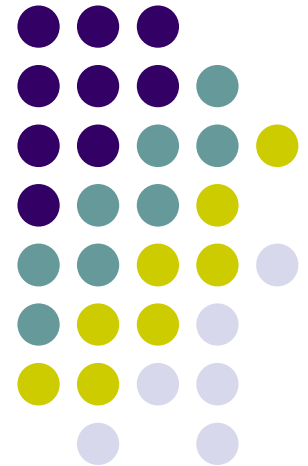
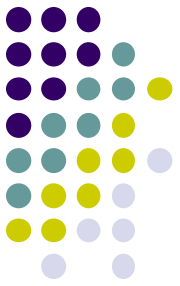


Applied Behavior Analysis: Research, Standards of Care, and Health Insurance Coverage

Gina Green, PhD, BCBA-D
ggreen3@cox.net

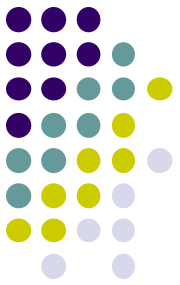
*Presentation to the National Academies Committee Conducting
an Independent Analysis of Department of Defense's
Comprehensive Autism Care Demonstration Program
Washington, DC – January 11, 2024*





Disclosures

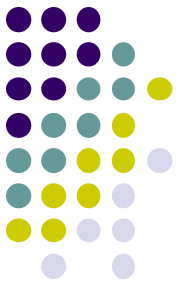
- Semi-retired, self-employed consultant
- Current paid consulting:
 - Partners Behavioral Health (private company)
 - California Association for Behavior Analysis (**nonprofit** professional association)



Disclosures

- Other affiliations (all **volunteer** roles with **nonprofit** entities):
 - ABA Coding Coalition – ABA Consultant
 - Autism Commission on Quality – Standards Committee, Outcomes Work Group
 - Mission Alpha Advocacy - Board of Directors
 - Association for Science in Autism Treatment - Advisory Board
 - B.F. Skinner Foundation – Advisory Board

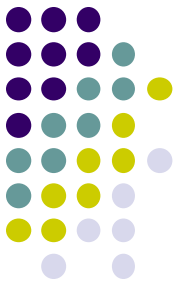
In this presentation I am not representing or speaking for any of the organizations listed.



Disclosures

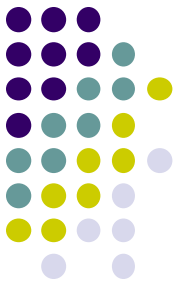
Royalties:

Johnston, J.M., Pennypacker, H.S., & Green, G.
(2020) *Strategies and Tactics of Behavioral
Research and Practice (4th ed)*. New York:
Routledge



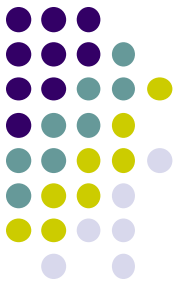
Disclosures

- Involvement with TRICARE Autism Care Demonstration (ACD):
 - At request of military families, started advocating for TRICARE to cover ABA services and working with DoD officials on policies in 2007 (volunteer)
 - Continued that work 2009 – 2022 as Executive Director/CEO of Association of Professional Behavior Analysts, whose mission included advocating for public policies affecting the practice of applied behavior analysis
 - Since 2022, have been supporting efforts of Mission Alpha Advocacy (nonprofit for military families with children with exceptional needs) as volunteer member of Board
 - Have never been a TRICARE provider
 - Have never been affected materially by TRICARE ACD policies



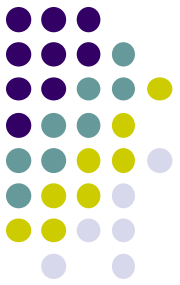
Behavior analysis

- A natural science of behavior interacting with environmental events
- A discipline with
 - Conceptual, experimental, and applied branches
 - Distinct research methods
 - Professional organizations
 - University training programs
 - Textbooks and journals
 - Practitioner credentialing standards



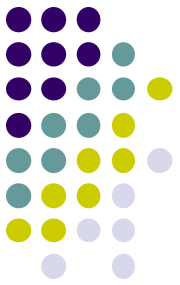
Applied behavior analysis (ABA)

- Application of principles and procedures discovered through research to improve socially significant behavior to a meaningful degree
- Originated in late 1950s - early 60s as blend of experimental analysis of behavior and research on human development
- Features have been defined since 1968
- *Many* procedures for changing behavior developed and evaluated in thousands of published studies
 - Singly and in various combinations or packages, demonstrated effective for building useful skills, reducing challenging behaviors, and improving lives of people of all ages, with and without diagnoses



Applied behavior analysis (ABA)

- Stresses positive reinforcement and scientific evaluations of effectiveness
- Highly individualized and person-centered
- Flexible and dynamic; intervention is adjusted continuously based on data
- Continuously evolving



Applied behavior analysis (ABA)

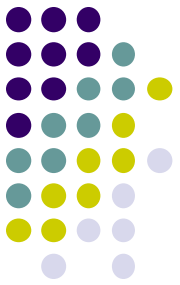
- Is NOT
 - A theory
 - A therapy, treatment, or methodology
 - A research design
 - Just for young children diagnosed with autism
 - Just for “problem” behavior
 - Composed mostly or entirely of highly structured, adult-directed, artificial, “unnatural” intervention procedures
 - A “one size fits all” approach

See

<https://www.bacb.com/about-behavior-analysis/>

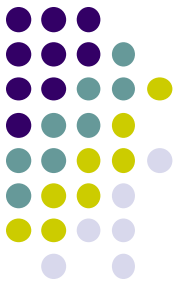
<https://apbahome.site-ym.com/page/aboutba>

<https://cdn.ymaws.com/apbahome.site-ym.com/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E7211BF/APBAwhitepaperABAinterventions.pdf>



Standards of professional practice

- Programs for credentialing ABA practitioners have been managed by the independent **nonprofit** Behavior Analyst Certification Board (BACB) since 1998
 - Requirements developed according to well-established standards and procedures (as with most professions):
 - Subject matter experts in behavior analysis and psychometrics (professional testing)
 - Job (or occupational) analysis studies
 - Professional certifications: Board Certified Behavior Analyst (advanced degree; independent practitioner) and Board Certified Assistant Behavior Analyst (bachelor's degree; practices under supervision)
 - Degree(s)
 - Coursework
 - Supervised experiential training
 - Professional exam
 - Continuing education
 - Compliance with *Ethics Code for Behavior Analysts*



Standards of professional practice

- Paraprofessional certification
 - Registered Behavior Technician (assists in delivering ABA services under close, ongoing supervision of approved professional)
 - At least a high school diploma
 - Background check
 - 40-hr training
 - Initial competency assessment
 - Exam
 - Compliance with supervision requirements
 - Compliance with *RBT Ethics Code*

