



PEIA / WVCHIP Medical Necessity and Benefit Guidelines for Autism Spectrum Disorders

Effective Date: 7/01/2012

(Updates to this document can be found at www.peia.gov and www.chip.wv.gov)

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I. Purpose

This policy guideline is issued by the Public Employees Insurance Agency (PEIA) and the West Virginia Children's Health Insurance Program (WVCHIP) to assure medically necessary services for screening, diagnostic assessment, and treatment of Autism Spectrum Disorders (ASD) in accordance with recent changes in West Virginia Code §5-16-7 and §5-16B-6(e). This document outlines PEIA and WVCHIP benefits available to members diagnosed with Pervasive Development Disorders. This document was developed for use by PEIA and WVCHIP agency staff and utilization managers and as a reference tool for providers and members regarding ASD policy and guidelines.

II. Early Screening, Assessment and Diagnostic Services

PEIA and WVCHIP have traditionally covered assessment and diagnostic services necessary for diagnosing an ASD condition; however, it has been noted that general, comprehensive screening practices often lead to a diagnosis of "developmental delay" which may prevent early diagnosis of ASD. PEIA and WVCHIP are committed to working with the primary care physician community and other state child healthcare agencies and programs to improve developmental screening practices in general, and the critical birth to three ages in particular.

Any member who meets these criteria should receive further assessment and diagnostic services for ASD:

- Any loss of any language or social skills at any age; or
- No babbling by 12 months; or
- No gesturing (e.g. pointing, waving bye-bye) by 12 months; or
- No single words by 16 months; or
- No 2-word spontaneous (not just echolalia) phrases by 24 months.

III. Screening and Diagnostic Assessment for Autism

An approved, standardized screening, diagnostic tool, and functional assessment should be administered at any point when concerns about ASDs are raised spontaneously by a parent or as a result of clinician observations. The primary care clinician has a very important role as they, based upon parental concerns and observations will provide an initial developmental screening. Several ASD screening tools are currently in use, and many of them serve the very important goal of improving early detection of these disorders, thereby permitting early and more effective intervention. It is important to recognize that screening tools are not designed to establish an ASD definitive diagnosis, and therefore should not be used to make a diagnosis. Instead, they are used to identify children in need of more detailed and comprehensive assessment, which may lead to a diagnosis. In short, screening tools are

designed to be very brief and easy to administer, and to initiate a process of referral for more definitive evaluation.

A definitive diagnosis for ASD is to be arrived at by any one the following licensed physicians; such as a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist; or a licensed psychologist.

Management of treatment provided to ASD diagnosed individuals is most often provided by a team of ASD specialists such as a licensed physician, licensed psychologist, certified registered nurse practitioner, Board Certified Behavior Analyst (BCBA) , physician assistant, speech therapist / audiologist, occupational therapists, etc.

Listed below are approved standardized screening tools and diagnostic tools:

- A. **Approved Screening Tools:** used in primary care settings
 - MCHAT (Modified Checklist for Autism in Toddlers)
 - PDDST-II PCS (Pervasive Developmental Disorders Screening Test-II, Primary Care Screener)
 - ASQ-SE (Ages and Stages Questionnaire – Social / Emotional)

- B. **Approved Diagnostic Tools:** used in developmental clinical settings and research studies
 - ADOS-G (Autism Diagnostic Observation Schedule – Generic)
 - CARS (Childhood Autism Rating Scale)
 - SCQ (Social Communication Questionnaire) (formerly ASQ)
 - STAT (Screening Tool for Autism in Two-Year Olds)

- C. **Approved Functional Assessment Tool:** used to measure daily living skills without the assistance of others. Must be completed prior to the initiation of ABA therapy and annually thereafter. Must be submitted to the utilization manager with the completed Pre-Certification form
 - Adaptive Behavior Assessment System-Second Edition (ABAS-II)

IV. Covered Diagnoses

Any member who has been diagnosed with ASD prior to their 8th birthday with one of the following primary diagnoses will be provided covered services which are medically necessary and appropriate.

