Medical Policy Name	Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder (Federal Employees)
Medial Policy Number	20.5.007
Issued By	Chief Medical Officer
Approved By	Medical Directors, Provider Advisory Committee, Corporate Quality Improvement Committee
Original Effective Date	01/2017

Applies To: 1/1/2026 to 12/31/2026

Description of Treatment

ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses including eliminating barriers to learning. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and family involvement.

When Services May Be Eligible for Coverage

Coverage for eligible treatments or procedures may be provided only if:

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

Criteria

Overview

Lucet Behavioral Health manages Applied Behavior Analysis (ABA) benefits for the Blue Cross and Blue Shield Service Benefit Plan Coverage Criteria for Federal Employees in Alabama, Arkansas, Florida, Kansas, Kansas City, and Louisiana. The medical coverage criteria are used to review and make benefit decisions for ABA service requests for Service Benefit Plan members with the diagnosis of Autism Spectrum Disorder (ASD).

Treatments for ASD other than Applied Behavior Analysis (ABA) do not fall under the scope of this policy. Those alternative ASD treatment approaches not contemplated in this policy include: Cognitive Training, Auditory Integration Therapy, Facilitated Communication, Higashi Schools/Daily Life, Individual Support Program, LEAP, SPELL, Waldon, Hanen, Early Bird, Bright Start, Social Stories, Gentle Teaching, Response Teaching Curriculum Holding Therapy, Movement Therapy, Music Therapy, Pet Therapy, Psychoanalysis, Son-Rise Program, Scotopic Sensitivity Training, Sensory Integration Training and Neurotherapy (EEG biofeedback). Members are encouraged to consult with their Service Benefit Plan to determine benefit coverage for non-ABA ASD treatment approaches.

ASD is a medical, neurobiological, developmental disorder, characterized by Core Deficit areas: persistent deficits in social communication and social interaction across multiple contexts AND restricted, repetitive patterns of behavior, interests, and activities. Diagnostic and Statistical Manual, Fifth Edition (DSM-5) requires all of these symptoms to be present in early development, and further specifies impairment in social, occupational, or other important areas of current function.

The defining characteristics of ABA are applied, behavioral, analytic, technological, conceptually systematic, effective, and capable of appropriately generalized outcomes. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and family involvement. ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses including eliminating barriers to learning. Behavioral deficits may occur in the areas of communication, social and adaptive skills, but are possible in other areas as well. Examples of deficits include a lack of expressive language, inability to request items or actions, limited eye contact with others and inability to engage in age-appropriate self-help skills such as tooth brushing or dressing. Examples of behavioral excesses include physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior, and vocal stereotypy.

During pre-treatment assessment, a treatment plan is developed that identifies the core deficits and aberrant behaviors, and includes designated interventions intended to address these deficits and behaviors and achieve individualized goals. Treatment plans are reviewed for medical necessity (defined below) twice annually to allow re-assessment and to document treatment progress.

A Functional Behavioral Assessment (FBA) may also be a part of any assessment. An FBA consists of:

a. Description of the problem (topography, onset/offset, cycle, intensity, severity)
b. History of the problem (long-term and recent)
c. Antecedent analysis (setting, people, time of day, events)
d. Consequence analysis
e. Impression and analysis of the function of the problem

For additional information about ABA treatment, documentation requirements and other topics, please refer to your provider manual and Lucet's Autism Resource Center.

Medical Necessity

Medical necessity is defined in the controlling specific health plan and/or group documents.

For additional information about ABA treatment, CPT codes, documentation requirements and other topics, please refer to Lucet' provider manual.

Service Intensity Classification

ABA treatment programs are customized specific to the member based upon the findings from the pre-treatment assessment. Service delivery generally follows two treatment models: (1) comprehensive or (2) focused treatment. Providers should select the model needed to achieve the skills identified in the pre-treatment assessment and subsequent reassessments.

Comprehensive

Comprehensive ABA treatment targets members whose treatment plans address deficits in all core symptoms of Autism. This treatment level, which requires very substantial support, should initially occur in a structured setting with 1:1 staffing and should advance to the least restrictive environment appropriate for the member. This treatment is primarily directed to children ages 3 to 8 years old. Caregiver training is an essential component of Comprehensive ABA treatment.

Comprehensive treatments range from 25 to 40 total hours of direct services weekly. Comprehensive treatment includes ABA delivery from ABA provider directly to individual recipient, caregiver training, case supervision, and treatment planning; it may also include ABA services provided in a group setting.

