

Department of Origin: Integrated Healthcare Services	Effective Date: 09/28/23
Approved by: Medical Policy Quality Management Subcommittee	Date approved: 09/28/23
Clinical Policy Document: Behavioral Health, Autism Spectrum Disorders in Children: Assessment, Evaluation and Treatment	Replaces Effective Clinical Policy Dated: 09/13/22
Reference #: MC/M026	Page: 1 of 8

PURPOSE:

The intent of this clinical policy is to ensure care is medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria - Must satisfy the following: I, and II or III

- I. Assessment and Evaluation – documentation that the following evaluation(s) support a *DSM autism spectrum disorder* (ASD) diagnosis – must satisfy all of the following: A - B
 - A. Evaluation performed by a team of health care professionals who are experienced in diagnosing ASD. This team may include the following:
 1. Child Psychiatrist
 2. Child Psychologist or Neuropsychologist
 3. Developmental pediatrician
 4. Speech-Language Pathologist
 - B. Evaluation includes documentation of all of the following:
 1. Review of developmental history and progress of development
 2. Symptoms of concern that interfere with functioning (such as, but not limited to, social, education and family functioning)
 3. An assessment of all of the following in more than one setting (such as, but not limited to home and school)
 - a. Use of imaginative play, stereotypic behaviors, narrow range of interests
 - b. Communication
 - c. Social interaction and relationships
 - d. Behaviors/responses to the environment
 - e. Functional impairment based on objective test scores and clinical observations of functioning
- II. Initial treatment for ASD – must satisfy the following: A - C
 - A. Member is at least age 2 and younger than age 18 (unless otherwise specified in state regulation).

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Reference #: MC/M026	Page: 2 of 8

- B. Treatment requirements – must satisfy all of the following: 1 - 6
1. Treatment is ordered by a provider with *expertise in child development*; and
 2. Treatment is delivered by a provider that meets state regulatory guidelines and is practicing within the scope of the provider’s professional license; and
 3. Treatment is supervised by a provider that meets state regulatory guidelines, who is a licensed physician, advanced practice nurse, or a mental health professional, and is practicing within the scope of the provider’s professional license; and
 4. A formal assessment of the child’s developmental skills, functional behavior, needs, and capacities is performed within the first 60 days and at least yearly, thereafter; and
 5. The member is directly observed by the licensed provider at least once every two months; and
 6. The majority of treatment is provided when the parent or legal guardian is present and engaged.
- C. Proposed services are based on a comprehensive individualized treatment plan (ITP) documentation of all of the following: 1 – 9, and 10, as applicable
1. Treatment strategies and services with specific cognitive, social, communicative, self-care, or behavioral goals/ behavioral change and management of associated symptoms such as aggression or self-injury, sleep problems, activity level, and safety; and
 2. Persons responsible for each behavioral change strategy, including collaborating applied behavioral therapist, language therapist and allied therapists responsible for specific aspects of behavioral change and development progression. Strategies involve parents as well as school personnel, when appropriate; and
 3. Measurable, functional goals with time frames that are clearly defined, directly observed, and continually measured; and
 4. Include training and consultation, participation in team meetings and active involvement of the member’s family and treatment team for implementation of the therapeutic goals developed by the team; and
 5. Are provided in an environment most conducive to achieving the goals of the ITP; and
 6. An expectation of improvement within a clinically reasonable time frame that is due to the treatment rendered, and not what would be expected in the usual growth and development for the individual if no treatment was provided; and
 7. Projected time frames for care with clear criteria for discharge from services; and
 8. Plan for transitioning care from the licensed provider when treatment plan goals are met; and
 9. Where applicable, previous and current therapy treatment plans provided by other providers for the purpose of coordinating care and avoiding duplication of services.

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Reference #: MC/M026	Page: 3 of 8

10. For early intensive-level behavioral and developmental therapy (EIBDT), the treatment plan includes at least 20 hours per week and not more than 40 hours per week of therapy (unless otherwise specified in state regulation).

