], (2024) provides the following description of ABA:

ABA is a well-developed scientific discipline that focuses on analyzing, designing, implementing, and evaluating social and other environmental modifications to produce meaningful changes in human behavior. This treatment approach has proven effective across the lifespan and for a variety of disorders and conditions. ABA's success remediating deficits associated with a diagnosis of ASD, as well as developing, restoring, and maintaining skills, has been documented in hundreds of peer-reviewed studies over the past 50 years. ABA is the leading evidence-based, validated treatment for ASD. The success of this treatment approach has made ABA the standard of care for treating ASD. It is widely recognized by several authorities, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the National Institute of Mental Health. (p.3)

Initial Coverage Criteria

Prior authorization is required for ABA *(unless otherwise specified or mandated by contract or law)

Evaluation and Diagnostic Criteria

Applied Behavior Analysis (ABA) **is covered when the following conditions are met and demonstrated through appropriate clinical documentation:**

- A valid diagnosis of ASD (or other applicable diagnosis as required by governing laws) must be issued by a state licensed physician, psychologist, or other state licensed clinician qualified to make such diagnosis according to the diagnostic criteria based on the DSM-5-TR™ (5th ed.; DSM-5-TR; APA, 2022).
- Ensure that the following age-appropriate disciplines are represented on the core team of specialists that's primarily responsible for the evaluation and diagnosis of members:
    - Medical — Family practice physician, pediatrician or developmental pediatrician, internal medicine physician, neurologist (pediatric or adult)
    - Behavioral — Psychiatrist (pediatric or adult), psychologist (pediatric or adult), neurologist (pediatric or adult)
    - Speech and language therapist
- **The diagnosis and severity level are confirmed by at least one of the following clinically validated screening tools:**
    - Autism Behavior Checklist [ABC]
    - Childhood Autism Rating Scale [CARS] [CARS-2]
    - Checklist for Autism in Toddlers [CHAT; M-CHAT]
    - Communication and Symbolic Behavior Scales Developmental Profile Infant-Toddler Checklist [CSBS-DP-IT-Checklist]
    - Autism Screening Questionnaire [ASQ]
    - Autism Quotient [AQ]
    - Childhood Autism Screening Test [CAST]
    - Autism Diagnostic Interview-Revised [ADI]
    - Autism Diagnostic Observation Schedule [ADOS] [ADOS-2]
    - Diagnostic Interview for Social and Communication Disorders [DISCO].
- **Once an ASD diagnosis is confirmed, a credentialed ABA provider is identified for the member according to the following requirements:**

- A Master- or Doctoral-level provider that is a Board-Certified Behavior Analyst (BCBA)
- A licensed behavioral health clinician who has attested to having sufficient expertise and has been credentialed to provide ABA services.
- A Board-Certified Assistant Behavior Analyst (BCaBA) or non-licensed individual under the direct supervision of a BCBA or licensed behavioral health clinician who takes responsibility for the individual's care that does either of the following:
  - Technicians must be under the applicable supervision of a BCBA or licensed behavioral health clinician. Technicians should be registered behavior technicians (RBT) or another appropriately certified behavior technician as allowable by state mandate. It is not recommended that parents serve in an RBT role due to numerous ethical and conflicting relationships issues. In addition, BCBAs® acting in a supervisory role for a parent serving as an RBT® for their own child would also be in violation of their ethics code and would have a duty to self-report and to report the RBT.
  - Assist in the initial or concurrent assessment of the individual's deficits or adaptive behaviors.
  - Implement a treatment plan that has been developed by a BCBA or licensed behavioral health clinician.

- **The identified credentialed ABA provider completes the following:**
  - One of the following assessments;
    - Standard Functional Assessment and/or
    - Functional Behavioral Assessment when maladaptive behaviors are present; and
  - Interviews with caregivers, direct observation data, and attention to coexisting medical conditions; and
  - Record review of the individual's history, response to prior interventions, current treatments, cultural and familial considerations, spoken language, and any prior assessments also helps inform the treatment goals; and
  - Baseline skills assessment; and
  - Norm referenced instruments to assess individuals functioning levels in comparison to age-matched neurotypical peers, to assist in goal development, and to assess developmental gains as a result of interventions; and
    - ABA providers may need to collaborate with other qualified health professionals on assessments if there are comorbid conditions that increase an individual's risk of harming themselves or others.
  - Skills-based assessments to assist in developing treatment goals as appropriate.