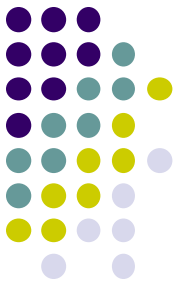
See <https://www.bacb.com>

About

Credentials

Ethics

Standards of professional practice

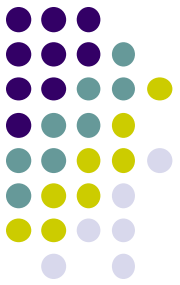


AMA National Uniform Claim Committee health care provider taxonomy codes (<https://npidb.org/taxonomy/>):

103K00000X Behavior Analyst: A behavior analyst is qualified by at least a master's degree and Behavior Analyst Certification Board certification and/or a state-issued credential (such as a license) to practice behavior analysis independently. Behavior analysts provide the required supervision to assistant behavior analysts and behavior technicians. A behavior analyst delivers services consistent with the dimensions of applied behavior analysis. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing and revising behavior-analytic treatment plans, training others to implement components of treatment plans, and overseeing implementation of treatment plans.

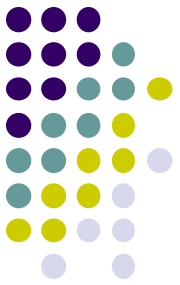
106E00000X Assistant Behavior Analyst: An assistant behavior analyst is qualified by Behavior Analyst Certification Board certification and/or a state-issued license or credential in behavior analysis to practice under the supervision of an appropriately credentialed professional behavior analyst. An assistant behavior analyst delivers services consistent with the dimensions of applied behavior analysis and supervision requirements defined in state laws or regulations and/or national certification standards. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing behavior-analytic treatment plans, training and supervising others in implementation of components of treatment plans, and direct implementation of treatment plans.

106S000X Behavior Technician: The behavior technician is a paraprofessional who practices under the close, ongoing supervision of a behavior analyst or assistant behavior analyst certified by the Behavior Analyst Certification Board and/or credentialed by a state (such as through licensure). The behavior technician is primarily responsible for the implementation of components of behavior-analytic treatment plans developed by the supervisor. That may include collecting data on treatment targets and conducting certain types of behavioral assessments (e.g., stimulus preference assessments). The behavior technician does not design treatment or assessment plans or procedures but provides services as assigned by the supervisor responsible for his or her work.



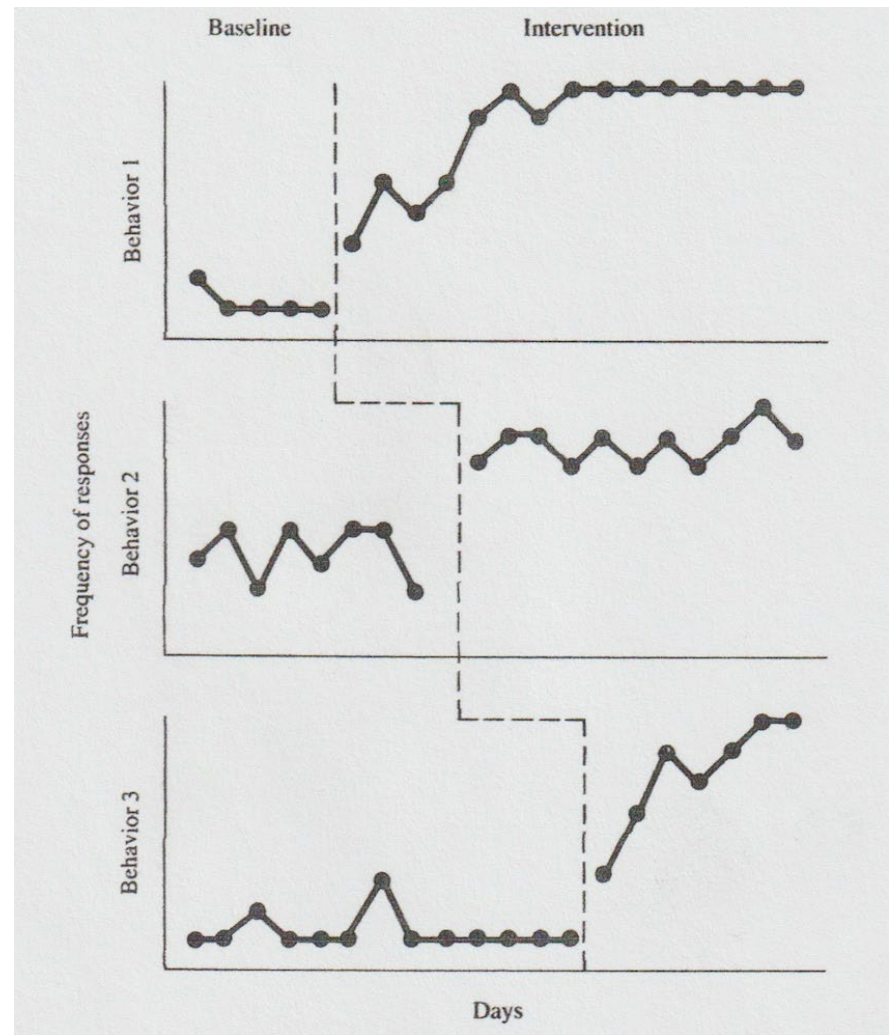
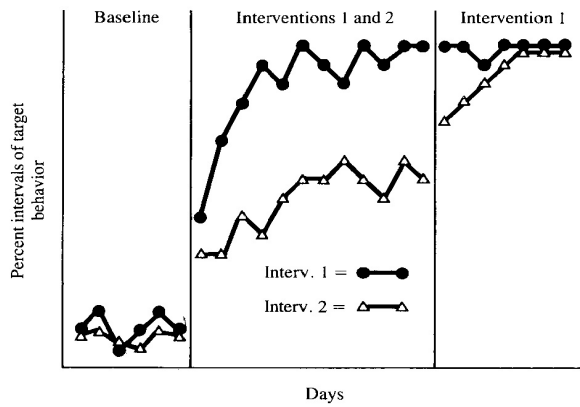
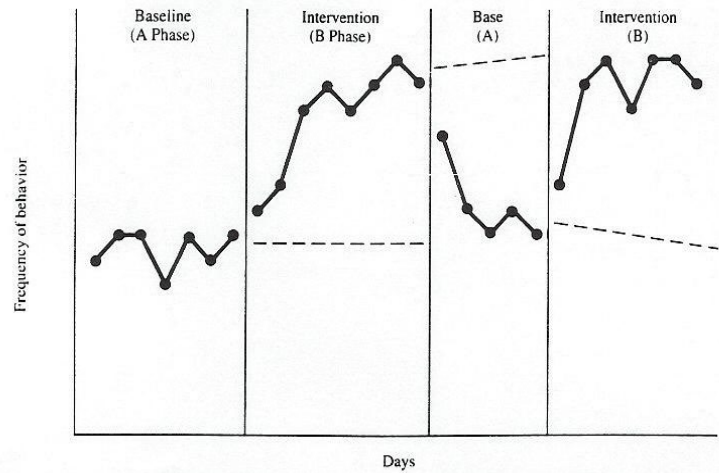
Standards of professional practice

