

Applied Behavior Analysis for Autism Spectrum Disorder

Policy # 00816

Original Effective Date: 01/01/2023

Current Effective Date: 05/01/2026

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.

Note: Cognitive Rehabilitation is addressed separately in medical policy 00578.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider applied behavioral analysis (ABA) for individuals with autism spectrum disorder (ASD) when all coverage criteria are met to be **eligible for coverage:****

Criteria to Initiate ABA Services

- Clinical progress updated/treatment assessment that includes:
 - Standardized outcome measures (e.g., Vineland, VB MAPP, or other age-appropriate assessments) used to measure progress over time
 - Clinical and treatment history, including presenting concerns, referral reason, primary symptoms, dates of services, treatment setting, and current educational status
 - Skill acquisition goals and data with documented baseline data, clearly defined target criteria, and graphical display of baseline performance
 - Behavioral goals and data with documented baseline rates, objective and operationally defined target behaviors, clearly stated mastery criteria, and graphical display of baseline performance
 - Caregiver training goals and data with documented baseline data and graphical display of progress
 - Direct behavioral observations conducted in one or more settings, describing present behaviors, symptoms, and functional deficits, with measurable treatment goals linked to each identified deficit (e.g., language, imitation, social interaction, cooperation)
 - Transition and discharge planning, including anticipated post ABA services and supports
 - Crisis intervention and aftercare plans, when clinically necessary

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- Submission of completed Louisiana Blue ABA Treatment Request Form
- Louisiana providers must utilize the iLink Blue Portal for Initial ABA Request
- Out of state Providers must fax

Criteria to Continue ABA Services

- Documentation must demonstrate ongoing clinical need and include:
 - Standardized outcome measures (e.g., Vineland, VB-MAPP, or other age-appropriate tools) assessing progress since the prior authorization period
 - Updated clinical and treatment history, including current presenting concerns, dates of service, treatment setting, and educational status
 - Skill acquisition goals and data, including baseline and intervention data, clearly defined target criteria, data-driven rationale for continued services and graphical display of performance over time
 - Explanation of why goals are not yet met
 - Revised goals if mastery or stagnation occurs
 - Behavioral goals and data, including baseline and intervention rates, objective and operational definitions of target behaviors, defined mastery criteria, and graphical display of performance over time
 - Caregiver training goals and data, including baseline and intervention measures and graphical representation of progress
 - Direct behavioral observations conducted in one or more settings, describing current behaviors, symptoms, and functional deficits, with measurable goals linked to each targeted domain (e.g., language, imitation, social interaction, cooperation)
 - Transition and discharge planning, including anticipated post-ABA services and supports
 - Crisis intervention and aftercare plans, when clinically necessary
- Submission of completed Louisiana Blue ABA Treatment Request Form
- Louisiana based providers must submit concurrent requests through the iLink Blue Portal
- Out of state Providers must submit requests via fax.

Criteria to Deliver ABA Services in Educational Settings

ABA services delivered in the school setting are subject to the following requirements and limitations:

- Services may be provided entirely within the school setting or through a hybrid model that includes school and one or more additional settings.
- Registered Line Technicians (RLTs) should be trained and certified in ABA therapy and preferably have at least 6 months of experience in ABA therapy.
- RLT's role within the school setting is limited to behavioral health treatment and does not include academic instruction or educational services.
- ABA services provided in school settings should generally not exceed 6 hours per day, unless additional hours are clearly supported by clinical documentation.
- Registered Line Technicians (RLTs) should be present in the school setting only during identified high-support periods, as supported by:

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- Interviews with teachers, principals, and other relevant school personnel
 - Clear clinical justification linked to specific target behaviors and functional impairment
- Clinical documentation must reflect: Ongoing collaboration with school staff, training, consultation, or support provided to teachers and school personnel, when clinically appropriate

Service Intensity and Fading Expectations

Authorization considerations for initial and continued services should demonstrate ongoing clinical need and consider requirements noted below:

- Authorization of intensive ABA services is time-sensitive and based on demonstrated medical necessity and measurable clinical progress.
- For comprehensive and focused ABA treatment, initial authorizations may include higher service intensity when clinically justified; however, services are expected to progressively fade over successive authorizations as goals are achieved, caregiver capacity increases, and functional independence improves.
- Consecutive authorizations at the highest level of service intensity (e.g., repeated 35-hour authorizations for CPT[®] 97153) are not routinely approved without clear clinical justification, and ongoing treatment plans must demonstrate active efforts toward transition and reduction of services.

