



## APPLIED BEHAVIOR ANALYSIS MEDICAL NECESSITY GUIDE

**Note:** If there is a discrepancy between this guideline and a member's plan of benefits, the benefits plan will govern. In addition, coverage (and coverage limits) may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members.<sup>1</sup>

### **Purpose:**

This guideline is an instrument the clinician uses to aid in the decision making process that determines the type and intensity of services needed by a child with a condition on the Autism Spectrum. If the treatment is provided in an inpatient, residential, or partial hospitalization setting, medical necessity for coverage at that level of care is determined using Aetna's Level of Care Assessment Tool (LOCAT) and specific authorization for ABA is not needed in addition. Reviews using LOCAT occur at a frequency commensurate with the level of care. Prior to discharge from one of these higher levels of care, a review using the guideline below for medical necessity of ABA following discharge is needed.

### **Essential elements:**

1. There must be a diagnosis of a condition on the Autism Spectrum (ICD-9: 299 through 299.9; ICD-10: F84 through F84.9)
2. There are identifiable target behaviors having an impact on development, communication, interaction with typically developing peers or others in the child's environment, or adjustment to the settings in which the child functions, such that the child cannot adequately participate in developmentally appropriate essential community activities such as school. The ABA is not custodial in nature (which Aetna defines as care provided when the member "has reached the maximum level of physical or mental function and such person is not likely to make further significant improvement" or "any type of care where the primary purpose of the type of care provided is to attend to the member's daily living activities which do not entail or require the continuing attention of trained medical or paramedical personnel.") Plan documents may have variations on this definition and need to be reviewed.
3. Parent(s) (or guardians) must be involved in training in behavioral techniques so that they can provide additional hours of intervention.
4. There is a time limited, individualized treatment plan developed that is child-centered, strengths-specific, family-focused, community-based, multi-system, culturally-competent, and least intrusive; where specific target behaviors are clearly defined; frequency, rate, symptom

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<sup>1</sup> [Exhibit A](#), attached to this Guide, addresses medical necessity review for Maryland plans subject to the law of the State of Maryland. Additional state laws and regulations may apply in other states

intensity or duration, or other objective measures of baseline levels are recorded, and quantifiable criteria for progress are established; describing behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills are specified; and there is documentation of planning for transition through the continuum of interventions, services, and settings, as well as discharge criteria.

5. There is involvement of community resources to include at a minimum, the school district if the child is 3 or older, or early intervention if not.
6. Services must be provided directly or billed by individuals licensed by the state or certified by the Behavior Analyst Certifying Board unless state mandates, plan documents or contracts require otherwise. If state mandates, plan documents or contracts allow authorization for services that are not directly provided by individuals licensed by the state or certified by the Behavior Analyst Certifying Board, there must be supervision of the unlicensed or non-certified providers, unless state mandates, plan documents or contracts require otherwise. Supervision is to be documented and is defined as at least one hour of face-to-face supervision of the unlicensed or non-certified provider by a certified behavior analyst or licensed psychologist for each ten hours of behavioral therapy by the supervised provider, and at least one hour a month face-to-face, on-site with the patient.

**Medical Necessity Criteria for Initiation of Applied Behavior Analysis:**

<b>Initiation</b>	<b>All 6 criteria must be evaluated</b>			
1. Essential elements are met. (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. A functional behavioral assessment is planned to be completed within the first 60 days where specific target behaviors are clearly defined. (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. The frequency, rate, symptom intensity or duration, or other objective measure of baseline levels of each target behavior is recorded and quantifiable criteria for progress are established. (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. The level of impairment (calculated below) justifies the number of hours requested (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Assessment of Symptom Severity (this can be used as a guide)</b>				
	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
<b>Functional Impairment</b>	(0 hours)	(1 or 2 hours)	(3 or 4 hours)	(5 hours per week)

<b>Safety:</b> aggression, self-injury, property destruction				
<b>Communication:</b> Problems with expressive or receptive language, poor understanding or use of non-verbal communications, stereotyped or repetitive language				
<b>Socialization skills:</b> Lack of social/emotional reciprocity, failure to seek or develop shared social activities				
<b>Maladaptive behavior:</b> Self-stimulating through repetitive/stereotyped motions; abnormal, inflexible, or intense preoccupations				
<b>Self-care:</b> Difficulty recognizing danger/risks, or advocating for self; problems with grooming/eating/toileting skills				
5. Specific type, duration and frequency of interventions are tied to the function served by the specific target behaviors. (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. Parent is to be trained and required to provide specific additional interventions. (Y/N)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
All six criteria above must be evaluated. Based on scientific literature and the Aetna clinician's judgment following his/her review, the initial authorization may be for up to 25 hours per week for up to 6 consecutive months, unless state mandates dictate otherwise, or there is clinical support for more than 25 hours. Further clinical review (by a Medical Director or Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information. If appropriate, the functional assessment developed while at a higher level of care can be used following step down to an outpatient or intensive outpatient setting.				

