Category: Utilization Management

Code: UM 2.0 Attach V Autism Spectrum Disorders in Children: Early Intensive Behavioral and Developmental Therapy

Subject: Autism Spectrum Disorders in Children: Early Intensive Behavioral and Developmental Therapy Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for Autism Spectrum Disorders in Children: Early Intensive Behavioral and Developmental Therapy.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for Autism Spectrum Disorders in Children: Early Intensive Behavioral and Developmental Therapy treatment when completing medical necessity determinations.

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

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

PURPOSE:
The intent of this criteria document is to ensure care is medically necessary. For purposes of this criteria document, early intensive behavioral and developmental therapy includes, but is not limited to, applied behavior analysis, intensive early intervention behavior therapy (IEIBT), and intensive behavioral intervention (IBI).

GUIDELINES:
Medical Necessity Criteria - must have: I, and one of II-IV, but not V

I. Member is at least age 2 and younger than age 18.

II. Initial early intensive-level behavioral and developmental therapy – must have both of the following:

1. Treatment requirements – must have all of the following:
    1. Confirmed diagnosis from the *DSM* autism spectrum disorder; and

    2. Treatment is ordered by a physician**,** physician assistant, nurse practitioner, or licensed mental health provider with *expertise in child development*; and

    3. Treatment is supervised by a provider, with *expertise and training in autism* and *child development* and 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.

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; and

7. The date of initiation of early intensive behavioral and developmental therapy is documented (including therapy through a previous provider

2. Proposed intensive-level services are based on a comprehensive individualized treatment plan (ITP) that includes at least 20 hours per week and not more than 40 hours per week, and documentation of all of the following:

    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 timeframes 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 timeframes 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.

III. Continued intensive-level treatment – member continues to meet initial treatment criteria – must also have documentation of all of the following:

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 least every six months (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. 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.

V. Exclusions – any of the following:

A. Refer to member's benefit plan for specific exclusions.

B. Services provided by non-licensed providers.

C. Early intensive behavioral and developmental therapy for members aged 18 and older.

D. Early intensive behavioral and developmental therapy treatment programs that are not evidence based or otherwise do not comply with these criteria**.**

E. Treatment services as per the Investigative List

1. Auditory Integration Therapy
2. Chelation therapy
3. Cognitive rehabilitation
4. Elimination diets
5. Facilitated communication

6. Holding therapy
7. Hyperbaric Oxygen Therapy
8. Immune globulin infusion
9. Metallothioneim protein treatment
10. Nutritional supplements such as megavitamins, high-dose pyridoxine and magnesium

F. Equine/hippotherapy is considered a plan exclusion under Recreational therapy

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. Following the state of Minnesota statute, EIBDT based in behavioral and developmental science including, but not limited to, all types of applied behavioral analysis, intensive early intervention behavior therapy, and intensive behavior intervention is included in this definition. See Background for additional information.

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

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:
This criteria document is based on expert professional practice guidelines and/or reliable evidence. 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.

Home based services are eligible for coverage.

REFERENCES:

1. National Institute of Mental Health. Autism Spectrum Disorder. Accessed September 28, 2015. Retrieved from http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml

2. American Academy of Pediatrics. Sensory integration therapies for children with developmental and behavioral disorders. *Pediatrics* 2012;129;1186; doi: 10.1542/peds.2012-0876

3. Myers SM, Plauche Johnson C. Management of children with autism spectrum disorders. *Pediatrics* 2007; 120; 1162. doi: 10.1542/peds.2007-2362. Reaffirmed September 2010 and August 2014.

4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. 2013.

5. Minnesota Statute 43A.23.

6. Minnesota Statute 62A.3094

7. Weissman L, Bridgemohan C. Autism spectrum disorder in children and adolescents: Behavioral and educational interventions. In: *UpToDate*, Torchia (Ed), UpToDate, Waltham, MA. 2013

8. Agency for Healthcare Research and Quality (AHRQ). Therapies for Children with Autism Spectrum Disorder: Behavioral Interventions Update. Comparative Effectiveness Review Number 137. August 6, 2014. Retrieved from http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1946

9. Ospina MB, Krebs Seida, J Clark B, et al. Behavioural and developmental interventions for autism spectrum disorder: a clinical systematic review. PLoS One 2008; 3:e3755.

Internal References: Gordon Larson MS LP

Source: PreferredOne, BHP

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