Note: Incomplete submissions may delay or prevent medical necessity determination.

When Services are Considered Not Medically Necessary

Based on review of available data, the Company considers applied behavioral analysis (ABA) for individuals with autism spectrum disorder (ASD) when coverage criteria are not met, including but not limited to when continued ABA therapy is no longer effective or needed, to be **not medically necessary**.**

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers applied behavioral analysis (ABA) for individuals who are 21 years of age and older with autism spectrum disorder to be **investigational**.*

Policy Guidelines

Medical necessity determinations for ABA services are based on a comprehensive clinical review to determine service intensity, frequency, and duration.

ABA treatment models can generally be classified as focused or comprehensive.

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Focused ABA refers to treatment provided directly to the individual for a limited number of behavioral targets and may involve increasing socially appropriate behavior or reducing problem behavior as the primary target. Focused ABA is appropriate for individuals who need treatment only for a limited number of key functional skills or have such acute problem behavior that its treatment should be the priority.

Comprehensive ABA refers to the treatment of the multiple affected developmental domains (e.g., cognitive, communicative, social, emotional, and adaptive functioning) and maladaptive behaviors. Initially, treatment is typically provided in structured therapy sessions, which are integrated with more naturalistic methods as appropriate. As the individual progresses and meets established criteria for participation in different settings, treatment in those settings and in the larger community should be provided.

Criteria are modeled after nationally recognized guidelines including CASP Practice Guidelines (2024), BACB Professional Standards, American Academy of Pediatrics (AAP) ASD Clinical Reports (2020), DSM-5-TR diagnostic criteria, NICE Guidelines (2021 update), and CDC Autism Treatment Guidance (2024).

InterQual^{®†} Behavioral Health criteria may be used as a supplemental clinical decision-support tool to assist in evaluating medical necessity. InterQual criteria do not replace individualized clinical assessment, clinical judgment, or Medical Director review. Final coverage determinations are made based on the totality of clinical information presented.

Background/Overview

Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a biologically based neurodevelopmental disorder characterized by persistent deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interests, and activities. ASD can range from mild social impairment to severely impaired functioning; as many as half of individuals with autism are non-verbal and have symptoms that may include debilitating intellectual disabilities, inability to change routines, and severe sensory reactions. The American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5-TR) provides standardized criteria to help diagnose ASD. Autism can co-occur with other mental health diagnoses, including, but not limited to, depression, anxiety disorders (eg, social anxiety, obsessive-compulsive disorder), attention deficit hyperactivity disorder, Tourette syndrome/tic disorder, personality disorder, and/or psychosis.

Diagnosis of ASD in the United States (U.S.) generally occurs in 2 steps: developmental screening followed by comprehensive diagnostic evaluation if screened positive. The American Academy of Pediatrics (AAP) recommends general developmental screening at 9, 18, and 30 months of age and ASD-specific screening at 18 and 24 months of age. Diagnosis and treatment in the first few years of life can have a strong impact on functioning since it allows for treatment during a key window of developmental plasticity. However, early diagnosis in the US remains an unmet need even though studies have demonstrated a temporal trend of decreasing mean age at diagnosis over time.

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ASD is a lifelong condition; however, relatively little work has investigated the most effective treatments in adults. Per a study from the Centers for Disease Control and Prevention (CDC), an estimated 5,437,988 adults (2.21%) in the U.S. have ASD, with many requiring ongoing services and support. Treatments for ASD can be generally broken down into the following categories, although some treatments involve more than one approach: behavioral, developmental, educational, social-relational, pharmacological, psychological, and complementary/alternative. The gold standard therapy for the core symptoms of ASD is behavioral therapy. Additionally, many individuals with ASD have abnormalities in multiple organs (eg, brain, immune system, gastrointestinal system) and may be adversely impacted by environmental factors including psychosocial stress, dietary limitations, and allergen exposure. Although it is unclear whether these issues are related to the etiology of ASD, there is evidence that these factors can alter ASD symptoms, which makes them potential therapeutic targets.

