Behavioral Health Treatment for Pervasive Developmental Disorders*

Section 3.0 Mental Health
Effective Date
August 29, 2014

Subsection 3.01 Mental Health
Original Policy Date
July 1, 2012
Next Review Date
August 2015

*Per California Senate Bill (SB) 946 / Health and Safety Code Section 1374.73

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 practicable, the functioning of an individual with pervasive developmental disorders (PDDs) or autism.

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 PDDs 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, Fourth Edition-Text Revision® (DSM-IV-TR®, 2000) has established a category of PDDs which includes Autistic Disorder (classic Autism), Asperger's Disorder, Childhood Disintegrative Disorder, Rett's Disorder, and PDD-Not Otherwise Specified. The DSM-V is scheduled for release in May of 2013; changes with respect to the PDDs category of diagnosis are anticipated.

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

Related Policies

None

Policy

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
Medical Policy

covers BHT/ABA when state mandated or when BHT/ABA is specifically included in a member's benefit plan.

Initial Services

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

- An established DSM-IV diagnosis of a Pervasive Developmental Disorder (PDD)
- Either of the following severe challenging behaviors that:
  - Presents a health or safety risk to self or others (such as self-injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior)
  - Significantly interferes with home or community activities or interferes with a return to the developmental potential of the individual
- Less-intensive behavior interventions or treatment has been seriously considered or has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behavior. (i.e., documentation from individualized education program (IEP) and past behavioral treatments indicating that more intensive ABA services are indicated)
- The patient is medically stable and does not require the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care
- A reasonable expectation on the part of a pediatrician, child psychiatrist, or other licensed physician who has completed an initial evaluation of the patient, that the patient's behavior will improve significantly with BHT provided by, or supervised by, a credentialed, contracted qualified autism service provider
- The treatment plan is built upon individualized goals. Objectives are measurable and tailored to the patient and include all of the following:
  - The baseline behaviors must be documented with specific behaviors identified for intervention
  - The progression toward a goal must be measurable and reported in multiple domains
  - Goals must be consistent with developmental and cognitive potential
- Parent or caregiver training and support is incorporated into the treatment plan
- Interventions emphasize generalization of skills and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors
- Interventions are consistent with BHT/ABA techniques (See Policy Guidelines)
- The number of service hours necessary to effectively address the challenging behaviors is listed in the treatment plan

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:

- One of the following:
  - Patient continues to meet the criteria defined in the above admission requirements
Appearance of new problems or symptoms that meet admission requirements

- Reasonable expectation that the patient will benefit from the continuation of BHT services
- The evaluation of effectiveness must be at a minimum of every 3 months
- Measurable progress is documented or there is a reasonable expectation, based on the patient's clinical history and recent clinical experience, that the BHT services are of benefit to the patient, such that withdrawal of BHT services will result in the patient's decompensation or the recurrence of signs or symptoms that necessitated BHT services
- Behavioral health treatment services are not making the symptoms persistently worse

**Discharge Criteria**

Continuation of outpatient behavioral health treatment (BHT)/applied behavior analysis (ABA) is considered **not medically necessary** in any of the following circumstances:

- No meaningful, measurable improvement has been documented in the patient's behavior(s) or for a longer period of 3 months of optimal treatment, and there is no reasonable expectation that termination of the current BHT services would put the patient at risk for decompensation or the recurrence of signs and symptoms that necessitated BHT services

  **Note:** For changes to be considered “meaningful”, they must be durable over time beyond the end of the actual ABA session, and generalizable outside of the BHT services setting to the patient's residence and to the larger community within which the patient resides.

- Behavioral health treatment services are making the symptoms persistently worse
- The patient has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate
- The patient demonstrates an inability to maintain long-term gains from the proposed plan of BHT services
- **Focused** ABA therapy results in a return to the developmental baseline/potential of the individual
- The individual has returned to maximum improvement based upon consideration of cognitive limitations

**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
**BHT/ABA Techniques**

According to SB 946, “behavioral health treatment means professional services and treatment programs, including applied behavioral 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.” Behavioral health treatment is defined as “professional services and treatment programs, including [ABA], and evidence-based behavior intervention programs that develop and restore, to the maximum extent practicable, the functioning of an individual with [PDD] or autism.”

Examples of Established Interventional BHT/ABA Techniques

(Defined by the National Autism Center's National Standards Report, 2009):

- Antecedent Package
- Behavioral Package
- Comprehensive Behavioral Treatment for Young Children (CBTYP)
- Joint Attention Intervention
- Modeling
- Naturalistic Teaching Strategies (NTS)
- Peer Training Package
- Pivotal Response Treatment (PRT)
- Schedules
- Self-Management
- Story-Based Interventions

Note: Aversive therapy, an operant conditioning model that involves punishment, is not a covered service. Reinforcement may only be through positive reinforcement (e.g., social cues, praise, food).