III. Continued intensive-level behavioral and developmental therapy (EIBDT) treatment – member continues to meet initial treatment criteria – must also have documentation of the following: A - E

- A. A progress evaluation is conducted at least every six months by a mental health professional who has *expertise in child development* and training in autism (formal assessment/standardized testing is done at least yearly) with documented evidence of sustained improvement and progress on stated goals demonstrated by improvement in the targeted abnormal findings, symptoms and/or behaviors of concern measured by the same method used for the initial evaluation; and
- B. The documented improvement is due to the treatment rendered and not what would be expected in the usual growth and development for the individual if no treatment was provided; and
- C. Care continues to be medically necessary due to a continued, demonstrated significant delay in function; and
- D. Appropriate modifications to treatment plan are implemented; and
- E. Documented plans for tapering and discontinuation of service from the licensed provider(s).

IV. Discharge criteria – any of the following: A - E

- A. Treatment is no longer provided by a licensed provider; or
- B. Ongoing treatment is primarily *custodial* or *maintenance* in nature and/or does not require the services of a licensed provider; or
- C. There is insufficient progress being made to justify further treatment; or
- D. Member has met the treatment plan goals; or
- E. The duration of therapy has met state regulatory requirements for coverage.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

- I. Evaluation/assessment services that are considered investigative (see Investigative List): A - I
 - A. Allergy testing
 - B. Erythrocyte glutathione peroxidase studies
 - C. Event-related brain potentials
 - D. Intestinal permeability studies
 - E. Magnetoencephalography/magnetic source imaging
 - F. Neuroimaging studies such as CT, MRI, MRS, SPECT, and fMRI
 - G. Provocative chelation tests for mercury
 - H. Stool analysis

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Reference #: MC/M026	Page: 4 of 8

- I. Tests for celiac antibodies, immunologic or neurochemical abnormalities, micronutrients such as vitamin levels, metallathionein protein assessment, mitochondrial disorders including lactate and pyruvate, thyroid function, and urinary peptides, 6 central carbon metabolites LC-MS/MS
- II. Treatment services that are considered investigative (see Investigative List): A - J
 - A. Auditory Integration Therapy
 - B. Chelation therapy
 - C. Cognitive rehabilitation
 - D. Elimination diets
 - E. Facilitated communication
 - F. Holding therapy
 - G. Hyperbaric Oxygen Therapy
 - H. Immune globulin infusion
 - I. Metallothionein protein treatment
 - J. Nutritional supplements such as megavitamins, high-dose pyridoxine and magnesium

DEFINITIONS:

Autism Spectrum Disorder:

A range of complex neurodevelopmental disorders, characterized by persistent deficits in social communication and interaction across multiple contexts, restricted repetitive patterns of behavior, interests, or activities, symptoms that are present in the early developmental period, that cause clinically significant impairment in social, occupational, or other important areas of functioning, and are not better explained by intellectual disability or global developmental delay. Such disorders are determined by criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Child Development Expertise:

Evidence includes, but limited to, board certification/board eligible in developmental and behavioral pediatrics, fellowship/clinical experience, undergraduate focus in neurobiology or behavior, research involvement, professional/specialty society appointment/membership, and relevant published literature.

Custodial Care:

Services to assist in activities of daily living and personal care that do not seek to cure or do not need to be provided or directed by a skilled medical professional, such as assistance in walking, bathing and feeding.

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Early Intensive Behavioral and Developmental Therapy (EIBDT):

EIBDT is intensive and highly individualized with up to 40 hours per week of one to one direct teaching, initially using discrete trials to teach simple skills and progressing to more complex skills such as initiating verbal behavior. For purposes of this criteria document, early intensive behavioral and developmental therapy (EIBDT) includes, but is not limited to, applied behavior analysis (ABA), intensive early intervention behavior therapy (EIBT), and intensive behavioral intervention (IBI).