Applied Behavior Analysis

Applied behavior analysis (ABA) focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior and includes the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. These relevant environmental events are usually identified through a variety of specialized assessment methods. ABA is based on the fact that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as genetic endowment and physiological variables. When applied to ASD, ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

ABA is not subject to regulation by the U.S. Food and Drug Administration.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

Autism spectrum disorder (ASD) is a lifelong biologically based neurodevelopmental disorder characterized by persistent deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interests, and activities. Applied behavior analysis (ABA) is therapeutic approach comprised of multiple techniques in which environmental variables are identified that influence socially significant behavior and are used to develop individualized and practical strategies to teach basic skills such as communication, adaptive skills, or social interactions. ABA therapy may be performed by, or supervised by, a certified ABA provider, such as a licensed

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applied behavior analyst (LABA) or a trained, licensed psychologist. Clinical guidance has identified ABA and/or other developmental and naturalistic approaches as examples of potential components to include in a Comprehensive Treatment Model in children with ASD. ABA is also being evaluated to aid in the treatment of ASD into adulthood.

Summary of Evidence

For individuals 18 years of age and older with autism spectrum disorder (ASD) who receive applied behavior analysis (ABA), the evidence includes a systematic review of 13 studies of various psychosocial interventions. Relevant outcomes are symptoms, functional outcomes, and quality of life. Because there are no comparative studies on ABA for individuals 18 years of age and older with ASD, it is not possible to determine with confidence whether ABA improves symptoms, quality of life, or functional impairment. Among the 13 total studies, the single systematic review included 5 single case studies of 5 individuals 18 years of age and older with ASD and coexisting developmental disorders evaluating various focused ABA interventions. Although the results from all the case studies were positive in nature, they are significantly limited by imprecision (N=5) and the lack of comparison to an established alternative treatment using an outcome measurement instrument with a prespecified clinically significant difference. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Supplemental Information

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

National Institute for Health and Care Excellence

NICE issued a clinical guideline on the diagnosis and management of autism spectrum disorder (ASD) in adults in 2012, which was last updated in June 2021. The NICE guidance provides recommendations for general principles of care; identification and assessment; identifying the correct interventions and monitoring their use; interventions for autism, behavior that challenges, and coexisting mental disorders; assessment and interventions for families, partners, and carers; and organization and delivery of care. Applied behavior analysis is not specifically mentioned but rather various psychosocial interventions are recommended for the core features of autism, to improve life skills, for challenging behaviors, and for those with concurrent mental disorders.

U.S. Preventive Services Task Force Recommendations

No U.S. Preventive Services Task Force (USPSTF) recommendations for ASD in adults have been identified.

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Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials

A search of ClinicalTrials.gov in March 2026 did not identify any ongoing or unpublished trials that would likely influence this review.

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Policy History

Original Effective Date: 01/01/2023

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12/01/2022 Medical Policy Committee review

12/14/2022 Medical Policy Implementation Committee approval. New policy.

12/07/2023 Medical Policy Committee review

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12/13/2023	Medical Policy Implementation Committee approval. No change to coverage.
12/05/2024	Medical Policy Committee review
12/11/2024	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
12/04/2025	Medical Policy Committee review
12/10/2025	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
04/02/2026	Medical Policy Committee review
04/10/2026	Medical Policy Implementation Committee approval. Title changed from “Applied Behavior Analysis for Autism Spectrum Disorder in Adults” to “Applied Behavior Analysis for Autism Spectrum Disorder.” Coverage for applied behavioral analysis (ABA) for individuals with autism spectrum disorder (ASD) was changed from investigational to eligible for coverage with criteria to initiate ABA Services, continue ABA services, deliver ABA services in educational settings, and service intensity and fading expectations.

Next Scheduled Review Date: 04/2027

Coding

The five character codes included in the Louisiana Blue Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2025 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
HCPCS	NA
ICD-10 Diagnosis	All related Diagnoses

The following codes for treatments and procedures applicable to this document are included for informational purposes. Inclusion or exclusion of a procedure code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan’s authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan’s pharmacy benefit.