Treatment Plan Criteria

- **The Comprehensive Diagnostic Evaluation and Functional Assessment form the basis for the treatment plan. Documentation must be provided that demonstrates the following:**
  - Treatment goals and objectives that are comprehensive and clearly stated.
  - Outcome-oriented interventions targeting specific baseline behaviors.
  - Each intervention has defined frequency, intensity, duration and progress measurement methods.
  - Treatment intensity is chosen according to baseline measurement with the use of at least one of the following validated measurement tools:
    - The Autism Treatment Evaluation Checklist (ATEC)
    - Verbal Behavior Milestones and Assessment Placement Program (VB-MAPP)
    - Assessment of Basic Language and Learning Skills (ABLLS, ABLLS-R)
    - Assessment of Functional Living Skills (AFLS)
    - Promoting the Emergence of Advanced Knowledge Generalization (PEAK)
    - Social Skills Improvement System (SSIS)
    - Repetitive Behavior Scale-Revised (RBS-R)
    - Social Responsiveness Scale (SRS)
    - Vineland Adaptive Behavior Scales (VABS)
    - Child and Family Quality of Life, Second Edition (CFQL-2)
      - Measurement tools should be individualized and will not be the same for all individuals or programs. Tools should be selected based on skill development, quality of life and skills of adaptive change.
  - Consideration for parent/caregiver participation and training in management of skills that can be generalized to the home.
    - If a parent/caregiver is unable to participate, documentation should include the reason and identify an alternate plan to provide management skills in the home.

- The treatment plan is coordinated with other professionals to ensure appropriate client progress. This may include coordination with the school and applicable Individualized Family Service Plan (IFSP)/ Individualized Education Program (IEP), outpatient behavioral clinicians, medical doctors, speech/occupational therapists and others.
- All components of the individual's care are tracked and updated throughout the duration of services and regular updates occur throughout authorization periods.

ABA Service Delivery Criteria

Clinical documentation must demonstrate:

- ABA is provided at the least restrictive and most clinically appropriate level to safely, effectively, and efficiently meet the needs of the individual.
- ABA is needed for reasons other than the convenience of the individual, family, physician, or other provider.
- The number of service hours requested is justified by the member's documented clinical need according to an individual's level of impairment, symptom severity, treatment history and response.
- Treatment is a systematic approach, based on the principles of comprehensive Applied Behavior Analysis.
- Treatment targets the core deficits of an autism spectrum disorder, as outlined by the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, Text Revision (DSM-5-TR™), American Psychiatric Association (APA), 2022.

Continued Service Criteria

Continued Treatment

With each clinical review for continued ABA treatment, the provider must submit updated documentation demonstrating:

- There is a reasonable expectation that:
  - The individual's behavior and skill deficits will continue to improve to a clinically meaningful and standardized extent if ABA is continued; or
  - Continued ABA treatment is clinically necessary to maintain skills and prevent deterioration of functioning.
  - The individual's skills generalize and maintain outside of the treatment environment into the natural settings. (Examples include the home and community).
- ABA treatment is not making the symptoms or behaviors persistently worse and treatment protocol modifications have been effective at improving progress, or necessary to maintain the individual's skillset or prevent deterioration in their skillset.
- Progress is assessed and documented for each targeted symptom and behavior, including progress toward defined goals, including the same modes of measurement that were utilized for baseline measurement of specific symptoms and behaviors.
  - Progress should include rate and percentage of mastered programs, rates of mastered targets, change scores for any outcome measures, updated standardized adaptive measures, and change scores for skills-based assessments.
- Documentation reflects movement from baseline in skill deficits and problematic behavior using validated and norm referenced assessments of functioning.
- When applicable, documentation of parent/caregiver involvement and progress in their own implementation of behavioral interventions.
- When there has been inadequate or no demonstrable progress with targeted symptoms or behaviors within a 6-month period, or specific goals have not been achieved within the estimated timeframes, there should be an assessment of the reasons for inadequate progress, and treatment interventions should be modified or in order to achieve adequate progress or maintenance of skillset.
- The clinical review will address specific challenges of utilization of prior authorization period hours below 80% over a 2-week period.
  - Supporting documentation demonstrates barriers to services and how these are addressed going forward.
- To support continued coverage of ABA, documentation of includes:
  - Increased time when applicable and/or frequency working on targets
  - Change in treatment techniques

