

Utilization management criteria for Applied Behavior Analysis treatment of Autism Spectrum Disorder

Admissions, continued stays and discharge planning

For Blue Cross commercial, Medicare Plus BlueSM
Blue Care Network commercial and BCN AdvantageSM

Effective January 1, 2027

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This document includes information used to make determinations as well as to inform discussions about admissions, continued stays and discharge planning for applied behavior analysis (ABA) treatment of autism spectrum disorder (ASD).

This document applies to members with Blue Cross Blue Shield of Michigan commercial, Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM coverage.

Note: For Medicare Plus Blue and BCN Advantage, providers should follow the Centers for Medicare and Medicaid Services rules when it comes to provider licensure and coverage.

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Introduction

Treatment for mental health and substance abuse/chemical dependency conditions is covered when the treatment is medically necessary and when it falls within the scope of the member's benefit certificate. Note that the benefit certificate may vary between members.

Note: The following GENERAL EFFICIENCY CRITERION applies to all services: services shall be limited to the most efficient method and scope of treatment that will adequately meet the member's clinical needs.

Services must be reviewed and approved/authorized by Blue Cross Behavioral HealthSM and will be provided by a contracted practitioner or organizational provider. A member's benefits and eligibility must be confirmed prior to any authorization for services.

Any state and federal mandates must also be confirmed prior to authorization, as applicable.

All attempts will be made to coordinate the most appropriate level of care and intensity of service for members. This includes transition of members to other levels of care when benefits end.

Description of service

Throughout this document, the term "DSM" is defined to mean the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

The DSM (DSM-5-TRTM; APA, March 2022) states that autism spectrum disorder, or ASD, is characterized by core deficits which cause significant impairment in social, occupational, educational, or other areas of functioning:

- **Social communication and interaction** – Individuals must exhibit persistent challenges in multiple contexts, as shown by all the following:
 - **Social and emotional reciprocity** – Deficits ranging from abnormal back-and-forth conversations and reduced sharing of interests to a failure to initiate or respond to social interactions.

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- **Nonverbal communication** – Poorly integrated verbal and nonverbal communication, abnormalities in eye contact and body language, or a total lack of facial expressions and gestures.
- **Developing and maintaining relationships** – Difficulties adjusting behavior to suit social contexts, sharing imaginative play, or making friends.
- **Restricted, repetitive patterns of behavior** – Individuals must exhibit at least two of the following:
 - **Stereotyped or repetitive movements/speech** – Simple motor stereotypies, echolalia (repeating words), or repetitive use of objects.
 - **Insistence on sameness** – Inflexible adherence to routines or ritualized patterns of verbal/nonverbal behavior (e.g., extreme distress at small changes, rigid thinking).
 - **Highly restricted, fixated interests** – Abnormal intensity or focus (e.g., strong attachment to unusual objects or perseverative interests).
 - **Sensory issues** – Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., adverse response to specific sounds, fascination with lights).

Applied behavior analysis is currently the leading treatment for autism spectrum disorder. Ongoing research is being conducted to investigate optimal frequency and duration of treatment, methods of treatment, and biological markers for ASD; current literature is reviewed for on-going updates to this policy.

Providers are expected to adhere to Blue Cross and BCN's requirements for adequate documentation for ASD treatment. Refer to the document [Behavioral health medical record documentation requirements for autism treatment services](#) for details on these requirements.

Initial authorization criteria

Note: At all levels of care, court ordered treatment or to prepare for legal defense are not deemed sufficient criteria for treatment.

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What's needed for a member to be approved for ABA benefits

For a member to obtain the Michigan-mandated ABA benefit, the following are required:

- A diagnosis of ABA from the multidisciplinary team
- A recommendation for treatment including ABA
- Approval for ABA from Blue Cross Behavioral Health

To provide quality care for members and to meet adjudication time frames, the medical director can authorize ABA treatment if the criteria outlined in the *Autism Spectrum Disorder Services* medical policy meets clinical evaluation criteria for medical necessity.

To review this medical policy, search for “Autism Spectrum Disorder Services” using the [Medical Policy Router Search](#) tool at **bcbsm.com**.