ICD-9 Code	Diagnosis
299.0	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

V. Benefit Limit

All medically necessary ABA therapy shall be limited to \$30,000 per member per year for three consecutive years from the date treatment starts for a member with a diagnosis of ASD prior to the member's eighth birthday. After the third consecutive year of treatment is concluded, ABA therapy coverage shall not exceed \$2,000 per month until the individual reaches his/her 18th birthday (19th for WVCHIP Members), or is no longer eligible for PEIA or WVCHIP coverage, and as long as treatment is determined medically necessary and in accordance with treatment plan requirements described in this policy guideline.

All other autism treatments covered under the PEIA and WVCHIP benefit will follow established guidelines as outlined in the most current Summary Plan Description (SPD).

VI. Coverage

Children from the ages of 18 months to the members 18th birthday (19th birthday for WVCHIP members);

The following services may be included in the assessment, diagnosis, and treatment of autism and/or other pervasive developmental disorders (PDD):

- Diagnostic assessments of ASD including diagnostic tests to rule out underlying cause
- Medical evaluation (complete medical history and physical examination)
- Medically necessary evaluations/assessments or tests performed by a licensed physician such as a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner
- Developmental screening with an instrument with predictive validity for ASD (see Section III for list of approved screening and diagnostic assessment instruments).
- Evaluation by speech-language pathologist
- Formal audiological hearing evaluation by an audiologist
- Parent and/or child interview (including siblings of children with ASD)
- Behavioral assessment by a behavioral health licensed practitioner.
- Psychiatric assessment for differential diagnosis, co-morbidity, or problem behaviors.
- Prescription Medications (those FDA-approved specifically for treatment of ASD)
- Medical management, and other medically necessary outpatient psychiatric services
- Psychological or cognitive assessment by a licensed psychologist is covered if medically necessary for clarifying the diagnosis
- Interventions and therapeutic services;
 - Applied Behavioral Analysis (ABA)
 - Discrete Trial Training (DTT)
 - Speech/language therapy
 - Occupational therapy
 - Physical therapy

VII. Requirements for Coverage

1. The member must be diagnosed with a primary ASD diagnosis by the eighth birthday or younger by a licensed physician such as a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist, or a licensed psychologist. Members with an established primary ASD diagnosis (diagnosis made by 8th birthday) newly enrolled in the PEIA or WVCHIP program will also be covered under this benefit, as long as the diagnosis was made by the 8th birthday.
2. Pre-certification is required for ABA and some services. Requests must be made prior to services being rendered. Backdating of pre-certifications will not occur. See www.peia.gov or www.wv.chip.gov for pre-certification forms (see attached form).
3. Treatments determined to be medically necessary, appropriate, **ordered and prescribed by a licensed physician such as a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist, or a licensed psychologist for a diagnosis of ASD will be covered.**
4. Initial and ongoing requests for ABA services at the initial request and each six month (three month for WVCHIP) review must be case managed by WVPEIA's and WVCHIP's utilization review manager.
5. Any Applied Behavior Analysis (ABA) treatment/intervention plan shall be developed by a Board Certified Behavior Analyst (BCBA) (the Analyst) and must have clear goals based on identifiable and quantifiable, maladaptive behaviors prioritized according to functional impact; individualized according to the child's strengths, developmental stage and cognitive abilities; and accommodating the family's wishes. Techniques and procedures to be used (such as *prompting, modeling, fading, or reinforcing* appropriate to the target behaviors and the child's strengths) should be documented on a plan of treatment; provided intensively by the Analyst; taught to the parent(s)/caregivers so that they can provide additional hours of intervention (non-reimbursable). The response (or lack of response) must be measured so as to lead to adjustments in the treatment plan. These assessments must consistently report objective measures at the start, during, and after the treatment as specified when the plan is carried out in order to support justification for continuation of services. Such measures will be a part of medical necessity review by the case manager every six months (three months for WVCHIP).
6. There must be coordination with school and other community resources as appropriate, so that the child's need for structure, predictability, environmental modifications, and opportunities to interact with typically developing children are all consistent with overall treatment plan goals.
7. Implementation of ABA treatment/intervention plan by the analyst must be carried out by the BCaBA (Board Certified assistant Behavior Analyst) (the Assistant) and/or those front line service workers under the supervision of the BCBA (unlicensed – non-certified individuals).
8. Any covered therapy services must be provided by a licensed physical, speech, or occupational therapist, as appropriate. Any comprehensive evaluations or re-evaluations of the member must include plan results with measurable outcomes. Evaluations must consistently report objective measures at the start, during, and after the treatment as specified when the plan is carried out in order to support justification for continuation of services. Such measures will be part of the medical necessity review by the case manager every six months (three months for WVCHIP).
9. Monthly progress notes/reports are required to accompany any treatment plans of ABA services and must be filed with six month (three month for WVCHIP) reviews by the case manager.
10. Other therapy or treatment including occupational therapy, speech therapy, physical therapy follow benefit limits as outlined in the Summary Plan Description (SPD).
11. For approval to continue treatment, objective evidence or a clinically supported statement of expectation must show that 1) the individual's condition is improving in response to treatment/intervention; 2) maximum improvement resulting from this treatment/intervention is