**Coding**

Diagnosis codes for PDD including Autism or Autism Spectrum Disorder (ASD) range from 299.00 through 299.91 (Refer to the Coding section for the CPT/HCPCS codes for BHT/ABA therapy).

**Benefit Application**

Benefit determinations should be based 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)) prohibit 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.
Pervasive developmental disorders (PDDs) are grouped together because of the similarities between them. Symptoms range from mild to severe and commonly involve impairment or disability with communication skills, motor skills, and social skills. Pervasive developmental disorders have been categorized as biologically based, neurodevelopmental conditions with likely genetic origin. There are no clear diagnostic boundaries separating these conditions and it is difficult to distinguish one from another for diagnostic purposes. Autism is the most characteristic and best studied PDD. Autism is almost 5 times more common in boys (1 in 54) than among girls (1 in 252) and the estimated prevalence rate is 1 in 88 children in the United States (Centers for Disease Control and Prevention, 2012).

Diagnostic criteria include:
- Qualitative impairment in social interactions
- Qualitative impairments in communication
- Restricted repetitive and stereotyped patterns of behavior, interests, and activities
- Delays or abnormal functioning (before age 3) in social interaction, language for social communication, or symbolic or imaginative play

Characteristics of Pervasive Developmental Disorders

Autism Spectrum Disorders:
- Autistic Disorder (Autism): Individuals usually have significant language delays, social and communication challenges, and unusual behaviors and interests. Many individuals also have intellectual disability.
- Asperger Syndrome: Individuals usually have some milder symptoms of autistic disorder such as social challenges and unusual behaviors and interests. However, they typically do not have problems with language or intellectual disability.
- Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS) or “atypical autism”: Individuals who do not meet some of the criteria for autistic disorder or Asperger syndrome, but not all, may be diagnosed with this condition. Individuals with PDD-NOS usually have fewer and milder symptoms than those with autistic disorder. The symptoms may cause only social and communication challenges.

Less Common Pervasive Developmental Disorders:
- Rett Syndrome: A childhood neurodevelopmental disorder that affects females almost exclusively. Early symptoms may include loss of muscle tone, slowing of development, and diminished eye contact. Compulsive hand movements and the inability to perform motor functions is the most disabling feature of Rett Syndrome.
- Childhood Disintegrative Disorder (also known as Heller's syndrome): A condition in which children develop normally until ages 2 to 4, but then demonstrate a severe loss of social, communication and other skills.

Currently there is no cure for PDDs or autism or any one single treatment for the disorder. The PDDs and autism 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 children with the disorder as well as their families and/or caregivers (Hayes Inc., 2011). 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. Interventional treatment plans are directed at developing and 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 typical peers in typical settings. In classic IBI therapy (the Lovaas UCLA model, the first year of treatment focuses on the reducing self-stimulatory and aggressive behaviors, teaching imitation responses, promoting appropriate toy play, and extending treatment into the family. In the second year supervised play dates with typically developing peers are introduced with increasing time allotments. In the third year, the focus is on reducing individual instruction and increasing inclusion in classroom settings (general or special education) (Hayes Inc., 2011). Parental involvement is key to long-term treatment success, and is taught to continue behavioral modification training while the child is at home, and sometimes act as the primary therapist (Geller, 1972; Lovaas, 1987; Smith et al., 2000; Howlin, 2005; Howlin et al., 2009; Dawson et al., 2010).

While some BHTs have resulted in some improvements in cognitive performance, language skills, and adaptive behavior skills in some young children; the literature is very limited and hampered by design and methodologic concerns, differences in the treatments and outcomes compared, and inconsistent results (Rothenberg et al., 2009; Hayes Inc., 2011; Warren et al., 2011). Overall, the quality and consistency of the published literature is weak, and the certainty about the effectiveness of these interventions is uncertain (Rothenberg et al., 2009). Additionally, while the initial work by the Lovaas approach of ABA suggested that some high-functioning autistic children undergoing IBI therapy could achieve normal school performance and behavior; these findings have never been replicated by researchers or in other peer-reviewed literature (Hayes Inc., 2011).

This medical policy is based on Senate Bill (SB) 946, Health and Safety Code Section 1374.73 which requires insurers provide coverage of BHT for individuals with PDD or autism. This law became effective July 1, 2012 and the provisions will be inoperative July 1, 2014.

According to SB 946, “behavioral health treatment means professional services and treatment programs, including applied behavioral 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.” Behavioral health treatment is defined as “professional services and treatment programs, including [ABA], and evidence-based behavior intervention programs that develop and restore, to the maximum extent practicable, the functioning of an individual with [PDD] or autism.”

