

Oregon Health Plan Prioritized List Changes Applied Behavior Analysis for Autism Spectrum Disorder

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on August 14, 2014, based on the evidence evaluation on Applied Behavior Analysis for Autism Spectrum Disorder. The changes will take effect for the Oregon Health Plan on January 1, 2015.

- 1) Replaced the current guideline note 75 with a new one:

GUIDELINE NOTE 75 APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER

Line 313

Applied behavior analysis (ABA), including early intensive behavioral intervention (EIBI), represented by CPT codes 0359T-0374T, is included on line 313 for the treatment of autism spectrum disorders.

Individuals ages 1-12

Intensive interventions

Specifically, EIBI (for example, UCLA/Lovaas or Early Start Denver Model), is included on this line.

For a child initiating EIBI therapy, EIBI is included for up to six months. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives (objectives should be achieved as a result of the EIBI, over and beyond gains that would be expected to arise from maturation alone) using a standardized, multimodal assessment, no more frequently than every six months. Examples of such assessments include Vineland, IQ tests (Mullen, WPPSI, WISC-R), language measures, behavior checklists (CBCL, ABC), and autistic symptoms measures (SRS).

The evidence does not lead to a direct determination of optimal intensity. Studies of EIBI ranged from 15-40 hours per week. Through Oregon's Senate Bill 365, other payers are mandated to cover a minimum of 25 hours per week of ABA. There is no evidence that increasing intensity of therapy yields improved outcomes. Studies for these interventions had a duration from less than one year up to 3 years.

Less intensive ABA-based interventions

If EIBI is not indicated, has been completed, or there is not sufficient progress toward multidimensional goals, then less intensive ABA-based interventions (such as parent training, play/interaction based interventions, and joint attention interventions) are included on this line to address core symptoms of autism and/or specific problem areas. Initial coverage is

Oregon Health Plan Prioritized List Changes Applied Behavior Analysis for Autism Spectrum Disorder

provided for six months. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors. Effective interventions from the research literature had lower intensity than EIBI, usually a few hours per week to a maximum of 16 hours per week, divided into daily, twice-daily or weekly sessions, over a period of several months.

Parent/caregiver involvement

Parent/caregiver involvement and training is recommended as a component of treatment.

Individuals ages 13 and older

Intensive ABA is not included on this line.

Targeted ABA-based behavioral interventions to address problem behaviors are included on this line. The quality of evidence is insufficient to support these interventions in this population. However, due to strong caregiver values and preferences and the potential for avoiding suffering and expense in dealing with unmanageable behaviors, targeted interventions may be reasonable. Behaviors eligible for coverage include those which place the member at risk for harm or create significant daily issues related to care, education, or other important functions. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

Very low quality evidence is available to illustrate needed intensity and duration of intervention. In the single-subject research design literature, frequency and duration of interventions were highly variable, with session duration ranging from 30 seconds to 3 hours, number of sessions ranging from a total of three to 8 times a day, and duration ranging from 1 to 20 weeks. These interventions were often conducted in inpatient or residential settings and studies often included patients with intellectual disabilities, some of which were not diagnosed with autism.

Parent/caregiver involvement and training is encouraged.

- 2) Added CPT 0359T-0374T (adaptive behavior assessments and treatments) to 1/1/15 line 313 AUTISM SPECTRUM DISORDERS
- 3) Changed the treatment description of 1/1/15 line 313 to:
~~CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION~~ MEDICAL THERAPY/BEHAVIORAL MODIFICATION
INCLUDING APPLIED BEHAVIORAL ANALYSIS

Oregon Health Plan Prioritized List Changes Applied Behavior Analysis for Autism Spectrum Disorder

- 4) Rescore and reprioritize the autism spectrum line on the biennial list planned for 1/1/16 implementation as shown below

Scoring proposal (scoring for current line 313 in parentheses)

Category: 3 (3)

HL: 5 (5)

Suffering: 4 (4)

Population effects: 2 (1)

Vulnerable population: 0 (0)

Tertiary prevention: ()

Effectiveness: 3 (2)

Need for service: 0.7 (0.7)

Net cost: 1 (3)

Score: 1733 (1050)

Approximate new line placement: 199