yet to be attained; and 3) there is an expectation that the anticipated improvement is realistically attainable in a reasonable and generally predictable time period.

VIII. Treatment Plan Requirements

1. All treatments must be identified as part of a Comprehensive Treatment Plan (CTP) or Individual Program Plan (IPP):
 - Treatments must be part of a current CTP or IPP and ***prescribed by a licensed physician or licensed psychologist.***
 - All ABA and other therapy services must have written plans which take into account all other services and interventions so as to assure there is no overlap, duplication, or work at cross-purpose in such a manner as to be counter-productive for the member.
 - Member will select a primary Analyst who will be responsible for the ABA treatment plan, and who will supervise the Assistant and other front line service workers (unlicensed, non-certified individuals) in the implementation of the ABA plan and services provided to the member.
 - Treatment plans will be reviewed every six months (three months for WVCHIP) for medical necessity which includes a review of assessments and progress reports.
2. Diagnostic assessment results shall be valid for a period of not less than twelve (12) months, unless a licensed physician or licensed psychologist determines an earlier assessment is necessary.

IX. Non Covered Services

Assessment and Diagnostic procedures and treatment services that are not evidence based are considered not medically necessary and include but are not limited to the following:

1. Complimentary Alternative Medicines (CAMs) include but are not limited to:
 - Animal or pet assisted therapy
 - Hair analysis for trace elements
 - Neuroimaging studies such as Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Magnetic Resonance Spectroscopy (MRS), Positron Emission Tomography (PET), Single Photon Emission Computed Tomography (SPECT), and fMRI (Functional Magnetic Resonance Imaging)
 - Allergy testing (including food allergy for gluten, casein, candida, and other molds; allergen specific IgG and IgE)
 - Nutritional testing (e.g., testing for arabinose and tartaric acid)
 - Tests for micronutrients such as vitamin levels
 - Homeopathic medicine
 - Meditation, dance therapy, drama therapy, auditory integration training, behavioral optometry, craniofacial manipulation, dolphin assisted therapy, music therapy and facilitated communication.
 - Chelation therapy, digestive enzymes, antifungal agents, probiotics, secretin, dietary restrictions (gluten-free, yeast-free diets), vitamins, nutritional supplements, or diet-oriented therapy, hyperbaric oxygen therapy, hydrotherapy, etc.
 - Deep pressure, craniosacral therapy, other chiropractic manipulations.
 - Energy therapy (Reiki, electromagnetic fields)
2. Experimental and Investigational treatments for which there is insufficient medical evidence in medical literature:

- Acupuncture
 - Antifungal medications
 - Anti-viral medications
 - Chelation therapy
 - Cognitive rehabilitation
 - Herbal remedies
 - Facilitated communication
 - Floor-time therapy
 - Holding therapy
 - Immune globulin infusion
 - Manipulative therapy
 - Massage therapy
 - Neurofeedback/EEG biofeedback
 - Sensory integration therapy
 - Stem cell transplantation
 - Tomatis sound therapy
 - Vision therapy
 - Weighted blankets/vests
3. Over the Counter (OTC's) Medications
 4. Benefits will not be provided to reimburse individuals for services related to the treatment and diagnosis of autism spectrum disorders when provided by school personnel for an individualized education program (IEP), or benefits provided under the Individuals with Disabilities Education Act (I.D.E.A.).

