Policy Statement

Per California Health and Safety Code Section 1374.73

Except as noted, behavioral health treatment (BHT)/applied behavior analysis (ABA) must be prior authorized by Blue Shield’s mental health service administrator (MHSA)* and home-based services (or other non-institutional setting) must be obtained from participating providers.

(*Blue Shield provides prior authorization for select plans, see member ID card for Mental Health Customer Service contact information.)

Refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of BHT/ABA as it applies to the individual member. Blue Shield covers BHT/ABA when state mandated or when BHT/ABA is specifically included in a member’s benefit plan.

The following criteria are adopted from the Blue Shield of California Mental Health Service Administrator.

Initial Services

Outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered medically necessary when all of the following criteria are documented:

- There is an established and current (within 24 months) DSM-5 diagnosis of Autism Spectrum Disorder using validated assessment tools (e.g., Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI-R), Parent Evaluation Developmental Stages (PEDS), Checklist for Autism in Toddlers (M-CHAT), Ages and Stages Questionnaire (ASQ), or Brigance)
- Developmental assessment has been completed within the last 12 months using validated assessment tools (e.g., Vineland, ABAS)
- As determined by validated developmental assessment tools, the eligible recipient cannot participate at an age appropriate level in home, school, or community activities because of the presence of behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet one or more of the following:
  - The target behavior or skill is 1 standard deviation or more below the mean
  - Represents a behavior that poses significant threat of harm to the recipient or others
- There is an expectation on the part of a qualified treating health care professional (e.g. pediatrician, pediatric neurologist, developmental pediatrician, psychologist), who has completed an initial evaluation of the recipient that the individual’s behavior and skills will improve to a clinically meaningful extent, in at least two settings (home, school, community) with ABA therapy provided by, or supervised by, a certified ABA provider
- A functional assessment using validated tools has been completed by a qualified behavior analyst certified by the Behavior Analyst Certification Board (BACB). This assessment will include baseline information on the recipient’s adaptive functioning within the last 12 months
- The recipient’s caregivers commit to participate in the goals of the treatment plan
- The recipient is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care
- There is a treatment plan with the following elements:
  - There are specific, quantifiable goals, that relate to developmental deficits or behaviors that pose a significant risk of harm to the recipient or others
  - Objective, observable, and quantifiable metrics are utilized to measure change toward the specific goal behaviors
Documentation that adjunctive treatments (e.g., psychotherapy, social skills training, medication services, educational services) have been considered for inclusion in the treatment plan, with the rationale for exclusion

Continuation of Services
Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) may be considered medically necessary when all of the following criteria are met:
- The recipient shows improvement from baseline in skill deficits and problematic behaviors targeted in the approved treatment plan using validated assessments of adaptive functioning
- As determined by validated developmental assessment tools, the eligible recipient still cannot participate at an age appropriate level in home, school or community activities because of the presence of behavioral excess and/or the absence of functional skills that interfere with participation in these activities, and the target behaviors or skill deficits identified for ABA intervention meet one or more of the following:
  - The target behavior or skill is 1 standard deviation or more below the mean
  - Represents a behavior that that poses significant threat of harm to the recipient or others
- The recipients’ caregivers demonstrate continued commitment to participation in the recipient’s treatment plan and demonstrate the ability to apply those skills in naturalized settings as documented in the clinical record
- The gains made toward developmental norms and Behavior goals cannot be maintained if care is reduced
- Behavior issues are not exacerbated by the treatment process
- The recipient has the required cognitive capacity to benefit from the care provided and to retain and generalize treatment gains

Discharge Criteria
Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) is considered not medically necessary in any of the following circumstances:
- The recipient shows improvement from baseline in targeted skill deficits and problematic behaviors such that goals are achieved or maximum benefit has been reached
- Caregivers have refused treatment recommendations
- Behavioral issues are exacerbated by the treatment
- Recipient is unlikely to continue to benefit or maintain gains from continued care

Policy Guidelines
Outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) is generally not a covered benefit* for any of the following purposes:
- Respite
- Day care
- Educational services
- To reimburse a parent for participation in the treatment

* See Benefit Application Section

Description
Behavioral health treatment (BHT) consists of professional services and treatment programs, including applied behavior analysis (ABA) and evidence-based behavior intervention programs that develop or restore, to the maximum extent possible, the functioning of an individual with autism spectrum disorders.
Applied behavior analysis therapy is the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.