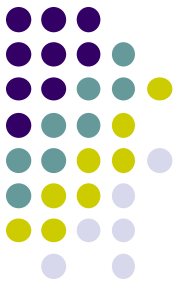
- To date, 37 states have adopted laws to license behavior analysts (see <https://www.bacb.com/u-s-licensure-of-behavior-analysts/>)
- Most of those laws
 - Define the profession's scope of practice
 - Make BACB certification a qualification for licensure as Licensed Behavior Analyst or Licensed Assistant Behavior Analyst
 - Incorporate or reference BACB *Ethics Code for Behavior Analysts*
- Some licensure laws or rules include additional standards of conduct and care.
- *Although ABA techniques are used by some members of other professions, the practice of ABA is recognized as a distinct profession.*



Behavior analytic research methods

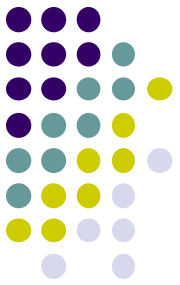
- Specific to the subject matter: individual behavior interacting with environmental events over time
 - Distinct from methods often used in social sciences, other fields
- Direct observation and measurement of behavior in each of a series of sessions within conditions or phases
- Single-case research designs (SCRDs)
 - Arrangements of control and treatment conditions or phases
 - Each participant experiences both conditions
 - Replicated across behaviors, participants, settings, stimuli, etc.
 - Graphed data from all control and treatment phases are scrutinized to determine if behavior changes when and only when treatment is in place, how much, etc.
 - Many studies involve more than one participant
 - *True experimental designs*, not uncontrolled, descriptive “case studies”
 - Several variations
 - May incorporate or be combined with elements of between-groups research methods





Behavior analytic research methods

- In applied research, focus is on *clinically important changes in individual behavior* rather than statistical comparisons of aggregated group data as in many studies using between-groups designs
- Single-case controlled clinical trials (CCTs) are included in several protocols for evaluating scientific evidence on interventions, e.g.,
 - National Clearinghouse on Autism Evidence and Practice - <https://ncaep.fpg.unc.edu/sites/ncaep.fpg.unc.edu/files/imce/documents/EBP%20Report%202020.pdf>
 - US Department of Education What Works Clearinghouse – https://ies.ed.gov/ncee/WWC/Docs/referenceresources/Final_WWC-HandbookVer5_0-0-508.pdf
 - National Autism Center National Standards Project - <https://nationalautismcenter.org/national-standards/>
- One type of SCRD has been adapted for medical research as “N of 1” research design, touted by some in evidence-based medicine for producing rich, rigorous evidence about effects of medical treatments
 - e.g., see Oxford Centre for Evidence-Based Medicine Levels of Evidence document, available at <https://www.cebm.ox.ac.uk/resources/levels-of-evidence/ocebml-levels-of-evidence>



Behavior analytic research methods

- Data can be aggregated across multiple studies using SCRDs.
- Specific methods for conducting meta-analyses of data from multiple SCRD studies and calculating effect sizes have been developed.
- *Reviews of research on ABA interventions must include studies using SCRDs, individuals with expertise in behavior analytic research methods.*

See

Johnston, J.M., Pennypacker, H.S., & Green, G. (2020). *Strategies and Tactics of Behavioral Research and Practice* (4th ed). New York: Routledge. ISBN 9781138641594

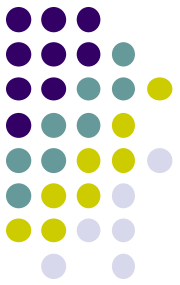
Dowdy, A., Peltier, C., Tincani, M., Schneider, W.J., Hantula, D.A., & Travers, J.C. (2021) Meta-analyses and effect sizes in applied behavior analysis: A review and discussion. *Journal of Applied Behavior Analysis*, 54(4), 1317-1340. doi:10.1002/jaba.862

Jamshidi, L., Heyvaert, M., Declercq, L., Fernández-Castilla, B., Ferron, J.M., Moeyaert, M., Beretvas, H., Onghena, P., & Van den Noortgate, W. (2022) A systematic review of single-case experimental design meta-analyses: characteristics of study designs, data, and analyses. *Evidence-Based Communication Assessment and Intervention*. DOI:[10.1080/17489539.2022.2089334](https://doi.org/10.1080/17489539.2022.2089334)