- If applicable, increased parent/caregiver training
- Identification of barriers to full participation in treatment and corresponding solutions
- Any newly identified co-existing disorders (e.g., anxiety, psychotic disorder, mood disorder)
- How generalization and maintenance are targeted across the individual's environments
- Goals reconsidered (e.g., modified or removed)
  - Progress should be documented in standardized assessment of norm referenced, adaptive functioning. Lack of progress or where services are no longer maintaining skillset needs to be addressed via changes in treatment, behavior plans and/or caregiver engagement.

- When goals have been achieved, either new goals should be identified based on targeted symptoms and behaviors.
  - These new goals demonstrate how the symptoms and behaviors are preventing the individual from adequately participating in age-appropriate home, school or community activities, or are presenting a safety risk to self, others, or property.
  - When goals have been met and ABA is no longer clinically appropriate to improve, maintain, or prevent deterioration in skillset, the treatment plan should be revised to include a transition to less intensive interventions.

Transition & Discharge Criteria

Transition and Discharge

- "Transition" is a coordinated set of individualized and results-oriented activities designed to move the patient through treatment toward discharge or other more intensive services as clinically indicated. Transition and discharge planning are not single events that occurs at the end of the treatment period. With the goal of providing ABA services to bring about significant, lasting, and generalized behavior, the plan should include how care will be coordinated with other supports and how to transition to least restrictive services as clinically indicated. Transitioning may include moving from a 1:1 model to a group model, moving from a comprehensive plan to a focused plan, or shifting from a center model to a community-based program.
  - The transition plan should also specify monitoring and evaluation details. Monitoring may entail:
    - assessing generalization across environments and people
    - assessing maintenance of treatment gains
    - monitoring the effectiveness of interventions for challenging behavior
    - measuring skill maintenance
- "Discharge" is defined as the end of services between a provider and a patient. Discharge can be initiated by the provider or the patient for a multitude of reasons and should occur in compliance with any state laws or regulations pertinent to discharge.

Transition and/or discharge may be appropriate if one or more of the following are present:

- The individual demonstrates improvement from baseline in targeted skill deficits and behaviors to the extent that goals are achieved, or maximum benefit has been reached (i.e., the individual has reached generalized behavioral change and maintains targeted skills outside of the treatment environment into the natural settings).
- The individual is no longer benefiting from services as demonstrated by lack of substantive progress towards goals (e.g., declining or no progress on standardized adaptive measures of functioning such as the Vineland) for successive authorization periods in one or more of the following areas, and ABA is no clinically appropriate to maintain or prevent deterioration in targeted skillset:
  - Communication Skills
  - Social Skills
  - Behavior Challenges
- The treatment is making the skill deficits and/or behaviors persistently worse and protocol modification did not make notable improvements or otherwise demonstrate medical necessity to maintain or prevent deterioration in skillset.
- Caregivers and provider are unable to reconcile important issues in treatment planning and delivery that prevent delivering medically necessary care.
- Caregivers refuse treatment recommendations or are not following through on treatment recommendation to an extent that compromises the effectiveness of care.

- The individual's physical and psychological well-being, independence and relationships with others has improved to the extent possible and continued treatment is not needed to maintain or prevent deterioration of skillset.
    - If an individual no longer displays significant symptoms on standardized assessments compared to their cognitive functioning, they may no longer need the intensity of ABA services.
    - The provider should continually monitor for any demonstrated change in intensity of behaviors necessitating a step up or step down in services.