Focused

Focused treatment targets a limited number of behavior goals requiring support of ABA treatment. Behavioral targets include marked deficits in social communication skills and restricted, repetitive behavior such as difficulties coping with change. In cases of specific aberrant and/or restricted, repetitive behaviors, attention to prioritization of skills is necessary to prevent and offset exacerbation of these behaviors, and to teach new skill sets. Identified aberrant behaviors should be addressed with specific procedures outlined in a Behavior Intervention Plan. Emphasis is placed on group work and caregiver training to assist the member in developing and enhancing his/her participation in family and community life, and developing appropriate adaptive, social or functional skills in the least restrictive environment.

Focused treatments typically range from 10 to 25 total hours of direct services per week. This treatment may include delivery from ABA provider directly to individual recipient or group of recipients, caregiver training, case supervision, and treatment planning.

ABA PRE-TREATMENT ASSESSMENT REQUEST

***MUST MEET ALL OF THE FOLLOWING*:**

1. The member has a diagnosis of Autism Spectrum Disorder (ASD) based on criteria used in the current DSM, from a clinician who is licensed and qualified to make such a diagnosis. Such clinicians are usually a neurologist, developmental pediatrician, pediatrician, psychiatrist, licensed clinical psychologist or medical doctor experienced in the diagnosis of ASD.

a. Documentation of the diagnosis must be accompanied by a clinical note of sufficient depth that allows concordance with current DSM criteria for core symptoms of ASD. Please note: Results of autism screening measures are not an autism diagnosis; a complete diagnostic evaluation must be completed, including an ASD-specific standardized assessment.
b. The comprehensive diagnostic evaluation must rule out behavior/medical diagnoses that may have similar symptom presentations. This includes neurological disorders, hearing disorders, behavior disorders and other developmental delays.

2. Hours requested are not more than what is required to complete the pre-treatment assessment.
3. All assessment services are provided in a manner consistent with the Lucet Provider Manual, the Behavior Analysis Certification Board's *Ethics Code for Behavior Analysts* or relevant ethics code, generally accepted standards of care, and applicable state laws.

INITIAL ABA TREATMENT AUTHORIZATION REQUEST
***MUST MEET ALL OF THE FOLLOWING*:**

1. Diagnostic Criteria as set forth in the previous section are met.
2. Documentation of psychological assessment, including autism-specific testing, adaptive behavior testing and cognitive evaluation to define baseline functioning. Any assessment should be accompanied by a formal report detailing the scores achieved and the results of the assessment.
3. The following baseline data must have been completed no longer than five (5) years prior to or scheduled within ninety (90) days of the pre-treatment assessment. Baseline data must include the following components:
   a. Developmental and cognitive evaluation
   b. Autism-specific assessment that identifies the severity of the condition
   c. Adaptive behavior assessment completed within six (6) months of start date of treatment
   d. Neurological evaluation as part of a comprehensive physical examination
4. Treatment goals and clinical documentation must be focused on active ASD core symptoms, deficits that inhibit daily functioning, and aberrant behaviors that require the expertise of a Behavior Analyst. The treatment goals include a plan for stimulus and response generalization in novel contexts.
5. ABA treatment is not designed to attain academic performance.
6. ABA treatment is not a substitute for psychotherapy, occupational therapy or other medical or behavioral health services.
7. Detailed, individualized coordination of care, safety planning, and discharge planning are conducted on an ongoing basis as part of treatment planning.
8. For comprehensive treatment, the requested ABA services are designed to reduce the gap between the member's chronological and developmental ages such that the member is able to develop or restore function to the maximum extent practical

(OR) for focused treatment, the requested ABA services are designed to reduce the burden of selected targeted symptoms on the member, family, and other significant people in the environment and to target increases in appropriate alternative behaviors.

9. Treatment is provided in the setting and intensity that is appropriate for the member's clinical needs, determined by where target behaviors are occurring and where treatment is likely to impact those target behaviors.
10. Treatment is provided in a manner consistent with the Lucet Provider Manual, the Behavior Analysis Certification Board's *Ethics Code for Behavior Analysts* or relevant ethics code, generally accepted standards of care, and applicable state laws. In the absence of a state law, line therapy services are to be provided by a Registered Behavior Technician (RBT), Board Certified Assistant Behavior Analyst, or Master level or Doctoral level Board Certified Behavior Analyst
11. The treatment plan must include a plan to support the member's ability to generalize skills across stimuli, contexts, and individuals, via caregiver training or an appropriate alternative. The provider should be able to demonstrate how instructional control will be transferred to caregivers. In the absence of successful caregiver involvement in treatment, provider should identify an appropriate alternate plan to promote the member's ability to generalize skills outside of therapy sessions, including post-discharge.