Research on comprehensive ABA intervention for people diagnosed with ASD

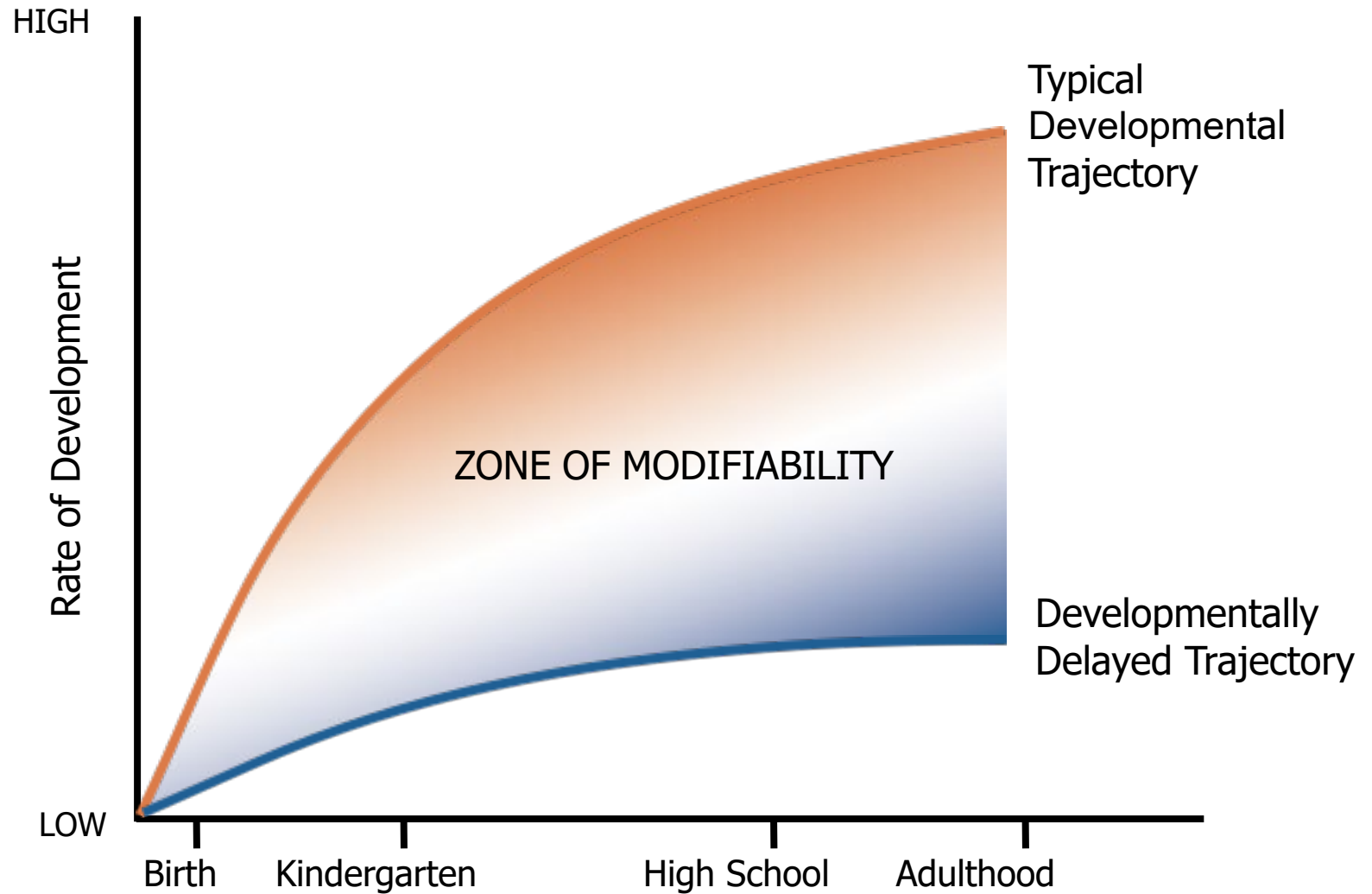


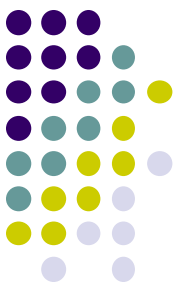
- Comprehensive:
 - Addresses symptoms and multiple other domains -- “learning to learn,” communication, social, hygiene, safety, daily living, and cognitive skills; challenging behaviors
 - Many evidence-based ABA procedures used
 - Most studies involved early, intensive ABA intervention
 - *Early*: generally, children entered intervention before age 8
 - *Intensive*: 25 - 40 hrs/wk, year around, 1- 4 yrs
 - Delivered in multiple settings
 - Highly individualized to child and family needs and characteristics
 - Designed and overseen by professional behavior analysts with advanced degrees and specific training in ASD; intervention delivered mostly by assistant behavior analysts and behavior technicians.
 - Parents and other caregivers trained and supported to implement some procedures outside of formal intervention.



Early intensive ABA

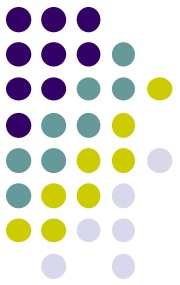
- Child's strengths and weaknesses assessed
- Each skill developed via many carefully arranged learning opportunities
 - in both structured and naturalistic situations
 - using written protocols
 - with lots of repetition and positive reinforcement
 - starting with small component skills, built systematically into more complex repertoires
 - in 1-to-1 format initially; gradually changed to small group if child acquires requisite skills
- Overall goals:
 - Help child develop skills that enable safe, healthy, successful, independent functioning to maximum extent possible
 - Accelerate developmental trajectory





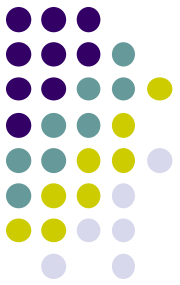
Research on early intensive ABA intervention for people diagnosed with ASD

- Many controlled between-groups studies – CCTs, some randomized clinical trials (RCTs)
 - Treatment groups received ABA intervention directed by qualified behavior analysts, mostly in community settings
 - Comparison groups of similar children received interventions (e.g., eclectic or mixed-method intervention, standard services) from qualified professionals
 - Children in all groups had ASD diagnoses. Most had at least moderate delays in most skill domains except motor skills at baseline.
 - Outcome measures – mostly standardized, psychometrically valid and reliable
 - Direct assessments of child's ASD symptoms and cognitive, communication, and social skills
 - Indirect third-party (caregiver) assessments of child's adaptive and maladaptive behaviors
 - Self-reported parental stress
 - Administered and scored by qualified professionals (most not involved in interventions) at baseline and typically annually thereafter



Research on early intensive ABA intervention for people diagnosed with ASD

- Several meta-analyses of data from multiple studies have been published. CAUTIONS:
 - Some conflate ABA and non-behavior analytic interventions
 - Some conflate comprehensive and focused interventions
 - Several include only or mainly evidence from RCTs, which have practical and ethical limitations for evaluating interventions for this population
 - Most use aggregated group means and other group statistics reported in published studies
 - Exceptions: Meta-analyses of individual participant data from 16 studies where treatment group received intervention with defining features of ABA -- Eldevik et al (2010) and Klintwall et al (2015)

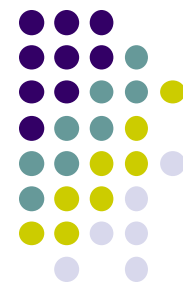


Research on early intensive ABA intervention for people diagnosed with ASD

- General findings:
 - Comprehensive, intensive ABA intervention more likely to produce moderate to large improvements in key domains in most children than lower-intensity ABA, eclectic intervention, standard services
 - Eldevik et al (2010) meta-analysis of individual data:
 - ABA intervention of 36+ hrs/wk, ≥ 2 yrs correlated with reliable gains on measures of cognitive and adaptive skills (+27 and +21 points, respectively)
 - Effect sizes for ABA comparable to those found for psychological and medical treatments for depression, OCD, bulimia
 - Klintwall et al (2015) meta-analysis of individual data from Eldevik et al (2010) on children who were ≤ 5 yrs at treatment entry:
 - Children who received intensive ABA intervention had learn rates on cognitive and adaptive skills that were 75% and 38% faster respectively than children in control groups
- Long-term followup evaluations found most gains from early intensive ABA intervention have been maintained up to 10 years after intervention ended

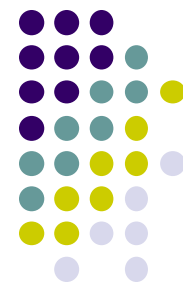
See references at end of slide deck (not an exhaustive list)

Research on focused ABA interventions for people diagnosed with ASD



- Focused:
 - Intervention targeting a relatively small number of discrete behaviors:
 - Adaptive, functional skills to be increased, e.g., instruction-following, social, communication, compliance with healthcare procedures, sleep, self-care, safety, leisure
and/or
 - Challenging behavior(s) to be decreased, e.g., self injury, aggression, pica, elopement, feeding disorders, property destruction, disruptive behavior
 - Combinations of ABA procedures
 - Often 10 – 25 hours of direct intervention/week, but more may be required if levels of adaptive skills and/or challenging behaviors jeopardize patient's health, safety, social inclusion, independent functioning

