



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 08/01/17
LAST REVIEW DATE: 08/21/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

AUTISM SPECTRUM DISORDER TREATMENTS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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AUTISM SPECTRUM DISORDER TREATMENTS (cont.)

Description:

Autism spectrum disorders (ASD) refers to a group of disorders characterized by deficits in social interaction and communication, by an extremely limited range of activities and interests and often by the presence of repetitive, stereotyped behaviors. The set of behaviors characterizing ASD may range from mild to severe.

Definitions:

Behavioral Therapy:

Interactive therapies derived from evidence-based research, including applied behavior analysis, which includes intensive intervention programs and early intensive behavioral intervention. For the purposes of this Medical Coverage Guideline, Applied Behavioral Analysis (ABA) Therapy is considered behavioral therapy.

Therapies and interventions include, *but are not limited to*:

- Discrete trial training, pivotal response training
- Early Start Denver Model (ESDM)
- Functional communication training and verbal behavior
- Social Communication, Emotional Regulation, & Transactional Support (SCERTS)
- Treatment and Education of Autistic and Communication related Handicapped Children (TEACCH)
- UCLA/Lovaas method

Applied Behavior Analysis (ABA) Therapy:

Using behavior analytic practices, the individual is instructed in a range of skills (e.g., speech, motor and socialization). Therapy begins in the home setting and transitions to social settings.

Autism Spectrum Disorder (ASD):

One of the following disorders as defined in this Medical Coverage Guideline and referenced in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Asperger syndrome
- Autistic disorder
- Pervasive developmental disorder not otherwise specified



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AUTISM SPECTRUM DISORDER TREATMENTS (cont.)

Definitions: (cont.)

Board Certified Behavior Analyst® (BCBA®):

An individual who is an independent practitioner certified by the Behavior Analyst Certification Board® to conduct behavioral assessments, design and supervise behavior analytic interventions and provide overall program supervision of services and associate/assistant behavior analysts and other program personnel. Includes BCBA with doctoral training in behavior analysis (BCBA-D™).

Board Certified Associate/Assistant Behavior Analyst® (BCaBA®):

An individual who is certified by the Behavior Analyst Certification Board and supervised by a BCBA to conduct and interpret behavioral assessments and design behavior analytic interventions.

Registered Behavior Technician™ (RBT™):

Paraprofessional who practices under the close, ongoing supervision of a BCBA or BCaBA. Primarily responsible for the direct implementation of ABA therapy

Relationship Development Intervention Therapy (RDI):

RDI is designed to empower and guide individuals to function as facilitators for those with ASD to improve critical emotional, social, adaptability and self-awareness skills through carefully graduated, guided interaction in daily activities.



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AUTISM SPECTRUM DISORDER TREATMENTS (cont.)

Criteria:

COVERAGE FOR AUTISM SPECTRUM DISORDER IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

Behavioral Therapy Services Initial Course of Treatment:

Initial requests for behavioral therapy services for treatment of ASD will be reviewed and, if approved, may be authorized for a maximum of six (6) months.

- **If benefit coverage for autism spectrum disorder (ASD) is available**, an initial course of behavioral therapy services for the treatment of ASD is considered **medically necessary** with documentation of **ALL** of the following:
 1. Individual meets diagnostic criteria for **ONE** of the following as defined by the most current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:
 - Autistic disorder
 - Asperger syndrome
 - Pervasive developmental disorder not otherwise specified
 2. Services are provided or supervised by a licensed or certified individual in the specific type of behavioral therapy being provided (i.e., if ABA therapy is intended, the provider must be licensed or certified in ABA therapy)
 3. Individual's clinical documentation reflects **ANY** of the following behaviors:
 - A health or safety risk to self or others, (i.e., self-injury, aggression to others, severe disruptive behavior, property destruction, severe repetitive behaviors, repeated escape from care)
 - Interferes with daily activities and a safe home environment
 - Interferes with community activities
 4. The individual has been assessed by a Board Certified Behavior Analyst (BCBA) and behavioral therapy has been determined to be the most appropriate therapy
 5. Individual is medically stable and does not require inpatient admission services
 6. Treatment is individualized, comprehensive, and measurable, addressing language, social, adaptive and academic skill domains
 7. Therapy is one-to-one and face-to-face (e.g., the individual receiving therapy services must be present)

AUTISM SPECTRUM DISORDER TREATMENTS (cont.)