The diagnostic category of autism spectrum disorders refers to a group of developmental conditions that involve delayed or impaired communication and social skills, behaviors, and cognitive skills (learning). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5®) has established a category for autism spectrum disorders which allows for the accountability of variations in symptoms and behaviors.1

This medical policy pertains to BHT, including ABA, in the outpatient setting only.

**Related Policies**

- N/A

**Benefit Application**

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates [e.g., Federal Employee Program (FEP)] prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

**Regulatory Status**

- N/A

**Rationale**

Autism spectrum disorder (ASD) is a new category presented in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5®). Symptoms can range from mild to severe and commonly involve impairment or disability with communication skills, motor skills, and social skills. In the previous version, DSM-IV-TR®, there were distinct subtypes categorized under Pervasive Developmental Disorders (PDD) which included: Autistic Disorder (classic Autism), Asperger's Disorder, Childhood Disintegrative Disorder, Rett's Disorder, and PDD-Not Otherwise Specified.2 Pervasive developmental disorders have been categorized as biologically based, neurodevelopmental conditions with likely genetic origin. Autism has been the most characteristic and best studied of the previously categorized PDD’s. Autism, Asperger’s Disorder, and PDD-Not Otherwise Specified now fall under the one category, Autism Spectrum Disorders. According to data from the Centers for Disease Control and Prevention (CDC) in the 2014 surveillance year, the estimated prevalence of ASD is 1 in 59 children aged 8 years in the United States and is about 4.5 times more common in boys than among girls.3

Autism Spectrum Disorder is characterized by all of the following4:
- Persistent deficits in social communication and social interaction across multiple contexts
- Restricted, repetitive patterns of behavior, interests, or activities
- Symptoms present in the early developmental period (typically recognized in the first 2 years of life)
• Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning

Currently there is no cure for autism spectrum disorders or any one single treatment for the disorder. ASD’s may be managed using various combinations of therapies including behavioral, cognitive, pharmacological, and education learning. The goal of treatment is to minimize the severity of symptoms, maximize learning, facilitate social integration, and improve quality of life for individuals with the disorder as well as their families and/or caregivers. Better outcomes have been associated with earlier diagnosis and implementation of treatment. Children with normal to higher intelligence quotients (IQs) and good language skills without comorbidities (e.g., seizure, psychiatric disorders) also appear to have more favorable outcomes. Intervential treatment plans are directed at developing the child’s functional strengths and addressing the learning disability weakness.

Behavioral health treatment (BHT) is also referred to as intensive behavioral intervention (IBI), early intensive behavioral intervention (EIBI), or applied behavior analysis (ABA) including Lovaas-based approaches. Applied behavior analysis focuses on remediating the child’s delay in communication, social and emotional skills and places great focus on integrating the child with peers in typical settings.

This medical policy is based on the California Health and Safety Code Section 1374.73 which requires insurers provide coverage of BHT for individuals with autism spectrum disorders. This law became effective July 1, 2012.

According to Health and Safety Code Section 1374.73, “Behavioral health treatment means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism...”

As taken directly from the California Health and Safety Code Section 1374.73, BHT must meet all of the following criteria:

• The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

• The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:
  o A qualified autism service provider.
  o A qualified autism service professional supervised and employed by the qualified autism service provider.
  o A qualified autism service paraprofessional supervised and employed by a qualified autism service provider.

• The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:
  o Describes the patient’s behavioral health impairments to be treated.
  o Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan’s goal and objectives, and the frequency at which the patient’s progress is evaluated and reported.
- Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.
- Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

A qualified autism service provider is defined as either of the following:

- A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.
- A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

A qualified autism service professional is defined as an individual who meets all of the following criteria:

- Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.
- Is supervised by a qualified autism service provider.
- Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.
- Is a behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program.
- Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.
- Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

A qualified autism service paraprofessional is defined as an unlicensed and uncertified individual who meets all of the following criteria:

- Is supervised by a qualified autism service provider or qualified autism service professional at a level of clinical supervision that meets professionally recognized standards of practice.
- Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.
- Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations.
• Has adequate education, training, and experience, as certified by a qualified autism service provider or an entity or group that employs qualified autism service providers.
• Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

Additionally, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

Summary of Evidence
Blue Shield will provide coverage for medically necessary outpatient BHT/ABA services for individuals diagnosed with autism spectrum disorders when the BHT/ABA services are ordered and deemed medically necessary based on the specific applicability and criteria outlined by Health and Safety code 1374.73 and in the BSC Medical Policy.