X. Definitions

Autism Spectrum Disorder: (ASD) means any pervasive developmental disorder, including autistic disorder, Asperger's Syndrome, Rett syndrome, childhood disintegrative disorder, or Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Autism Service Provider: a person, entity or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is licensed or certified in West Virginia with at least one year's experience in serving the ASD population.

Applied Behavior Analysis (ABA): The practice of ABA is defined as the application of the principles, methods, and procedures of the experimental analysis of behavior and applied behavior analysis (including principles of operant and respondent learning) to assess and improve socially important human behaviors. It includes, but is not limited to, applications of those principles, methods, and procedures to (a) the design, implementation, evaluation, and modification of treatment programs to change behavior of individuals; (b) the design, implementation, evaluation, and modification of treatment programs to change behavior of groups; and (c) consultation to individuals and organizations. The practice of behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Board Certified Assistant Behavior Analyst (BCaBA) [the Assistant]: As certified by the National body known as the Behavior Analyst Certification Board (BACB), the Assistant designs and oversees interventions but may need technical direction from the Analyst for unfamiliar situations. The Assistant is

able to teach others (i.e. non-billable participants, such as parents, family members, etc.) to carry out interventions once competency with the procedures involved has been established under the direct supervision of the Analyst. The Assistant may assist the Analyst with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each Assistant practice under the supervision of an Analyst. PEIA and WVCHIP follow the guidelines of the Behavior Analyst Certifying Board (BACB) which outlines both conduct and expectations of the Assistant in the document: Guidelines for Responsible Conduct for Behavior Analysts, which can be found on their website <http://www.bacb.com/index.php>. Competency and supervision must be verified annually and submitted to supervisor.

Board Certified Behavior Analyst (BCBA) [the Analyst]: As certified by the National body known as the Behavior Analyst Certification Board (BACB), the Analyst is an independent practitioner who conducts behavioral assessments, including functional analyses, and provides behavioral analytic interpretations of the results. The Analyst designs and supervises behavioral analytic interventions and plans. Analysts supervise the work of the Assistant and others who implement behavior analytic interventions. PEIA and WVCHIP follow the guidelines of the Behavior Analyst Certifying Board (BACB) which outlines both conduct and expectations of the Assistant in the document: Guidelines for Responsible Conduct for Behavior Analysts, which can be found on their website <http://www.bacb.com/index.php>.

Comprehensive Treatment Plan (CTP): a plan of treatment approved by a licensed physician or psychologist working with, or reviewing with, an interdisciplinary team designated with overall responsibility for treatment services a child with ASD receives, including but not limited to pharmaceutical treatments; all therapies: speech, PT, OT, ABA plans and services; physician or psychological treatments or other interventions, including those provided in any other context (e.g. educational, privately-funded) whether or not they are covered benefits under the member's plan as long as their intent is to improve function or significantly improve social behavior or skills.

Diagnostic Assessment: medically necessary assessments, evaluations or tests performed by a licensed physician such as; a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist; or a licensed psychologist to diagnose whether an individual has an autism spectrum disorder.

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV): the reference manual used by psychiatrists, therapists, and mental health specialists in the diagnosis, treatment and management of all forms of mental disorders.

Evidence based: Refers to efficacy established through peer-reviewed research. Level 1 evidence is required (that is evidence obtained from at least one properly designed randomized controlled trial) as defined by the U.S. Preventive Services Task Force for ranking evidence about the effectiveness of treatments or screening.

Front Line Service Worker: individuals who are supervised by the BCBA to carry out direct ABA services to the member, currently unlicensed, non-certified. (Per Summary Plan Description (SPD) "services rendered by a provider with the same legal residence as a participant, or who is a member of the policyholder's family, including [but not limited to] spouse, brother, sister, parent or child" are not covered under the plan.).

Individual Education Plan (IEP): the legal document that defines an individual's special education program and includes the disability under which the individual qualifies for Special Education Services, the services the school will provide, the individual's yearly goals and objectives and any accommodations that must be made to assist in the individual's learning.