Research on focused ABA interventions for people diagnosed with ASD



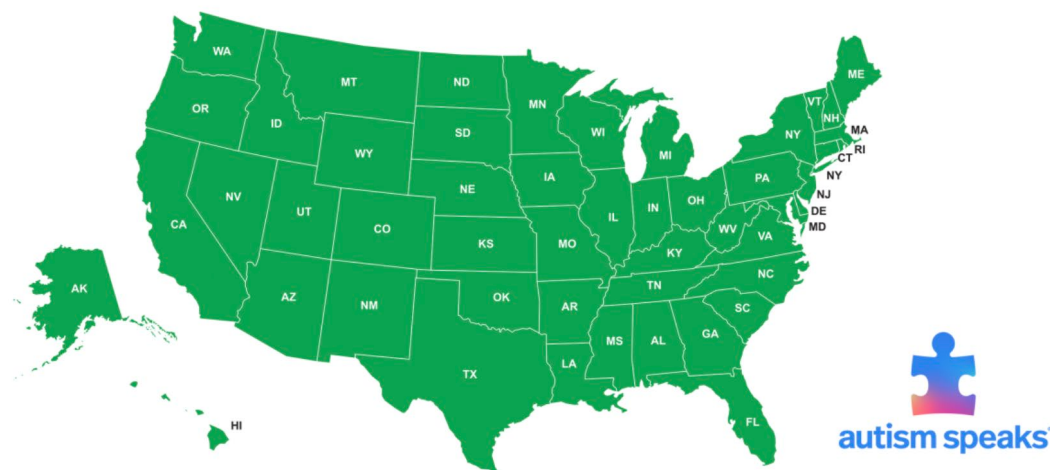
- Many variations
- Hundreds of studies, mostly SCRDs but also some between-groups research designs (CCTs, RCTs)
 - Participants with ASD and related disorders of all ages
- Meta-analyses and other syntheses of research on several focused interventions have been published (e.g., functional communication training, parent-implemented interventions)
- Outcome measures:
 - Data from repeated direct observation and measurement during control (baseline) and treatment phases
 - Standardized assessments administered at baseline and periodically thereafter, e.g.,
 - Caregiver- or interventionist-completed assessments of adaptive and challenging behaviors
 - Self-reported parental stress
- General findings: many interventions produced clinically meaningful improvements in discrete behaviors compared to control condition

See references at end of slide deck (not an exhaustive list)

Health insurance coverage of ABA services

All fifty states have taken action to require meaningful coverage for the treatment of autism in state-regulated health plans.

Autism Insurance Reform in 50 States

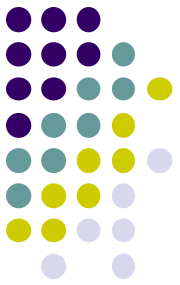


2001 - Indiana	2009 - Connecticut	2010 - Missouri	2012 - Alaska	2015 - Georgia
2007 - South Carolina	2009 - Wisconsin	2010 - New Hampshire	2012 - Delaware	2015 - Hawaii
2007 - Texas	2009 - Montana	2010 - Massachusetts	2013 - Minnesota	2015 - North Carolina
2008 - Arizona	2009 - New Jersey	2011 - Arkansas	2013 - Oregon	2016 - Oklahoma
2008 - Florida	2009 - New Mexico	2011 - West Virginia	2014 - Maryland	2017 - Ohio
2008 - Louisiana	2010 - Maine	2011 - Virginia	2014 - Nebraska	2017 - Alabama
2008 - Pennsylvania	2010 - Kentucky	2011 - Rhode Island	2014 - Utah	2018 - Idaho
2008 - Illinois	2010 - Kansas	2011 - California	2014 - Washington	2018 - North Dakota
2009 - Colorado	2010 - Iowa	2011 - New York	2015 - South Dakota	2019 - Wyoming
2009 - Nevada	2010 - Vermont	2012 - Michigan	2015 - Mississippi	2019 - Tennessee

However, this map does not provide a complete picture of coverage for two reasons.

1. **The inclusion of coverage for Applied Behavior Analysis (ABA) is our benchmark for determining “meaningful coverage”.** The green states require coverage for ABA. However, some states limit this coverage with age, dollar or hour caps resulting in disparities in coverage between states.
2. **Some state autism insurance laws exempt or “carve out” one or more plan types from coverage requirements.** For example, some state legislatures did not include SEHB plans in laws to require coverage for autism treatments, citing a fiscal impact. Other states carved out plans based on [group size](#) or [date of issue](#). Even if a state is green on this map, coverage in the fully insured market in that state may be incomplete.

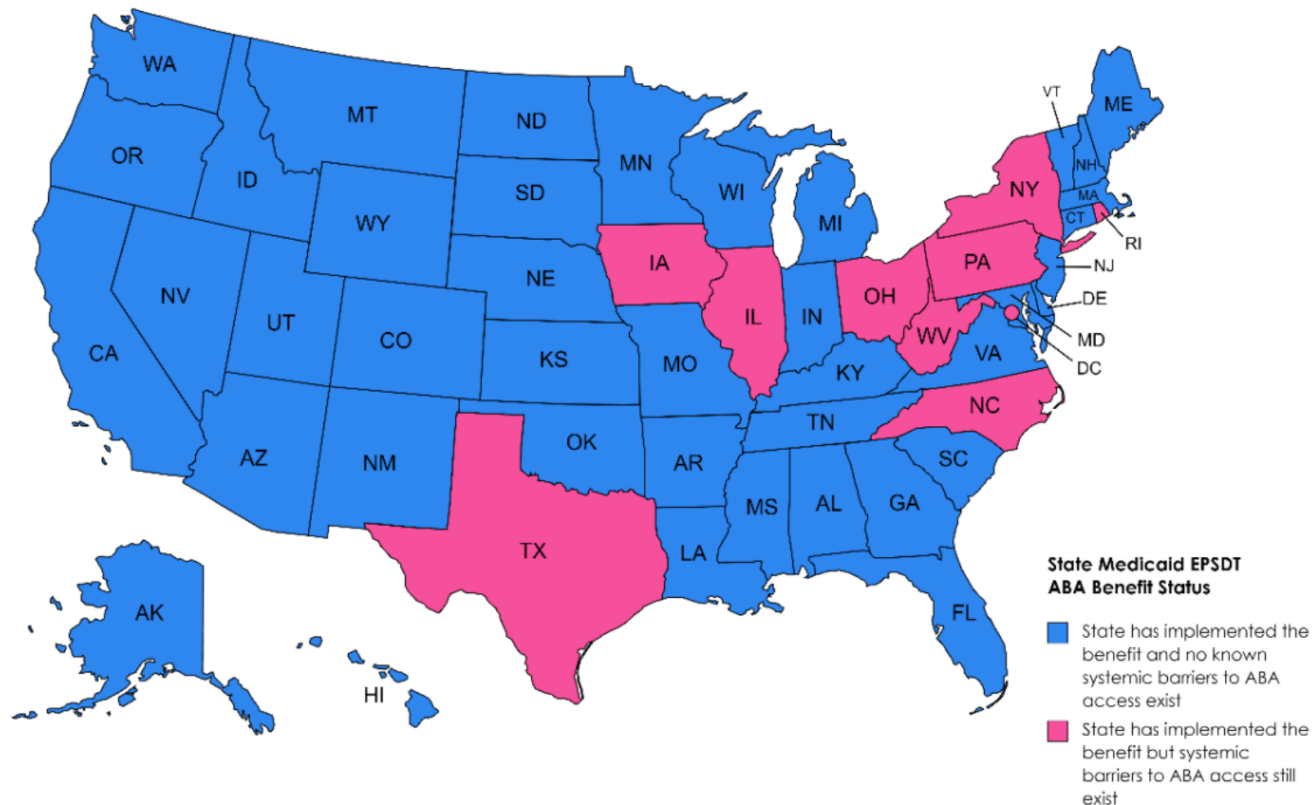
Health insurance coverage of ABA services