Limitations/Exclusions

ABA is not covered for:

- Services that are not ABA therapy, such as 1:1 aid delivered simultaneously during classroom instruction, or services covered under the Individuals with Disabilities Education Act (IDEA). School ABA services do allow for coordination of services and would cover services such as teacher training, meetings with school personnel, and observations in the school setting.

For Telehealth information, see: Practice Parameters for Telehealth-Implementation of Applied Behavior Analysis, Second Edition.

Evidence-Based Treatment Recommendations

The following are evidence-based treatment recommendations highlighting best practices for ABA services. This information below is not used to make coverage determinations.

Treatment

- Effective ABA services should focus on socially significant behaviors, meaning skills and behavior that lead to more opportunity for the individual and their family, including leading to great autonomy, and reduced levels of treatment.
- ABA interventions include the following elements:
    - Mitigate the core features of ASD
        - ABA is an intensive treatment, if an individual needs a less intensive treatment, other services may be more appropriate, such as individual or family therapy, speech therapy, occupational therapy, etc.
    - Target specific deficits related to appropriate social imitation, attending and social referencing, observational learning, play skills, social relationships, and reducing challenging behaviors.
    - The specific behaviors that are to be incrementally taught and positively reinforced tie to objective and quantifiable treatment goals that have baseline data, measurable progress, and projected timeframes for completion. Include the individual's caregiver's in parent/caregiver training and the acquisition of skills in behavior modification to promote management and generalization of skills within the home.
    - ABA treatments will differ in scope, intensity, staffing, and duration of treatment. Treatment should be aligned with the breadth and depth of behaviors targeted for the individual.
        - Caregiver/parent-mediated ABA produces greater outcomes in the socialization domain of the Vineland and increased caregiver/parent self-efficacy, supporting the inclusion of caregiver/parent-led ABA treatment. It is not recommended that parents/caregivers serve in an RBT role due to numerous ethical and conflicting relationships issues.
        - ABA should be rendered in multiple settings to support transition and generalization. If ABA is not occurring in multiple locations the plan should indicate why and how that is being addressed via other services.
    - Treatment plans are usually reviewed/updated twice annually, as appropriate per state mandate and/or clinical presentation of individual. This allows for ongoing re-assessment and documentation of treatment progress. Data should be analyzed ongoing and treatment plans updated as needed throughout care.
    - Treatment goals are prioritized in to address behaviors that threaten the safety of the client or others or create a barrier to quality of life. Goals are also prioritized to increase skills fundamental to maintaining health and social inclusion.
    - Descriptions of any needed replacement behaviors and skill acquisition goals based on the reported behaviors and assessments.
    - Treatment goals identified are best addressed by intensive 1:1 intervention or group intervention versus being learned by incidental teaching.