Individual Program Plan (IPP): the required document outlining activities that primarily focus on the establishment of a potentially life-long, person-centered, goal-oriented process for coordinating the range of services, instruction and assistance needed by members. It is designed to ensure accessibility, accountability, and continuity of support and services. The content of the IPP must be guided by the member's needs, wishes, desires and goals but based on the member's assessed needs.

Objective Evidence: standardized patient assessment instruments with determined outcome measurements tools or measureable assessments of functional outcome.

Psychiatric Care: face to face direct or consultative services provided by a physician who is board certified in psychiatry.

Psychological Care: face to face direct or consultative services provided by a licensed psychologist.

Rehabilitative Care: professional services and treatment programs, including applied behavioral analysis, provided by a certified autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.

Therapeutic Care: means services provided by speech language pathologists, occupational therapists or physical therapists.

Treatment Plan/Intervention Service Plan: a written document plan identifying a treatment or intervention developed pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

References

1. WV Legislative Code §5-16-7 and §5-16B-6e, effective June 8, 2012.
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3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR)* Washington, DC; American Psychiatric Publishing 2000.
4. McInerny TK, Adam HM, Campbell DE, Kamat DM, Kelleher KJ, eds. *American Academy of Pediatrics Textbook of Pediatric Care.* Elk Grove Village, IL: American Academy of Pediatrics; 2009.
5. Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults with Autism and other Pervasive Developmental Disorders, American Academy of Child and Adolescent Psychiatry Working Group on Quality Issues, *Journal American Academy Child and Adolescent Psychiatry, Volume 38, 12/1999.*
6. Behavior Analyst Certification Board website for credentialing at <http://www.bacb.com/index.php>.
7. Identification and evaluation of children with autism spectrum disorders. *Pediatrics.*2007; 120(5):1183.

8. Childhood Autism Rating Scale (CARS) and Autism Behavior Checklist (ABC) correspondence and conflicts with DSM-IV criteria in diagnosis of autism. *J Autism Dev Disord.* 2004;34(6):703.
9. Adaptive Behavior Assessment System-Second Edition (ABAS-II) Western Psychological Services; summary by: Patti Harrison, Ph.D., and Thomas Oakland, Ph.D.

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Billing Codes for ABA Services As of July 2012

CODE	Description	Unit of Service	Maximum Units	Fee
H0031	Services provided by the BCBA (Analyst) that includes behavioral assessment or objective evaluation consisting of activities such as functional assessment of targeted behavior and analysis of behavioral data	Event	1	\$120.00 <i>(Does not count toward max)</i>
H0032	Services provided, by the BCBA (Analyst) that includes development of the initial ABA treatment plan; development of behavioral protocols, guidelines, methodology for intervention; collaboration with treatment team including therapeutic consultants to ensure that ABA strategies are consistently applied within all training strategies; training and supervision of the BCaBA (Assistant), front line service workers and family members to implement the plan by model training strategies; and, observation of staff and family to ensure proper implementation; re-assessment; evaluation and monitoring effectiveness of the ABA plan	30 minutes	40 units/week	\$58.28
H2012	Direct, individual ABA intervention services by the BCBA (Analyst) 1:1	15 minutes	*32 units units/day-160 units/ week in combination with H2019, H2014, H2014U4	\$17.43
H2019	Direct, individual ABA intervention services by the BCaBA (Assistant) 1:1	15 minutes	*32 units units/day-160 units/ week in combination with H2012,H2014,H2014U4	\$17.43
H2014	Direct, group ABA intervention services by the BCaBA (Assistant) 1:2-4	15 minutes	*32 units units/day-160 units/ week in combination with H2012,H2019,H2014U4	\$11.79
H2014U4 BCBA/BCaBA bills for this service	Skills Training and Development, 1:1 by non-certified, non-licensed individuals for ABA plan implementation	15 minutes	*32 units/day-160 units/week in combination with H2012, H2019m H2014, H2014U5	\$5.50
H2014U5 BCBA/BCaBA bills for this service	Skills Training and Development, 1:2 by non-certified, non-licensed individuals for ABA plan implementation	15 minutes	*32 units units/day-160 units/ week in combination with H2012 H2019,H2014,H2014U4	\$2.50