Medical Coverage Policy

Intensive Behavioral Intervention Based on Applied Behavior Analysis for Autism Spectrum Disorders

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other


☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

Description:

Autism is a complex developmental disability that causes problems with social interaction and communication. Autism is classified as a "spectrum" disorder, a group of disorders with similar features. Autism spectrum disorders (ASDs) include autistic disorder, Asperger syndrome, and pervasive development disorder not otherwise specified. The broader term, pervasive developmental disorder, may also be used to describe autism. Pervasive developmental disorder (PDD) includes autism spectrum disorders, childhood disintegrative disorder, and Rett syndrome.

Behavioral therapy programs which utilize operant conditioning techniques have been proposed as an effective intervention for children with ASDs. A number of discipline-specific intensive intervention programs have been advocated for the treatment of autism, including Lovaas therapy, the Rutgers Program, the LEAP Program, the Denver Program, the Autism Preschool Program, and TEACCH Program. Intensive behavioral intervention therapy involves highly structured techniques that are delivered by a therapist on a one-to-one basis 25 to 40 hours per week for a period of 2 to 3 years. The objectives of treatment are to improve the child's early social communication and social interaction skills, leading to the potential development of play and flexibility of behavior. The National Academy of Sciences (2001) concluded that, although there is substantial research supporting the effectiveness of comprehensive programs in contrast to less intense, nonspecific interventions, "there is little evidence concerning the effectiveness of discipline-specific therapies, and there are no adequate comparisons of different comprehensive treatments."

These programs should not be confused with early intervention programs. Early intervention programs consists of coordinated multidisciplinary care that involves combinations of traditional therapies such as physical, occupational and/or speech therapy, psychological counseling for families, nursing care, and physical or social stimulation for children from infancy to three years of age who have developmental delays or have a high potential for developmental delay. (See Early Intervention policy for full details).

The Blue Cross Blue Shield Association's Special Report: Early Intensive Behavioral Intervention Based on Applied Behavior Analysis among Children with Autism Spectrum Disorders examined the effectiveness of behavioral therapy programs for children with ASDs. The study addressed the following questions: 1. How effective is EIBI in improving the functioning of children with autism spectrum disorders, and how does it compare to other early intervention approaches? 2. Can patient characteristics be
identified that predict better outcomes from EIBI? 3. Does the effect of EIBI vary with the intensity of treatment?

Sixteen studies were abstracted, including 2 randomized, controlled trials; 9 nonrandomized, comparative studies; and 5 single-arm studies. No studies were found that included children with Asperger’s disorder; 4 studies explicitly included children with PDD or PDD-NOS. The 5 single-arm studies addressed Questions 2 and 3; this study design could not provide information on Question 1. Overall, the quality and consistency of results of this body of evidence are weak. Consequently, no conclusions can be drawn from this literature on how well EIBI works. Weaknesses in research design and analysis, as well as inconsistent results across studies, undermine confidence in the reported results. It is important to distinguish between certainty about ineffectiveness and uncertainty about effectiveness. Based on the weakness of the available evidence, there is uncertainty about the effectiveness of EIBI for ASDs.

There is insufficient evidence in the published medical literature to demonstrate the long-term effectiveness and impact on health outcomes of intensive early intervention programs for child with autism. The effectiveness of specific intervention strategies, the duration and intensity of the interventions and the characteristics of children who respond have not been established.

Medical Criteria:
Not applicable.

Policy:
Intensive behavioral intervention therapy, including but not limited to, Early Intensive Behavioral Intervention (EIBI), Intensive Behavioral Intervention (IBI), Applied Behavior Analysis (ABA), Lovaas Therapy, or Treatment and Education of Autistic and Related Communication-handicapped Children (TEACCH), is a contract exclusion for some members (please refer to the member agreement) and is considered not medically necessary for all other members due to the lack of scientific peer-reviewed literature that demonstrates the effectiveness.

Coverage:
Benefits may vary. Please refer to the appropriate Member Certificate, Subscriber Agreement, or Benefit Booklet for applicable contract exclusion OR not medically necessary benefits/coverage.

Codes:
There are no codes specific to intensive behavioral intervention therapy. Some providers incorrectly report these services by utilizing codes for physical therapy (PT), occupational therapy (OT), speech, or behavioral health (BH). When used for intensive behavioral intervention therapy, including but not limited to, Early Intensive Behavioral Intervention (EIBI), Intensive Behavioral Intervention (IBI), Applied Behavior Analysis (ABA), Lovaas Therapy, or Treatment and Education of Autistic and Related Communication-handicapped Children (TEACCH), the services are not medically necessary or not covered depending on the subscriber agreement.

Also known as:
Not applicable

Related Topics:
None

Published:
Provider Update, January 2010
Provider Update, August 2010
Provider Update, August 2011

References:
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.