- Train family individuals and other caregivers to manage problem behavior and interact with the individual in a therapeutic manner.
- As indicated, include referrals to psychotherapy (e.g., cognitive behavioral therapy), outpatient or family therapy for higher functioning individuals to treat conditions such as anxiety, anger management, attention, and depression.
- Have an appropriate level of intensity and duration driven by factors such as:
  - Changes in the targeted behavior(s)/response to treatment
  - The demonstration and maintenance of management skills by the parents/caregivers
  - Whether specific issues are being treated in a less intensive group format (e.g., social skills groups or group ABA format)
  - The individual's ability to participate in ABA, given participation in other therapies and engagements, should be considered
  - The impact of co-occurring behavioral or medical conditions on skill attainment
  - The individual's overall symptom severity
  - The scope of treatment
  - The individual's progress in treatment related to treatment duration; and
  - The individuals response to treatment, including: ability to benefit and show substantive growth and show developmentally/functionally appropriate response to goals. This can be measured by benchmarking the clients progress to standardized functional and developmentally appropriate assessments.
  - Treatment plan should indicate the treatment setting, instructional methods to be used, hours requested, schedule, and clinical justification of those hours.
  - Treatment should not be restricted to specific settings but instead should be delivered in the settings that maximize treatment outcomes for the individual patient;
- When group ABA services are included, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the individual's needs. Treatment review takes into consideration when group services are appropriate for the individual to gain or practice skills in a small group. Social behaviors are often best delivered in small group settings.
- According to current research there is a lack of high-quality clinical evidence to suggest that a higher number of hours results in improved outcomes, including outcomes regarding substantial difficulties.
  - Researchers have acknowledged there is minimal support for comprehensive high hour ABA in producing overall positive outcomes. In addition, there is no predictive relationship between number of treatments hours and positive outcomes. According to current research no difference was noted in outcomes between 15 hours versus 25 hours per week.
- According to recent research, there is limited evidence to show those individuals receiving very low intensity services make as much progress as those receiving a higher volume of hours. Treatment should evaluate if focused or comprehensive treatment is more appropriate based on the severity of symptoms presented by the individual.
- Treatment takes into consideration the developmental level of each individual, and treatment schedule considers the needs of the individual including rest and nutrition breaks and interactions with peers.
- Behavior analysts identify their services accurately and include all required information on reports, bills, invoices, requests for reimbursement, and receipts. They do not implement or bill nonbehavioral services under an authorization or contract for behavioral services. Examples include, but not limited to:
  - Naps, extended recreational reinforcement, meals without active goals and treatment, extended breaks in active intervention.

- Treatment methodologies utilized as part of intensive behavior therapies should be considered established by the National Autism Centers Standards Projects.
- Parent/Caregiver involvement in treatment is strongly recommended/encouraged to achieve optimal clinical outcomes for the individual. Parent/caregiver support is encouraged as a component of the ABA program, as they will need to provide additional hours of behavioral interventions. Parents or caregivers involvement and engagement is strongly recommended/encouraged in training and follow through on treatment recommendations beyond that provided by licensed or certified practitioners. Caregivers are engaged to assist with maintenance and generalization of skills and to focus on activities of daily living. Parent support groups are considered not medically necessary.

- Parent and caregiver training include a systematic, individualized curriculum on ABA fundamental concepts. The goal of this training is skills development and support so that parents and caregivers are proficient in implementing treatment strategies in a variety of settings and critical environments. Such training is not accomplished by simply having the caregiver or guardian present during treatment implemented by a technician. Some models of ABA may focus solely on parent/caregiver coaching. A caregiver would not be expected to act as a technician for their child.
- Detailed description of interventions with the parent(s) or caregiver(s), including:
    - Parental or caregiver education, training, coaching and support
    - Overall parent or caregiver goals including a brief summary of progress. As part of the summary of progress the information should also include percentage of planned sessions attended
    - Plan for transitioning ABA interventions identified for the child to the parents or caregivers
    - How parents will be supported in assisting with increases in skills, such as communication or routines that help maintain good health.
- ABA programs typically fall into either focused or comprehensive ABA treatment. The type of treatment may lend itself to different intensity of services. Total intensity of services includes both direct and indirect services (e.g., caregiver training and supervision). Hours may be increased or decreased based on the client's response to treatment and current needs. Comprehensive services are typically rendered when the individual is early in his or her development. Comprehensive services commonly focus on most areas of functioning and are intended to improve multiple skills. Focused intervention is intended to reduce dangerous or maladaptive behavior and strengthen more appropriate functional behavior.
- When individuals display significant challenging behaviors a higher staff to patient ratio and on-site direction by the supervisor may be needed.
- Relying on a single treatment methodology, procedure, or setting is unlikely to achieve the desired generalization and maintenance of behavior change.
- When adolescents and young adults are receiving ABA services, it is important to include a focus on transition to adulthood. Including ensuring goals focus on steps to independence, are patient centered, and include caregivers (when appropriate) in creating a plan Interventions to support independence may include things such as:
    - Self-management and/or token economy systems
    - Working with caregivers to modify current environment and create supports within the environment
    - Creating visual schedules to support individuals ability to navigate the day independently
    - Teaching self-reinforcement
    - Parent/Caregiver guided interventions
- According to current research, supporting individuals with ASD across the lifespan includes ethical considerations. Behavior analysts should consider prioritizing skills with meaningful current and future outcomes for individuals transitioning into adulthood.
- Examples of other behavioral interventions as a treatment for ASD include, but not limited to:
    - Joint attention interventions (e.g., pointing to objects, showing, etc.)
    - Modeling (both real-life and video-based modeling)
    - Peer training package (including, but not limited to, peer networks, peer initiation training, and peer-mediated social interventions)
    - Story-based intervention package (including the Socials Stories approach)
    - The social skills package (e.g., social and pragmatic groups)
- These steps can increase the number of adolescents with ASD who receive recommended transition to adulthood planning:
    - Healthcare providers consider recommendations for healthcare transitioning and use them when providing care for adolescents, beginning at age 12 years, and modifying to meet the unique needs of each adolescent.
    - Parents/caregivers can address transition planning with pediatric healthcare providers.
    - Healthcare professionals can utilize strategies for moderating gaps in health service utilization by:
        - Providing interdisciplinary training to professionals that endorses the programs with positive outcomes and increases provider confidence in treating adolescents with ASD and other developmental disorders;
        - Improving multidisciplinary care delivery services to be timely, coordinated, and family-centered; and
        - Promoting programs with successful healthcare transitions for adolescents, including those with ASD and other developmental disorders.

