

SOUND HEALTH & WELLNESS TRUST PPO PLANS
SOUND HEALTH & WELLNESS RETIREE TRUST
Applied Behavior Health Analysis (ABA) Coverage Policy
Effective with Dates of Service March 17, 2016 and after

SPD LANGUAGE

Applied Behavior Analysis (ABA)

Applied Behavior Analysis (ABA) therapy is a covered service when prescribed and monitored by a pediatric neurologist, neurologist, developmental pediatrician, psychologist, or psychiatrist or other treater experienced in the diagnosis and monitoring of patients with autism spectrum disorders with credentials and training acceptable to the Trust and when used in the treatment of autism/autism spectrum disorders as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Credentialed Provider). Coverage requires: (a) utilization of an in network provider when available and (b) utilization of individuals appropriately licensed by the state and/or certified by the Behavior Analyst Certifying Board, **whether the services are provided in network or out of network**. Precertification through the Trust's Utilization Management program is required and will require appropriate diagnostic assessments, individualized treatment plans, and ongoing interval assessments as provided for in the Trust's ABA Coverage Policy. A copy of the Trust's ABA Coverage Policy may be obtained by calling the Trust Office or by visiting the Trust's website.

TRUST POLICY

Applied Behavior Analysis (ABA) therapy for treatment of autism/autism spectrum disorders is a covered service when all of the following conditions are met:

1. When prescribed and monitored by a pediatric neurologist, neurologist, developmental pediatrician, psychologist, or psychiatrist or other treater experienced in the diagnosis and monitoring of patients with autism spectrum disorders with credentials and training acceptable to the Trust, and when used in the treatment of autism / autism spectrum disorders as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Credentialed Provider). Coverage requires utilization of an In Network provider (where available) and precertification through the Trust's current Utilization Management program. Eligibility for coverage will require the following:
2. There must be a diagnosis of a condition on the Autism Spectrum (ICD-10: F84 through F84.9)
3. There are identifiable target behaviors that impact development, communication, appropriate interaction with peers or others in the child's environment, or adjustment to

the settings in which the child typically functions precluding participation in developmentally appropriate essential community activities.

4. There is an individualized treatment plan developed that is child specific, family-focused, community-based, and multi-system, where specific target behaviors are clearly defined. A comprehensive evaluation must have been performed and include identification of targeted behaviors and deficits with appropriate baseline benchmarking including the frequency, rate, symptom intensity and duration of targeted behaviors. A comprehensive treatment plan must also be submitted and must include designated behavior intervention techniques appropriate to the targeted behaviors, reinforcers to be utilized, and strategies for generalization of learned skills with quantifiable criteria for progress and interval evaluation. The plan of care should also include planning for transition through the continuum of interventions, services, and settings, as well as discharge criteria with appropriate interval documentation and reassessments submitted for review as required by the Trust's Health utilization management entity.
5. Parents or custodial adults must be involved in training in behavior techniques so that they can provide additional hours of intervention and there must be ongoing documentation of parental involvement and therapy.
6. All services must be pre-certified to be eligible for coverage.
7. The Plan of Care must also include an assessment of availability and utilization of appropriate community resources including but not limited to services offered through local school districts or early intervention services for pre-school age children.
8. Up to 25 hours of therapies per week may be covered and recertification shall be required for ongoing care at not more than 6 month intervals.
9. Ongoing coverage will require appropriate documentation of all the elements above as well as documenting an appropriate response to therapy. Therapy shall not be custodial in nature. Custodial Care with regard to ABA therapies is defined as care provided when the member has failed to show continuous improvement in physical and or mental function with appropriate therapy as described above, and is therefore considered not likely to result in further significant improvement with continued therapy.
10. Services must be provided by (a) In Network providers where available; and (b) individuals appropriately licensed by the state and / or certified by the Behavior Analyst Certifying Board, whether the services are provided In Network or out of Network.