Criteria: (cont.)

Behavioral Therapy Services Initial Course of Treatment: (cont.)

- **If above criteria not met**, initial course of behavioral therapy services for the treatment of ASD is considered ***not medically necessary***.

These indications include, *but are not limited to*:

1. Therapy duplicates services provided by educational setting and/or is part of scholastic education
2. Treatment is not clinically appropriate in terms of type, frequency, extent, site and duration
3. Treatment is primarily for convenience of the individual, physician or other health care provider
4. Individual is inpatient for ABA services and ABA can be safely provided on an outpatient basis

Behavioral Therapy Services Continuing Courses of Treatment:

Requests for continuing or repeat courses of treatment of behavioral therapy services for treatment of ASD will be reviewed and, if approved, may be authorized for a maximum of six (6) months per request.

- **If benefit coverage for autism spectrum disorder (ASD) is available**, continuing courses of behavioral therapy services for the treatment of ASD are considered ***medically necessary*** with documentation of **ALL** of the following:

1. Individual continues to meet the initial course of treatment criteria **or** new problems or symptoms have developed that meet the initial course of treatment criteria
2. Individual is expected to benefit from the continuation of behavioral therapy
3. The treatment plan is updated frequently
4. Measurable progress is documented in the plan of treatment
5. Treatment is not making the symptoms worse
6. Withdrawal of services may result in the recurrence of signs or symptoms or clinical decompensation

- **If above criteria not met**, continuing or repeat courses of behavioral therapy services for the treatment of ASD is considered ***not medically necessary***.

These indications include, *but are not limited to*:

- No measurable improvement is documented for a period of six months or longer
- Noncompliance with treatment is documented
- Treatment is making the symptoms persistently worse
- Individual demonstrates an inability to maintain long term gains from the plan of treatment
- Individual has achieved adequate stabilization in behavior and less intensive therapy is appropriate

AUTISM SPECTRUM DISORDER TREATMENTS (cont.)

Criteria: (cont.)

Relationship Development Intervention Therapy:

- Relationship development intervention therapy (RDI) is considered **experimental or investigational** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
 4. Insufficient evidence to support improvement outside the investigational setting.

Other Therapy:

- Vocational rehabilitation, respite care and recreational therapy are considered **a benefit plan exclusion** and **not eligible for coverage** under the treatment of ASD benefit.

Resources:

Literature reviewed 08/21/18. We do not include marketing materials, poster boards and non-published literature in our review.

1. American Psychiatric Association. Diagnostic Criteria for Autism Spectrum Disorders: Autistic Disorder; Asperger's Disorder; Childhood Disintegrative Disorder and Pervasive Developmental Disorder Not Otherwise Specified *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) 2013, (DSM-IV-TR®) 2000*. 2013.
2. Arizona So. Arizona Revised Statutes §20-826.04; §20-1057.11; §20-1402.03; §20-1404.03. Last updated 07/07/2015. 2015.
3. Center for Autism and Related Disorders Inc. Executive Summary Autism Spectrum Disorders (ASD) & Insurance Coverage for Applied Behavior Analysis (ABA) Therapy. 2002.
4. Gutstein SE. Empowering families through Relationship Development Intervention: an important part of the biopsychosocial management of autism spectrum disorders. *Annals of clinical psychiatry : official journal of the American Academy of Clinical Psychiatrists*. Jul-Sep 2009;21(3):174-182.



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Resources: (cont.)

5. Gutstein SE, Burgess AF, Montfort K. Evaluation of the relationship development intervention program. *Autism : the international journal of research and practice*. Sep 2007;11(5):397-411.
6. Hobson JA, Tarver L, Beurkens N, Hobson RP. The Relation between Severity of Autism and Caregiver-Child Interaction: a Study in the Context of Relationship Development Intervention. *Journal of abnormal child psychology*. May 2016;44(4):745-755.
7. State of Arizona. Arizona Revised Statutes §20-826.04; §20-1057.11; §20-1402.03; §20-1404.03. Last updated 07/07/2015. 2015.



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AUTISM SPECTRUM DISORDER TREATMENTS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