- Supervision is responsive to individual client needs, up to two hours for every ten hours of direct treatment is the general standard of care. Other factors may increase or decrease case supervision, such as barriers to progress, issues of client health and safety, and transitions with implications for continuity of care. The BCBA or other supervisor may also engage in adaptive behavior treatment with protocol modification where the individual is being observed for changes in the behavior and/or troubleshoot treatment protocols. This would include adjustments to specific protocols or determinations if protocols are functional for the individual. Adjustments to treatment should occur throughout care, and especially when the individual is not making adequate progress, CASP (2024) indicates if inadequate progress occurs over 3 sessions there must be a review to determine causes. Unanticipated utilization shortfalls of services require attention by the supervisor to determine if there are barriers that can be addressed or are likely to persist.
    - Supervision can involve direct and indirect activities. Case supervision typically involves monitoring the delivery of services, monitoring and reporting on progress, adapting plans and modifying protocols, and supporting/training staff. The supervisor also monitors the reliability of the collected data by evaluating interobserver agreement and procedural fidelity.
    - Case supervision needs should be individualized to each individual and case support team, the same percentage of clinical supervision should likely not be used for all individuals.
- Individuals with autism can benefit from other less intensive services, such as individual, group and family therapies, occupational therapy, speech therapy, medication management, etc. ABA services do not duplicate the services provided to or available to the individual by other medical or behavioral services.
- Overall, the available clinical evidence reveals that the younger the age at treatment induction is associated with superior outcomes.
    - if an individual needs a less intensive treatment, other services may be more appropriate, such as individual or family therapy, speech therapy, occupational therapy, etc. Very young children may not be able to manage a high intensity or full time ABA programs.
    - Any child receiving active treatment for more than 6+ hours per day also needs rest breaks, lunch, snacks, family time, and time for play and/or non-learning opportunities. Full time ABA programs are rare and should be specific, focused on intensive behavioral challenges and addressing short term behavioral goals.
    - Discussion with caregivers should include how service hours and intensity of services were determined, This will allow families to make informed decisions about what amounts might be both beneficial and feasible.