California Health and Safety Code Section 1374.73 defines BHT as follows:

- 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.
- Treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:
A qualified autism service provider.

A qualified autism service professional supervised and employed by the qualified autism service provider.

A qualified autism service paraprofessional supervised and employed by a qualified autism service provider.

- Treatment plan has measurable goals over a specific timeline developed and approved by the qualified autism service provider for the specific patient being treated and is reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate. The treatment plan shall be consistent with the requirements outlined in the Welfare and Institutions Code Section 4686.2.

- 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 insurer upon request.

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

- A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for [PDD] or autism, provided the services are within the experience and competence of the person, entity, or group that 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 [PDD] 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

- Is employed and 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 approved as a vendor by a California regional center to provide services as an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant or Consultant or a Behavior Management Program

- Meets regulatory standards for training and experience in providing services for [PDD] or autism

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

- Is employed and supervised by a qualified autism service provider

- Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism provider
Medical Policy

- Meets regulatory criteria for paraprofessionals in group practice provider behavioral intervention services
- Has adequate education, training, and experience, as certified by a qualified autism service provider

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

Blue Shield will provide coverage for medically necessary outpatient BHT/ABA services for individuals diagnosed with PDD or autism 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.

Documentation Required for Clinical Review

- Consultation reports including: comprehensive diagnostic evaluation and definitive diagnosis
- Copy of the most current individualized education program (IEP)/intervention support program (ISP)
- Treatment plan
- Progress notes or report including specific treatment(s)/intervention(s), treatment plan, and progress (if applicable)
- Discharge summary (if applicable/available)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

MN/NMN

The following services may be considered medically necessary when policy criteria are met. Services are 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</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<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</td>
<td></td>
</tr>
<tr>
<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)</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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)</td>
<td></td>
</tr>
<tr>
<td>0364T</td>
<td>Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time</td>
<td></td>
</tr>
<tr>
<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)</td>
<td></td>
</tr>
<tr>
<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</td>
<td></td>
</tr>
<tr>
<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)</td>
<td></td>
</tr>
<tr>
<td>0368T</td>
<td>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient;</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>0369T</td>
<td>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>0370T</td>
<td>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)</td>
<td></td>
</tr>
<tr>
<td>0371T</td>
<td>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)</td>
<td></td>
</tr>
<tr>
<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</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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)</td>
<td></td>
</tr>
<tr>
<td>G9012</td>
<td>Other specified case management service not elsewhere classified</td>
<td></td>
</tr>
<tr>
<td>H0031</td>
<td>Mental health assessment, by nonphysician</td>
<td></td>
</tr>
<tr>
<td>H0032</td>
<td>Mental health service plan development by nonphysician</td>
<td></td>
</tr>
<tr>
<td>H2014</td>
<td>Skills training and development, per 15 minutes</td>
<td></td>
</tr>
<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes</td>
<td></td>
</tr>
<tr>
<td>S5108</td>
<td>Home care training to home care client, per 15 minutes</td>
<td></td>
</tr>
<tr>
<td>S5110</td>
<td>Home care training, family; per 15 minutes</td>
<td></td>
</tr>
</tbody>
</table>

**ICD-9 Procedure**
None

**ICD-10 Procedure**
For dates of service on or after 10/01/2015
None

**ICD-9 Diagnosis**
299.00 Autistic disorder, current or active state
299.01 Autistic disorder, residual state
299.10 Childhood disintegrative disorder, current or active state
299.11  Childhood disintegrative disorder, residual state
299.80  Other specified pervasive developmental disorders, current or active state
299.81  Other specified pervasive developmental disorders, residual state
299.90  Unspecified pervasive developmental disorder, current or active state
299.91  Unspecified pervasive developmental disorder, residual state

For dates of service on or after 10/01/2015

ICD-10 Diagnosis
F84.0  Autistic disorder
F84.3  Other childhood disintegrative disorder
F84.5  Asperger's syndrome
F84.8  Other pervasive developmental disorders
F84.9  Pervasive developmental disorder, unspecified

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>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2012</td>
<td>New policy</td>
<td>Medical Policy Committee</td>
</tr>
<tr>
<td>8/29/2014</td>
<td>Coding update</td>
<td>Administrative Review</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

This service (or procedure) is considered **medically necessary** in certain instances and **investigational** in others (refer to policy for details).

For instances when the indication is **medically necessary**, clinical evidence is required to determine **medical necessity**.

For instances when the indication is **investigational**, you may submit additional information to the Prior Authorization Department.

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 also be directed to the Prior Authorization Department. Please call 1-800-541-6652 or visit the Provider Portal www.blueshieldca.com/provider.

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.