CONTINUED ABA TREATMENT AUTHORIZATION REQUEST
***MUST MEET ALL OF THE FOLLOWING*:**

1. Criteria 1-11 in the INITIAL ABA TREATMENT AUTHORIZATION REQUEST section are met.
2. Provider demonstrates:
   a. Documentation of clinical or social benefit to the child from treatment
   b. Identification of new or continuing treatment goals
   c. Development of a new or continuing treatment plan based on progress evidenced by the member's behavioral changes and increased skill acquisition.

Summary of Evidence

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition outlines the diagnostic criteria of autism spectrum disorder. It discusses diagnostic features, associated features, prevalence, severity of ASD (specifiers), development of ASD, course of ASD, risk factors, and prognostic factors. It further covers diagnostic issues related to culture, gender, association with suicide, functional consequences, differential diagnosis, and co-morbidity.

The 2021 Surveillance of Autism outlines how Autism is diagnosed and treated in the United Kingdom. It reviews recommendations for recognition, referral, diagnosis,

support, and management in those up to age 19 along with diagnosis and management in those over the age of 19.

The Ethics Code for Behavior Analysts outlines four foundational principles that every behavior analyst is recommended to strive to embody. They are to benefit others; treat others with compassion, dignity, and respect; behave with integrity, and ensure their own competence.

Applied Behavior Analysis, 3rd Edition provides a comprehensive and updated description of applied behavior analysis. It outlines the principles and procedures for changing and analyzing socially important behaviors. It covers selecting, defining, and measuring behavior; evaluating and analyzing behavior change; reinforcement; punishment; antecedent variables; verbal behavior; developing behavior; decreasing behavior without punishment; functional assessment, and promoting generalized behavior change; negative reinforcement; motivation; verbal behavior; functional behavioral assessment; and ethics.

The Article, **Identification, Evaluation, and Management of Children with Autism Spectrum Disorder** published by the American Academy of Pediatrics, outlines the prevalence, the areas where youth with this condition need support, and communicates that evidence-based treatments may improve functioning. It highlights that co-morbidities need to be kept in mind during evaluation and the course of treatment. And it highlights the importance of collaborating with families to determine interventions.

The **Efficacy of ABA for Individuals with Autism Across the Lifespan** article discusses how applied behavior analysis necessarily evolves over the course of an individual's lifespan shifting from instruction of comprehensive skill repertoires to focusing on more adaptive skills for functioning in vocational, personal, community and leisure settings.

The **Work, living, and the pursuit of happiness: Vocational and psychosocial outcomes for young adults with autism** article highlights the importance of adaptive skills, friendships, and verbal intelligence. It also focuses on the importance of familial support and increasing independence of the individual in close collaboration with the family.

The **Early Intensive Behavioral Intervention (EIBI) for Young Children with Autism Spectrum Disorders** article discusses the evidence supporting the efficacy of this treatment which is based on ABA and aims to lessen the impact of ASD. The article describes the treatment that is typically delivered for multiple years at 20-40 hours per week.

The **Autism Intervention Meta-Analysis of Early Childhood Studies (Project AIM)** article synthesizes recent high-quality evidence supporting the effectiveness of specific

early childhood interventions for autism. However, only naturalistic developmental behavioral interventions (NDBIs) show effectiveness in addressing core challenges associated with autism.

The University of North Carolina **Evidence based practices for children, youth, and young adults with Autism** report is a systematic review of the literature and outlines a set of practices that have clear evidence of positive effects in the treatment of autistic children and youth.

The article **Measures used to assess treatment outcomes in children with autism receiving early and intensive behavioral interventions** reviews outcome measures used in clinical practice for children with ASD. Key recommendations include use of tools with strong psychometric properties that assess real-world functioning.

Exceptions

Exceptions to this medical policy must be approved by Lucet Chief Medical Officer or their designee.

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Related Documents

GUIDES / HANDOUTS
N/A

FORMS
N/A

Document History

Date	Action	By Whom	Summary
09/2025	Revision	Medical Policies Workgroup	• Clarified baseline data requirements. • Updated summary of evidence. • Added 2 references.

			• Removed 1 reference.
09/2024	Revision	Chief Medical Officer	• Added summary of evidence. • Updated 2 references.
01/2024	Revision	Chief Medical Officer	
09/2023	Revision	Chief Medical Officer	
09/2022	Annual Review	Chief Medical Officer	
09/2021	Annual Review	Chief Medical Officer	
09/2020	Annual Review	Chief Medical Officer	
09/2019	Annual Review	Chief Medical Officer	
09/2018	Annual Review	Chief Medical Officer	
10/2017	Annual Review	Chief Medical Officer	
01/2017	New	Chief Medical Officer	

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