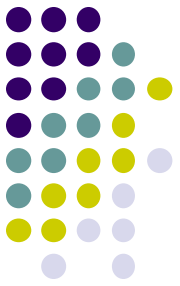
Coverage for the treatment of autism under EPSDT

The EPSDT program has been around for decades. However, the federal government only recently clarified to state Medicaid agencies that **all medically necessary services for autism must be included**. This requirement is regardless of whether the service is covered in a state's Medicaid plan.

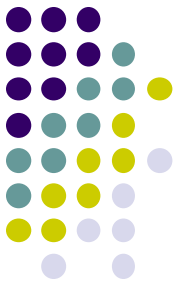
Since 2014, **state Medicaid agencies have worked to amend their state plans or adopt state regulations that clarify ABA as a covered benefit** when medically necessary and provided by qualified Medicaid providers. As of February 2022, all 50 states have implemented their Medicaid autism services benefit.



Health insurance coverage of ABA services



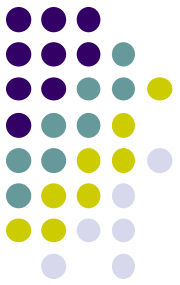
- All Federal Employees Health Benefit plans have been required to cover ABA services for beneficiaries with autism since 2017.
- Per Autism Speaks, as of 2018, 45% of companies with 500+ employees included coverage for ABA services. Most have self-funded health plans.
- TRICARE covers ABA services for all eligible beneficiaries diagnosed with autism through the Autism Care Demonstration (ACD). To qualify, active-duty service members must enroll in the Exceptional Family Member Program (EFMP) and Extended Care Health Option (ECHO).



Current Procedural Terminology (CPT) ® codes

- Descriptors and identifying codes for reporting medical services and procedures for private and public health insurance
- Issued, copyrighted, and maintained by the American Medical Association (AMA)

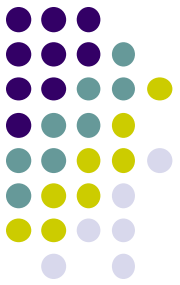




CPT code process

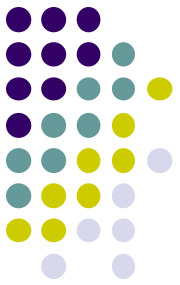
- Application to establish new -- or modify existing -- code(s) submitted to AMA CPT Editorial Panel, often by practitioner group (professional society).
 - Panel comprises representatives of 12 medical societies and other professional associations, Blue Cross and Blue Shield Association, America's Health Insurance Plans, American Hospital Association, umbrella organization representing private health care insurers, CPT Health Care Professionals Advisory Committee (all approved by AMA Board of Trustees) and 2 nonvoting liaisons from Centers for Medicare & Medicaid Services
 - Supported by CPT Advisory Committee representing national medical specialty societies and other health care professional organizations
- Editorial Panel meets 3x/year to review applications.

See <https://www.ama-assn.org/about/cpt-editorial-panel/cpt-code-process>



CPT codes for ABA services

- August 2013: Pursuant to application initiated by Association for Behavior Analysis International (ABAI), CPT Editorial Panel approved 16 codes for adaptive behavior/ABA services as Category III (temporary)
 - Took effect July 2014.
 - Some payers adopted, some did not.



ABA Services Work Group

- Formed in 2015 to develop application to upgrade Category III codes to Category I
- Steering Committee: Rep + alternate from



Gina Green
Bryan Davey



Travis Thompson
Wayne Fisher



Jim Carr
Melissa Nosik



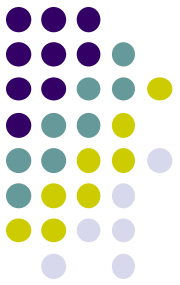
Mike Wasmer
Lorri Unumb

- CPT consultants
 - Ben Shain, AACAP (thru February 2017)
 - Jenna Minton, Minton Healthcare Strategies
- Submitted code change application (CCA) to CPT® Editorial Panel October 2016; presented it at Panel's February 2017 meeting.



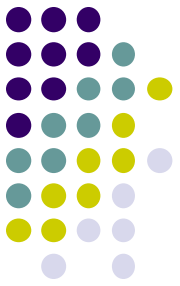
February 2017 CPT® Editorial Panel decisions

- 8 modified codes approved as Category I
 - **97151** – Behavior identification assessment administered by physician or other qualified health care professional (QHP). Includes administering assessments, discussing findings and recommendations, analyzing past data, scoring/interpreting assessments, preparing report/treatment plan.
 - **97152** – Behavior identification supporting assessment administered by technician under direction of QHP
 - **97153** – Adaptive behavior treatment by protocol with one patient, administered by technician
 - **97154** – Group adaptive treatment by protocol with 2 – 8 patients administered by technician
 - **97155** – Adaptive behavior treatment with protocol modification with one patient administered by QHP; *may include simultaneous direction of technician*
 - **97156** – Family adaptive behavior treatment guidance administered by QHP, with or without patient
 - **97157** – Multiple-family adaptive behavior treatment guidance administered by QHP, without patients
 - **97158** – Group adaptive behavior treatment with protocol modification with 2 – 8 patients administered by QHP



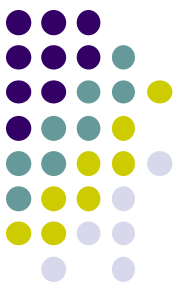
February 2017 CPT® Editorial Panel decisions

- 2 modified codes to remain Category III
 - **0362T** – Behavior identification supporting assessment with 4 required components:
 - Administered by QHP who is on site
 - 2 or more technicians
 - Patient exhibiting destructive behavior
 - Environment customized to behavior
 - **0373T** – Adaptive behavior treatment with protocol modification; same required components as 0362T
- All codes are timed in 15-minute units
- *None are specific to any diagnoses or patient populations*
- These 10 codes replaced 2014 Category III codes as of January 1, 2019.