In-state authorizations

For in-state authorizations, each of the following criteria must be met:

- The member had a comprehensive diagnostic evaluation from an Approved Autism Evaluation Center (AAEC) or by an independent evaluation team. For information about how members can obtain an autism comprehensive diagnostic evaluation, refer to the following documents:
 - [Obtaining a comprehensive diagnostic evaluation for autism and finding treatment](#)
 - [Requirements for comprehensive diagnostic evaluations by approved autism evaluation centers and independent evaluation teams](#)
- The member has a diagnosis of ASD as a result of this evaluation by adequately licensed clinicians. For more information, refer to the section “Who performs the multidisciplinary autism evaluation” below.
- ABA treatment was recommended as an outcome of the evaluation.

Out-of-state authorizations

A multidisciplinary autism evaluation must take place for a member residing out of state to access ABA treatment services. In addition to this evaluation, the parent/guardian must do the following:

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- Ensure that the providers who perform the multidisciplinary autism evaluation document a comprehensive set of treatment recommendations for their child, including a recommendation for ABA.
- Take the results of the evaluation and information below to the autism treatment/ABA provider they would like their child to work with. This provider must be a board-certified behavior analyst who participates with the Blue Cross Blue Shield of Michigan or Blue Care Network plan in the state where services will be provided.
- Ensure that the provider receives approval for the recommended treatment by Blue Cross Behavioral Health **before treatment begins** so that ABA benefits are covered.

Getting a multidisciplinary autism evaluation

As stated above, a multidisciplinary autism evaluation is required for an out-of-state member to receive ABA treatment services.

Where a multidisciplinary autism evaluation takes place

The facility where the evaluation takes place must participate with Blue Cross or BCN in the state where the member's services will be provided.

IMPORTANT: Member or member's family: Contact your Blue Cross or BCN insurance plan to verify that the provider or facility is in-network before scheduling an initial multidisciplinary evaluation.

Who performs the multidisciplinary autism evaluation

A team of specialists with significant experience diagnosing and treating ASD participates in a multidisciplinary team meeting (this may occur electronically). The purpose of the meeting is to discuss the results of the multidisciplinary evaluation. The team must include the following members:

- Medical – A board-certified pediatrician, developmental pediatrician or pediatric neurologist
- Behavioral – A fully licensed pediatric neuropsychologist, board-certified child psychiatrist or fully licensed child psychologist
- A speech and language therapist

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- A qualified/trained professional who can perform an Autism Diagnostic Observation ScaleTM, or ADOS

All providers must be state-licensed and qualified to make a diagnosis of ASD according to the diagnostic criteria based on the DSM-5-TRTM (5th ed.; DSM-5-TR; APA, 2022).

What's needed for the multidisciplinary autism evaluation (checklist)

The evaluation must adequately assess behavior, communication, and social interaction and include:

- An Autism Diagnostic Observation Scale, or ADOS (required)
- An in-depth medical history and physical examination
- A psychiatric evaluation
- A speech pathologist evaluation
- Developmental and behavioral observations – The comprehensive diagnostic evaluation involves observing and assessing the individual's behavior and interactions. Observations may be related to communication abilities, play skills and repetitive behaviors. These may involve casual observations and information sourced from parents, caregivers, and teachers.
- Standardized testing, which includes the use of age-appropriate assessments designed to aid in diagnosing autism. Some examples include but are not limited to:
 - ADOS: Autism Diagnostic Observation Schedule
 - ADI-R: Autism Diagnostic Interview, Revised
 - CARS: Childhood Autism Rating ScaleTM, 2nd Edition
 - SCQ: Social Communication Questionnaire, Current/Lifetime version
 - ASRS: Autism Spectrum Rating Scales[®]
 - SRS: Social Responsiveness Scale
 - GARS: Gilliam Autism Rating Scale

Testing must adequately evaluate behavior, communication, and social interaction and include both interviews and observation. Testing should generally assess:

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- Cognitive, adaptive, and language skills
- Sensory sensitivities and processing difficulties, such as responses to stimuli and how these might affect the individual

Testing should be collaborative and involve the [team of professionals](#) noted above. Additional multidisciplinary team members, such as a geneticist or occupational therapist, may participate in evaluation on an as-needed basis to perform:

- Imaging studies
- EEG
- Metabolic and genetic testing
- Occupational therapy evaluation

When ABA treatment is not appropriate

ABA treatment is not appropriate for:

- The treatment of symptoms and behaviors related to diagnoses other than ASD, except where state regulations determine otherwise.
- The replacement of or duplication of services that can be delivered during classroom instruction or covered under the Individuals with Disabilities Education Act (IDEA).