Coordination of Care

If applicable, documentation of communication and coordination with other service providers and agencies, (i.e., day care, preschool, school, early intervention services providers) and/or other allied health care providers (i.e., occupational therapy, speech therapy, physical therapy and any other applicable providers) to reduce the likelihood of unnecessary duplication of services. Coordination of care is meant to support generalization, maintenance of skills, and consistency across environments. According to CASP (2024) and the Behavioral Health Center of Excellence (2020), collaborating between all professionals engaged with a child will ensure consistency, as better consistency leads to better outcomes. Documentation should include the following:

- Types of therapy provided
- Number of therapies per week
- Behaviors/deficits targeted
- Progress related to the treatment/services being provided
- Measurable criteria for completing treatment with projected plan for continued care after discharge from ABA therapy
- Total number of days per week and hours per day of direct services to individual and parents/caregivers to include duration and location of requested ABA therapy
- Dates of service requested
- Licensure, certification and credentials of the professionals providing ABA services
- Documentation that parents/caregivers have been trained and consulted about the treatment plan, following all appropriate treatment recommendations.
    - Documentation should indicate those actively participating and their relationship to the individual receiving ABA services.

Documentation

ABA providers are required to have a separate record for each individual that contains the following documentation:

- Comprehensive assessment establishing the autism diagnosis, or other diagnosis appropriate by that state's mandates

- All necessary demographic information
- Complete developmental history and educational assessment
- Functional behavioral assessment including assessment of targeted risk behaviors
- Behavioral/medical health treatment history including but not limited to:
    - known conditions
    - dates and providers of previous treatment
    - Currently treating clinicians
    - current therapeutic interventions and responses
- Individualized treatment plan and all revisions to the treatment plan, including objective and measurable goals, as well as parent/caregiver training, barriers to progress, response to interventions
- Daily progress notes include:
    - place of service
    - start and stop time
    - who rendered the service
    - the specific service (e.g., parent/caregiver training, supervision, direct service)
    - who attended the session
    - interventions that occurred during the session
    - licensure or credentials of those in the session
- All documentation must be legible
- All documentation related to coordination of care; including with school related services rendered via an IEP. Attempts to coordinate care are acceptable if other providers will not collaborate
- All documentation related to supervision of behavior technicians
- If applicable and available, a copy of the individual's Individualized Education Plan (IEP)
- If applicable and available, progress notes related to Early Intervention Plan or Pre-school/Special Education Program or allied health services
- Certification and credentials of the professionals providing and supervising the ABA therapy.

Diagnosis Codes

The following list(s) of diagnosis code(s) is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other clinical criteria may apply.

Diagnosis Codes	Description
F84.0	Autistic Disorder

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Date	Summary of Changes
03/16/2020	Version 1; Supplemental Clinical Criteria
03/15/2021	Annual Review
04/19/2021	Interim Update: Added New Jersey state mandates information
06/21/2021	Interim Update: Removed AZ state mandate information
09/21/2021	Interim Update: Added Massachusetts, New York, Washington information to the State Mandates section
04/19/2022	Annual Review: Added Pennsylvania information, sources updated.
06/21/2022	Interim Update: Added Virginia information to the State Mandates section
08/23/2022	Interim Update: Added California and revised Maryland in State Mandates section
10/18/2022	Interim Update: Update to NY guidance in State Mandates section
12/22/2022	Interim Update: Update to State Mandates section
01/17/2023	Interim Update: Update to State Mandates section
04/18/2023	Annual Review
08/22/2023	Interim Review: Update to State Mandates section
09/19/2023	Interim Review: Removal of Applicable Codes section
10/17/2023	Interim Review: Update to State Mandates section

Date	Summary of Changes
12/12/2023	Interim Review: Update to State Mandates section
05/21/2024	Annual Review: Updates to align with CASP (2024) guidelines and the Behavior Analyst Certification Board Ethics Code for Behavior Analysts (2022).
9/18/2024	Interim Review: Update to Coverage Criteria
12/17/2024	Interim Review: Update to State Mandates Section
01/21/2025	Interim Review: Update to State Mandates Section
02/18/2025	Interim Review: Update to State Mandates Section
03/18/2025	Interim Review: Update to State Mandates Section
07/22/2025	Annual Review

Appendix

Additional resources considered in support of this document:

Hayes, Inc. (2019). Comparative Effectiveness Review of Intensive Behavioral Intervention for Treatment of Autism Spectrum Disorder. Lansdale, PA. Updated March 2019.