**Medical Necessity Criteria for Continuation of Applied Behavior Analysis:**

<b>All 6 sections/criteria must be evaluated:</b> If progress has not been measurable, a new functional analysis; appropriate consultations from other staff or experts; and changes in interventions need to be arranged	
1. Essential elements for initiation are still met. (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Re-evaluation has been performed (every 6 months) to assess the need for ongoing ABA; <b>OR</b> , validated assessments (such as IQ, communication level, an autism scale) have been done every 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. The frequency of the target behavior has diminished since the last review, or if not, there has been	Yes <input type="checkbox"/> No <input type="checkbox"/>

modification of the treatment or additional assessments have been conducted.				
4. The level of impairment (calculated below) justifies the number of hours requested) for ABA. (Y/N) <b>AND</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Assessment of Symptom Severity</b> (this can be used as a guide)				
	<b>None/ Goals met</b>	<b>Mild/ Improved</b>	<b>Moderate or unchanged</b>	<b>Severe/ regressed</b>
	(0 hours)	(1 or 2 hours)	(3 or 4 hours)	(5 hours per week)
<b>Safety:</b> aggression, self-injury, property destruction				
<b>Communication:</b> Problems with expressive or receptive language, poor understanding or use of non-verbal communications, stereotyped or repetitive language				
<b>Socialization skills:</b> Lack of social/emotional reciprocity, failure to seek or develop shared social activities				
<b>Maladaptive behavior:</b> Self-stimulating through repetitive/stereotyped motions; abnormal, inflexible, or intense preoccupations				
<b>Self-care:</b> Difficulty recognizing danger/risks, or advocating for self; problems with grooming/eating/toileting skills				
5. Parent(s) have received retraining on these changed approaches. (Y/N) <b>AND</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. The treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (schools as an example) as progress occurs. (Y/N)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
All six criteria above must be evaluated. Based on scientific literature and the Aetna clinician's judgment following his/her review of treatment progress and response to intervention, the continued authorization is adjusted (up or down) based on clinical justification or may be continued for up to 25				

hours per week for up to 6 consecutive months, unless state mandates dictate otherwise, or there is clinical support for more than 25 hours. Further clinical review (by a Medical Director or Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information.

**Termination of Applied Behavior Analysis:**

**Termination:** A child’s progress is to be evaluated every 6 months. A child not making progress would be transitioned to other appropriate services. When it becomes clear that a treatment is ineffective, or the treatment is no longer needed, this must be communicated to the family and provider

1. The essential elements are no longer met. (Y/N) <b>OR</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. The severity of the target behaviors has diminished to an extent that there is less interference with ability to function. (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. There has been a generalization of training so that target behaviors do not recur in the child’s natural environment (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. The improvement is sustainable in the home, school or other natural environment or in a less intensive treatment settings, (Y/N) <b>AND</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Caregivers are trained and can continue with interventions (Y/N)	Yes <input type="checkbox"/> No <input type="checkbox"/>

### **EXHIBIT A: Medical Necessity Review for Maryland Plans**

Pursuant to Maryland insurance regulation COMAR 31.10.39, Aetna will apply the following criteria when assessing medical necessity for applied behavior analysis for plans subject to Maryland law.