When a diagnosis of ASD is confirmed

A credentialed ABA provider is required

Once a diagnosis of ASD is confirmed, a credentialed ABA provider is required for treatment to proceed. A credentialed ABA provider can be:

- A Master- or Doctoral-level provider that is a Board-Certified Behavior Analyst (BCBA[®]) and in-network with Blue Cross or BCN
- A behavioral health clinician who is licensed and credentialed to provide ABA services in the state where treatment is provided (the remote site)

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- In the case of telehealth services, the clinician must also be licensed and credentialed in the state where they are located (the originating site)
- 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 may be registered behavior technicians (RBT[®]) or another appropriately certified behavior technician as allowable by state mandate.

It is not recommended that parents serve in a behavior therapist (BT)/RBT role due to numerous ethical and conflicting relationships issues. In addition, BCBA's acting in a supervisory role for a parent serving as a BT/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 BT/RBT.

- Assist in the initial or concurrent assessment of the individual's deficits or adaptive behaviors.
- Implement a plan of care that has been developed by a BCBA or licensed behavioral health clinician.

What the credentialed ABA provider does

Once identified, the credentialed ABA provider completes the following:

- One or both of the following assessments:
 - Standard Function Assessment
 - Functional Behavioral Assessment when maladaptive behaviors are present
- Interviews with caregivers, direct observation data, and attention to coexisting medical conditions.
- 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.
- Baseline skills assessment.

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- Norm-referenced instruments to assess individual's functioning levels in comparison to age-matched neurotypical peers, to assist in goal development, and to assess developmental gains as a result of interventions.
 - 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.

As noted above, providers are expected to adhere to Blue Cross and BCN's requirements for adequate documentation for ASD treatment. Refer to the document [Behavioral health medical record documentation requirements for autism treatment services](#) for details on these requirements.

Proposed treatment

The proposed treatment going forward should adhere to current [National Standards Report, National Autism Center](#)* guidelines. Any treatment proposed outside these guidelines needs at least level "B" evidence to support authorization of this proposed intervention. This includes:

- Clear identification of the "package" or strategy. This needs to be identified at the time of the authorization.
- Subsequent assessments based on progress within that "curriculum" to its completion/or maximization of benefit (plateau/new baseline).

Recommendations for treatment may include:

- Applied behavior analysis
- Speech therapy
- Occupational therapy
- Physical therapy
- Nutritional counseling
- Social skills training
- Parent education/support

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- Behavioral health services (psychotherapy, psychiatry, medication management)
- Other evidence-based interventions that focus on improving the member's symptoms and behaviors to promote functioning and integration across a variety of settings (school, community, home, etc.)
- Coordination of care with other providers (school, medical providers, primary care physician, etc.)

Continuing authorization criteria

Note: At all levels of care, court ordered treatment or to prepare for legal defense are not deemed sufficient criteria for treatment.

What's needed for a member to continue receiving ABA benefits

For a member to continue receiving ABA benefits, the following must be met:

- The member continues to meet the criteria for admission to autism spectrum disorder treatment protocol.
- Clearly identified specific domains of treatment are identified as the focus of intervention.
- Skill deficits in the identified specific domain are identified and targeted interventions are proposed that can be longitudinally measured:
 - Pre-academic skills
 - Safety skills
 - Social skills
 - Play or leisure skills
 - Community integration
 - Vocational skills
 - Coping and tolerance skills
 - Adaptive and self-help skills
 - Language and communication skills

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- Attending skills
 - “Inappropriate” behaviors
 - Documentation of the member’s progress, or lack thereof, in the last six months is submitted to support the request for additional authorization and includes:
 - Summaries of the member’s progress across all treatment areas/goals
 - Changes in any treatment techniques or plans to promote member improvement and to prioritize any behaviors which place the member or others at risk of harm
 - Identification of any barriers to progress and how the plan of care has been adjusted to account for them
 - How the member’s treatment goals are being generalized outside of the formal treatment setting(s)
 - Any newly identified disorders/diagnoses or problem behaviors and how the plan of care has been adjusted to account for them
 - Any goals that have been met and any new goals substituted in their place
 - Progress toward discharge from ABA treatment to less intensive treatment modalities and/or interventions
 - There is a reasonable expectation that continued ABA treatment will result in clinically significant improvement in the member’s skill areas.
 - The amount and scope of services requested reflect the member’s progress or lack thereof, and will differ in intensity, duration, and frequency because of changes in members’ symptoms and behaviors. There is a lack of high-quality evidence that suggests a higher number of hours results in improved outcomes, even for members with substantial difficulties.
 - An update of the Autism Social Skills Profile, Social Skills Rating System, or Social Skills Checklist (or similar scale that has evidence to base its validity that has been identified at baseline evaluation) is completed no less frequently than every six months and shows expected progress, or expected progress has not been demonstrated and the plan of care has been modified accordingly.