References


Documentation for Clinical Review

Please provide the following documentation (if/when requested):
• History and physical and/or consultation notes including:
  o Comprehensive diagnostic evaluation and definitive DSM-5 diagnosis
  o Prior specific treatment(s)/intervention(s) and response
  o Proposed/current treatment plan
  o Documented progress/improvement (if applicable)
• Copy of the most current individualized education program (IEP)/intervention support program (ISP) (if applicable)
• Discharge summary (if applicable/available)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of codes does not constitute or imply member coverage or provider reimbursement.
The following services may be considered medically necessary when policy criteria are met. Services may be considered not medically necessary when policy criteria are not met.

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT®</td>
<td>0359T</td>
<td>Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report (Deleted code effective 1/1/2019)</td>
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<td>0360T</td>
<td>Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient (Deleted code effective 1/1/2019)</td>
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<td>0361T</td>
<td>Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service) (Deleted code effective 1/1/2019)</td>
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<tr>
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<td>0362T</td>
<td>Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient</td>
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<tr>
<td></td>
<td>0363T</td>
<td>Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure) (Deleted code effective 1/1/2019)</td>
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<td></td>
<td>0364T</td>
<td>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time (Deleted code effective 1/1/2019)</td>
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<td>0365T</td>
<td>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure) (Deleted code effective 1/1/2019)</td>
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<td>0366T</td>
<td>Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time (Deleted code effective 1/1/2019)</td>
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<tr>
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<td>0367T</td>
<td>Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure) (Deleted code effective 1/1/2019)</td>
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<tr>
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<td>0368T</td>
<td>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time (Deleted code effective 1/1/2019)</td>
</tr>
<tr>
<td></td>
<td>0369T</td>
<td>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional</td>
</tr>
<tr>
<td>Type</td>
<td>Code</td>
<td>Description</td>
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<tr>
<td></td>
<td>0370T</td>
<td>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) (Deleted code effective 1/1/2019)</td>
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<tr>
<td></td>
<td>0371T</td>
<td>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) (Deleted code effective 1/1/2019)</td>
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<tr>
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<td>0372T</td>
<td>Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients (Deleted code effective 1/1/2019)</td>
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<td>0373T</td>
<td>Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient</td>
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<tr>
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<td>0374T</td>
<td>Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure) (Deleted code effective 1/1/2019)</td>
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<tr>
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<td>97151</td>
<td>Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Code effective 1/1/2019)</td>
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<td>97152</td>
<td>Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Code effective 1/1/2019)</td>
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<td>97153</td>
<td>Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Code effective 1/1/2019)</td>
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<td>97154</td>
<td>Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (Code effective 1/1/2019)</td>
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<td>97155</td>
<td>Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes (Code effective 1/1/2019)</td>
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<td>97156</td>
<td>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Code effective 1/1/2019)</td>
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<td></td>
<td>97157</td>
<td>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes (Code effective 1/1/2019)</td>
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**Type** | **Code** | **Description**
---|---|---
 | 97158 | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes *(Code effective 1/1/2019)*

**HCPCS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<td>G9012</td>
<td>Other specified case management service not elsewhere classified</td>
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<tr>
<td>H0031</td>
<td>Mental health assessment, by nonphysician</td>
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<tr>
<td>H0032</td>
<td>Mental health service plan development by nonphysician</td>
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<tr>
<td>H2014</td>
<td>Skills training and development, per 15 minutes</td>
</tr>
<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes</td>
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<tr>
<td>S5108</td>
<td>Home care training to home care client, per 15 minutes</td>
</tr>
<tr>
<td>S5110</td>
<td>Home care training, family; per 15 minutes</td>
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</tbody>
</table>

**ICD-10 Procedure**

| None |

**Policy History**

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Action</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>07/01/2012</td>
<td>New policy</td>
<td>Medical Policy Committee</td>
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<tr>
<td>08/29/2014</td>
<td>Coding update</td>
<td>Administrative Review</td>
</tr>
<tr>
<td>05/01/2016</td>
<td>Policy title change from Behavioral Health Treatment for Pervasive Developmental Disorders Policy revision without position change</td>
<td>Medical Policy Committee</td>
</tr>
<tr>
<td>05/01/2017</td>
<td>Policy revision without position change</td>
<td>Medical Policy Committee</td>
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<td>06/01/2018</td>
<td>Policy revision without position change</td>
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<td>01/01/2019</td>
<td>Coding update</td>
<td>Administrative Review</td>
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<tr>
<td>06/01/2019</td>
<td>Policy revision without position change</td>
<td>Medical Policy Committee</td>
</tr>
</tbody>
</table>

**Definitions of Decision Determinations**

**Medically Necessary:** A treatment, procedure, or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

**Investigational/ Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.
### Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department. Please call (800) 541-6652 or visit the provider portal at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.