1. The child's primary care provider or specialty physician must perform a comprehensive evaluation identifying the need for applied behavior analysis for the treatment of autism or autism spectrum disorder.
2. Such primary care provider or specialty physician must prescribe the treatment and such prescription must include specific treatment goals.
3. Such treatment shall be reviewed annually for medical necessity with the primary care provider or specialty physician, and in consultation with the applied behavior analysis provider. Such utilization review shall include the following:
  - a. Documentation of benefit to the child;
  - b. Identification of new or continuing treatment goals; and
  - c. Development of a new or continuing treatment plan.
4. The applied behavior analysis provider must be licensed, certified, or otherwise authorized under the Maryland Health Occupations Article or similar licensing, certification, or authorization requirements of another state or U.S. territory where the services are provided.
5. The initial authorization may be for up to 25 hours per week for up to 12 consecutive months, unless there is clinical support for more than 25 hours. Further clinical review (by a Medical Director or Clinical Consultant) may be sought for requests for more hours than are supported by the available clinical information.
6. Coverage may be subject to limitations in a health benefit plan relating to coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, case management provisions, and co-payments, co-insurance, and deductible amounts.

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shíká a'doowoł nínízingo Diné k'ehjí naaltsoos bee atah nílįigo nanitinígíí béesh bee hane'ė bikáá' áajį' t'áá jíík'e hólne'. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Për asistencë në gjuhën shqipe telefononi falas në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ለአማርኛ ቋንቋ እገዛ በመታወቅያዎ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

Լեզվի ցուցաբերած աջակցության (հայերեն) Ձանգահարեք թիվը նշված է ձեր ID քարտի առանց գնով: (Armenian)

Niba urondera uwugufasha mu Kirundi, twakure ku busa ku inomeru iri ku ikarata karangamuntu yawe. (Bantu-Kirundi)

Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawga ang numero nga gilista sa imong kard sa kailhanan nga walay bayad. (Bisayan-Visayan)

বাংলায় ভাষা সহায়তার জন্য আপনার আইডি কার্ডে যে নম্বরটি তালিকাভুক্ত রয়েছে বিনামূল্যে তাতে কল করুন। (Bengali-Bangala)

ငွေကုန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား) ဖြင့် ဘာသာစကားအကူအညီရယူရန် သင့်အိုင်ဒီကတ် ပေါ်တွင် ပေးထားသည့်ဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။ (Burmese)

Per rebre assistència en (català), truqui al número de telèfon gratuït que apareix a la seva targeta d'identificació. (Catalan)

Para ayuda gi fino' (Chamoru), ågang l numiru ni mangaige gi iyo-mu 'ID card', sin gåstu.. (Chamorro)





Bé m̄ ké gbo-kpá-kpá dyé dé Bāsóò wùdùùn wēε, d́á nòbà b́é ɔ cééà b́ó nì dyí-dyòìn-b́èè k̄ōε b́ó pídyi.  
(Kru-Bassa)

بۆ وەرگرتنی رینوینی پینوئیدار به زمان به زمان به ژماره‌ی خۆراییی نووسراو له کارتی پیناسی خۆتاندا په‌یوهندی بکهن. (Kurdish)

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ,  
ກະລຸນາໃຫ້ຫາໝາຍເລກທີ່ລະບຸໃນບັດປະຈຳຕົວຂອງທ່ານໃດໆບໍ່ເສຍຄ່າໃຫ້. (Laotian)

तील भाषा (मराठी) सहाय्यासाठी तुमच्या आयडी कार्डवर सूचिबद्ध करण्यात आलेल्या क्रमांकावर  
कोणत्याही खर्चाशिवाय कॉल करा. (Marathi)

Ñan bōk jipañ ilo Kajin Majol kwon kallok nōmba eo ej walok ilo kaat in ID eo aṃ ejjelok wōnān.  
(Marshallese)

Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl nempe me sansal pohn noumw ID  
koard ni sohte isais. (Micronesian-Pohnpeian)

សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ  
សូមទូរស័ព្ទតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នកដោយឥតគិតថ្លៃ។ (Mon-Khmer,  
Cambodian)

(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन  
गर्नुहोस् । (Nepali)

Tën kuɔny ë thok ë Thuɔŋjäŋ cɔl akuën cī reec ë kaaddu kōu kecīn ayöc.(Nilotic-Dinka)

For språkassistanse på norsk, ring nummeret på ID-kortet ditt kostnadsfritt. (Norwegian)

Fer Hefle in Deitsch, ruf die Fonnummer aa die uff dei ID Kaarde iss. Es Aaruf koschtet nix.  
(Pennsylvania Dutch)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه‌ای با شماره‌ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی  
(Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de  
identificação. (Portuguese)

(Punjabi) ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ।

Pentru asistență lingvistică în românește telefonați la numărul gratuit indicat pe cardul dvs. de membru de  
la Aetna. (Romanian)



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Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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