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Reference #: MC/M026	Page: 5 of 8

Habilitative Therapy:

Therapy provided to develop initial functional levels of movement, strength, daily activity or speech.

Homebound:

A member is considered homebound if they are unable to leave home without a considerable and taxing effort due to a medical condition. A person may leave home for episodic medical treatment or short, infrequent absences for non-medical reasons, to attend a funeral, religious service, or graduation; an occasional trip to the barber, a walk around the block; or other infrequent or unique event (eg, a family reunion or other such occurrence.) A member's inability to drive or lack of transportation does not qualify the member for homebound status.

Maintenance Care:

Care that is not *habilitative* or *rehabilitative* therapy and there is a lack of documented significant progress in functional status over a reasonable period of time; performed to maintain clinical status without the ability to expect further clinical improvement, ie, two weeks or more between a therapy session.

Rehabilitative Therapy:

Therapy provided to restore functional levels of movement, strength, daily activity or speech after a sickness or injury.

Training in Autism:

Evidence includes, but not limited to, fellowship/clinical experience, educational background focusing on Autism Spectrum Disorders, research involvement, professional/specialty society appointment/membership, and relevant published literature.

BACKGROUND:

Behavioral therapy programs used to treat autism spectrum disorders are referred to as Intensive Behavioral Intervention (IBI), Early Intensive Behavioral Intervention (EIBI), or Applied Behavior Analysis (ABA) including Lovaas therapy. This therapy involves highly structured teaching techniques that are administered on a one-to-one basis by a trained therapist, paraprofessional, and/or parent 25 to 40 hours per week for 2 to 3 years. In classic IBI therapy, the first year of treatment focuses on reducing self-stimulatory and aggressive behaviors, teaching imitation responses, promoting appropriate toy play, and extending treatment into the family. In the second year, expressive and abstract language is taught, as well as appropriate social interactions with peers. Treatment in the third year emphasizes development of appropriate emotional expression, pre-academic tasks, and observational learning from peers involved in academic tasks. In an IBI therapy session, the child is directed to perform an action. Successful performance of the task is rewarded with a positive reinforcer, while noncompliance or no response receives a neutral reaction from the therapist. Although once a component of the original Lovaas methodology, aversive consequences are no longer used. This instructional method is known as "discrete trial discrimination learning and compliance." Food is usually most effective as a positive reinforcer for autistic children, although food rewards are gradually replaced with "social" rewards, such as praise, tickles, hugs, or smiles. Parental involvement is considered essential to long-term treatment success; parents are taught to continue behavioral modification training when the child is at home, and may sometimes act as the primary therapist.

Treatment of autism spectrum disorders requires multidisciplinary management. Optimal treatment and reimbursement is available through a programmatic approach.

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Reference #: MC/M026	Page: 6 of 8

If requesting physical, occupational, or speech therapy services, see medical policy(ies): Occupational and Physical Therapy: Outpatient Setting(MC/N003) or Speech Therapy: Outpatient Setting (MC/N004).

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Reference #: MC/M026	Page: 7 of 8

Prior Authorization: No

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Home Health Services, Intermittent MC/N007
4. Clinical Policy: Investigative Services MP/I001
5. Clinical Policy: Occupational and Physical Therapy MC/N003
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Reference #: MC/M026	Page: 8 of 8

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Revised Date:

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Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Fax: 763.847.4010
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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ບໍ່ເຂົ້າໃຈພາສາ ລາວ, ການບໍລິການ ລູກຄ້າ ວ່າຍເຫຼືອ ຈຳນວນ ພາສາ ໂດຍບໍ່ຄ່າ ສໍາລັບ ທ່ານ ຈະມີ ທ່ານ. ໂທສ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတံၤဘၣ်သ့န့ၣ်လိာ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតល្អ្មួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).