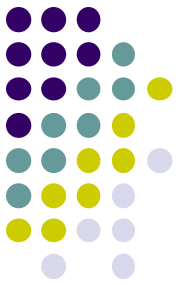
Criteria for approval of Category I CPT codes

- Procedure or service must
 - be performed by many physicians or other qualified health care professionals across U.S.
 - be performed with frequency consistent with intended clinical use
 - be consistent with current medical practice
 - have clinical efficacy documented in literature that meets requirements in code change application



Criteria for approval of Category I CPT codes

Level of Evidence Table – LOE	
Level	Short Description (based on Oxford Centre 2009)
Ia	Evidence obtained from systematic review of randomized controlled trials
Ib	Evidence obtained from an individual randomized controlled trial Randomized Controlled Trial(s): An epidemiological experiment in which subjects in a population are randomly allocated into groups, usually called study and control groups, to receive or not receive an experimental preventive or therapeutic procedure, maneuver, or intervention. The results are assessed by rigorous comparison of rates of disease, death, recovery, or other appropriate outcome in the study and control groups.
IIa	Evidence obtained from systematic review of cohort studies
IIb	Evidence obtained from an individual cohort study Cohort study(ies): The analytic method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or in the future may be exposed or not exposed, or exposed in different degrees, to a factor or factors hypothesized to influence the probability of occurrence of a given disease or other outcome. The main feature of cohort study is observation of large numbers over a long period (commonly years) with comparison of incidence rates in groups that differ in exposure levels.
IIIa	Evidence obtained from systematic review of case control studies
IIIb	Evidence obtained from a case control study Case-control study(ies): The observational epidemiologic study of persons with the disease (or other outcome variable) of interest and a suitable control (comparison, reference) group of persons without the disease. The relationship of an attribute to the disease is examined by comparing the diseased and non-diseased with regard to how frequently the attribute is present or, if quantitative, the levels of the attribute, in each of the groups.
IV	Evidence obtained from case series Case-series: A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment.
V	Evidence obtained from expert opinion without explicit critical appraisal



Criteria for approval of Category I CPT codes

- Application for new code(s) must include for each service
 - 2 - 5 well-designed peer-reviewed studies
 - Minimum of 2 studies with no overlapping patient populations and no overlapping authors
 - Minimum level of evidence for at least one article: IIa -- systematic review of cohort studies

See Literature Requirements at <https://www.ama-assn.org/practice-management/cpt/cpt-code-change-applications>

- Must also include practice parameters/guidelines or policy statements about the services

Excerpts from federal regulations re: TRICARE determination of medically necessary services – 32 CFR 199



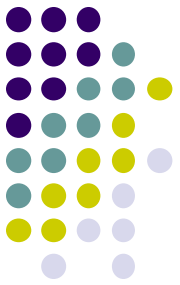
- ***Medically or psychologically necessary.***

The frequency, extent, and types of medical services or supplies which represent appropriate medical care and that are generally accepted by qualified professionals to be reasonable and adequate for the diagnosis and treatment of illness, injury, pregnancy, and mental disorders or that are reasonable and adequate for well-baby care.

- ***Mental disorder, to include substance use disorder.***

...a mental disorder is a nervous or mental condition that involves a clinically significant behavioral or psychological syndrome or pattern that is associated with a painful symptom, such as distress, and that impairs a patient's ability to function in one or more major life activities...Additionally, the mental disorder must be one of those conditions listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders...

Excerpts from federal regulations re: TRICARE determination of medically necessary services – 32 CFR 199



- ***Appropriate medical care.***

(i) Services performed in connection with the diagnosis or treatment of disease or injury, pregnancy, mental disorder, or well-baby care which are in keeping with the generally accepted norms for medical practice in the United States;

(ii) The authorized individual professional provider rendering the medical care is qualified to perform such medical services by reason of his or her training and education and is licensed or certified by the state where the service is rendered or appropriate national organization or otherwise meets CHAMPUS standards; and

(iii) The services are furnished economically. For purposes of this part, “economically” means that the services are furnished in the least expensive level of care or medical environment adequate to provide the required medical care regardless of whether or not that level of care is covered by CHAMPUS.

Excerpts from federal regulations re: TRICARE determination of medically necessary services – 32 CFR 199

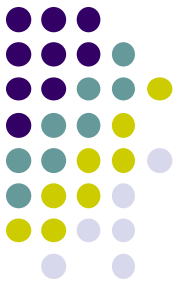


- ***Reliable evidence.***

- (1) As used in § 199.4(g)(15), the term reliable evidence means only:
 - (i) Well controlled studies of clinically meaningful endpoints, published in refereed medical literature.
 - (ii) Published formal technology assessments.
 - (iii) The published reports of national professional medical associations.
 - (iv) Published national medical policy organization positions; and
 - (v) The published reports of national expert opinion organizations.
- (2) The hierarchy of reliable evidence of proven medical effectiveness, established by (1) through (5) of this paragraph, is the order of the relative weight to be given to any particular source. With respect to clinical studies, only those reports and articles containing scientifically valid data and published in the refereed medical and scientific literature shall be considered as meeting the requirements of reliable evidence...

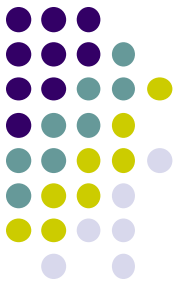
- ***Clinically meaningful endpoints.***

As used the definition of *reliable evidence* in this paragraph (b) and § 199.4(g)(15), the term clinically meaningful endpoints means objectively measurable outcomes of clinical interventions or other medical procedures, expressed in terms of survival, severity of illness or condition, extent of adverse side effects, diagnostic capability, or other effect on bodily functions directly associated with such results.