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- If there has been inadequate or no clinically significant progress made within the prior six months, there should be an evaluation of why this is the case and how the plan of care will be modified to achieve clinically significant progress.
- Blue Cross and BCN may require a 3-year multidisciplinary re-evaluation in cases where a member has shown only minimal progress or when there is a significant question about the continued accuracy of a member's diagnosis or plan of care. Blue Cross and BCN may also require that a member undergoes annual developmental testing as a standardized method of measuring treatment progress.
- The plan of care specifies precisely what improvement is expected within the next measurement interval, at most six months. If adequate progress, as outlined below, has not been made, additional authorization of up to six months **may** be given. At the end of this additional time, if adequate progress still has not been made, medical review will be required to see whether additional authorization is warranted.
- The member has shown improvement through ABA therapy in the measurement interval of at most six months of at least 20 percent based on objective measurements. In addition to data derived from therapy sessions, these measurements must include the use of assessment scales such as:
 - The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP, preferred)
 - The Vineland Adaptive Behavior Scale
 - The Autism Diagnostic Observation Scale (ADOS)
 - The Autism Social Skills Profile (ASSP)
 - Other similar instruments
- There is support system involvement in the therapy that is active and engaged in a manner that is constructive to facilitate improvement in the social interaction of the member. This can include but is not limited to primary care provider visits, ABA therapy, psychiatric recommendations, medication adherence, family counseling, and/or individual counseling.
- Identifying the appropriate setting for the use of interventions in which they occur. Clear and convincing reasons would need to accompany authorization requests for interventions in settings other than the following:

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- Home
- Clinic/outpatient
- Community setting
- At least yearly, the baseline testing used for the diagnosis is repeated and reported. If there has been no change, it needs to be repeated in six months and, if again there has been no change, the member may not be benefiting from this level of care/intervention, and this course of treatment may need to be adjusted or reconsidered.

Discharge criteria

Note: At all levels of care, court ordered treatment or to prepare for legal defense are not deemed sufficient criteria for treatment.

How to discharge from ABA treatment

Transitioning or discharging from ABA treatment must be considered from the initiation of treatment. Moving the member to a less intensive level of care or modality of treatment should be the overarching goal of ABA treatment along with generalizing progress to the member's natural environment (e.g., school, the community, family life, etc.).

Discharge and level of care determinations are based on medical necessity and functional needs, consistent with standards applied to medical/surgical conditions requiring rehabilitative or chronic disease management services.

Discharge from this level of care is appropriate when the member no longer requires the intensity of services provided and can be safely transitioned to a lower level of care. Ongoing treatment in a less intensive level of care may remain medically necessary to maintain stability, prevent deterioration, or preserve functional gains.

To discharge from ABA treatment, one or more of the following must be met:

- The member no longer meets the criteria for ASD as the primary diagnosis, unless ABA treatment for other primary diagnoses is required by state mandate.
- The member has completed treatment goals and objectives.

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- The member has not achieved his or her treatment goals and objectives despite revision in their plan of care, and symptoms warrant another level of care or different treatment setting or intervention.
- The proposed treatment is no longer expected to produce additional clinically significant improvement in symptoms or functioning. The member may require ongoing services at a lower level of care to maintain stability, prevent a relapse, or support functioning.
- ABA treatment has worsened the member's symptoms/behaviors and is no longer the appropriate treatment for the member.
- The member's support system has been trained in ABA principles to maintain social function in the absence of treatment.
- The member and/or their support system request to discontinue treatment services.
- The member and/or his or her family are unable to come to an agreement with the provider about important issues in treatment planning and delivery.

Additional information

For questions regarding this policy, contact Sydney Lipsey (SLipsey@bcbsm.com).

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