ACD policies conflict with foregoing

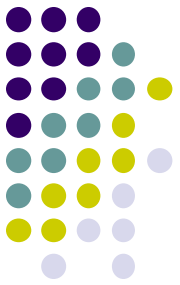
- DHA officials assert that TRICARE must rely on evidence from RCTs to determine if services are medically necessary and make ABA services a basic benefit, and that there is not enough such evidence re: ABA services. Note that
 - Relevant regulation does not mention RCTs; specifies only “well controlled studies of clinically meaningful endpoints.”
 - In approving Category I CPT codes for ABA services, AMA CPT Editorial Panel deemed the services clinically efficacious based on evidence from studies accompanying code change application
 - Hierarchy of evidence is at least as rigorous as the one in 32 CFR 199
 - ABA services meet other criteria in 32 CFR 199 re: medically and psychologically necessary services and appropriate medical care for TRICARE beneficiaries with mental disorders, including autism



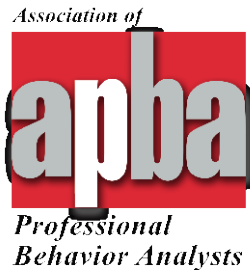
ACD policies conflict with foregoing

- CPT codes for adaptive behavior/ABA services are not implemented as published by AMA and intended by authors
- Current ACD policies exclude
 - 97152 -- behavior identification supporting assessment by technician
 - 97154 – group adaptive treatment by protocol with 2 – 8 patients administered by technician
 - 0362T and 0373T – assessment and treatment of destructive behavior
 - Concurrent billing of 97155 and 97153 -- behavior analyst directing technician to implement treatment protocol with patient
 - *Essential for delivering services that comport with profession's standards of care and best available scientific evidence*

ABA Coding Coalition



Formed in 2019. Current members (all **nonprofit** organizations):



Allyson Moore
Chanti Waters



Wayne Fisher*
Jim Carr*



Kelly Headrick



Lorri Unumb*
Kristen Koba-Burd

CPT® Consultant: Jenna Minton*, Proactive Strategies, LLC

ABA Consultant: Gina Green*, PhD, BCBA-D (volunteer)

*Authors of code change application submitted by former ABA Services Work Group to AMA CPT® Editorial Panel in 2017 to modify Category III (temporary) codes for adaptive behavior/ABA services and upgrade them to Category 1. With CPT® Editorial Panel, also authored descriptors of CPT® codes that went into effect January 1, 2019 and article in November 2018 *CPT® Assistant*.

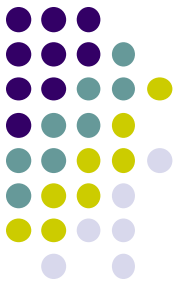


ABA



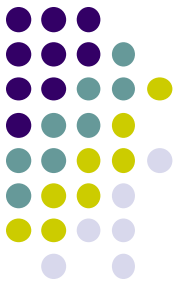
CODING COALITION

www.abacodes.org



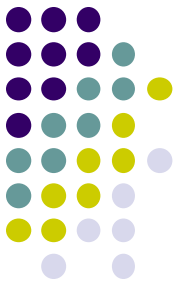
ABA Coding Coalition services and resources

- Services re: 2019 CPT code set:
 - Educating payers, providers, consumers, billers, policymakers
 - Developing and disseminating resources
 - Monitoring and advocating for appropriate Medically Unlikely Edits (MUEs)
 - Advocating for appropriate implementation
- Available at www.abacodes.org (all free to public):
 - Code descriptors
 - FAQs
 - Advocacy efforts
 - Questions portal



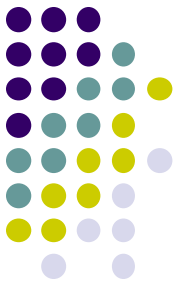
ABA Coding Coalition services and resources

- Available at www.abacodes.org – Resources:
 - Model Coverage Policy for ABA Services
 - *Incorporates the profession's current standards of care for all patients for whom ABA services are medically necessary*
 - Also includes general coverage requirements, provider qualifications, diagnostic and billing codes, components and dimensions of services, bibliography of supporting research, and more
 - Supplemental Guidance Article
 - Important info on direct and indirect services for each code, definitions of terms, etc.
 - Code Conversion Chart
 - Conversion of 2014 Category III CPT codes to 2019 Category I and modified Category III codes
 - HCPCS and CPT codes used for ABA services
 - Reporting CPT Codes for Telehealth Delivery of Adaptive Behavior (ABA) Services
 - Other guidelines, white paper



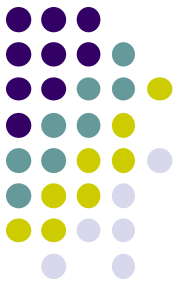
Summary

- ABA interventions for people diagnosed with ASD rest on a large body of scientific research, both basic and applied.
- The practice of ABA is a distinct profession with distinct practitioner qualifications, ethical and other standards.
- AMA's CPT Editorial Panel and numerous other groups have concluded that ABA interventions are proven clinically effective for people diagnosed with ASD and other conditions and are widely accepted in the healthcare community.
- Most health plans for civilians deem ABA services proven and effective for people diagnosed with ASD.



Suggestions

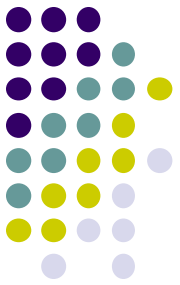
- Please consider recommending that the Department of Defense
 - Include evidence from studies using all types of designs for evaluating clinically meaningful endpoints of ABA interventions – focused and comprehensive – for people with ASD of all ages in future technical reports.
 - Involve professionals with expertise in behavior analytic research methods
 - Make ABA services a regular medical benefit for TRICARE beneficiaries with ASD.
 - Align policies with standards and guidelines developed by **nonprofit** behavior analysis professional associations, trade associations, and coalitions of such organizations.



Suggestions

- Please consider recommending that the Department of Defense
 - Implement the full set of CPT codes for ABA services as published by the AMA and intended by the code authors.
 - Use the ABA Coding Coalition's Model Coverage Policy and other resources.
 - Consult with the ABA Coding Coalition.
 - Evaluate the efficacy of those services using appropriate metrics from batteries of well-researched, standardized, valid and reliable assessments of patient functioning in relevant domains as well as patient and family quality of life, individualized to each patient and family.
 - Evaluate effects of policies on readiness, recruitment, and retention of military members who have children with ASD.

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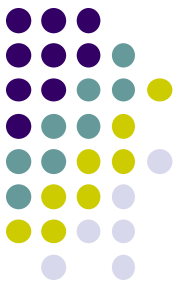
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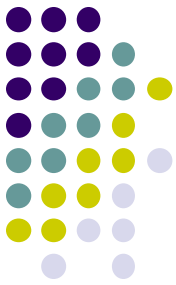
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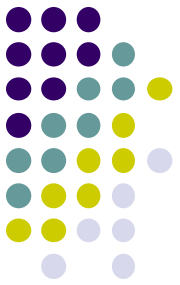
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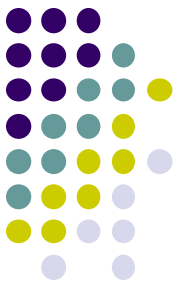
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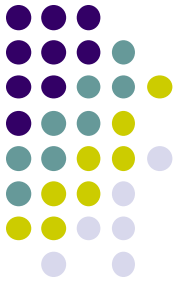


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Thank you!