

## MEDICAL POLICY – 3.01.510

## Applied Behavior Analysis (ABA)

Effective Date: Sept. 1, 2024

Last Revised: Feb. 4, 2025

Replaces: N/A

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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## Introduction

Applied behavior analysis (ABA) applies the principles of how people learn and their motivations to change behavior. The idea behind ABA is that behaviors that are rewarded will increase and behaviors that are not rewarded will decrease and eventually stop. There are several different ABA techniques. Generally, each focuses on what happens before a behavior occurs and what happens after. ABA has been used for people with autism to try to increase language and communication, enhance attention and focus, and help with social skills and memory. This policy describes when ABA may be considered medically necessary. It also discusses the providers the plan covers for ABA services, and the usual number of hours covered during ABA evaluation and therapy.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

## Policy Coverage Criteria

**Applied Behavior Analysis (ABA) may be considered medically necessary when the following criteria (Diagnosis, ABA Services, ABA Treatment Services Settings, and ABA**

Service Providers) are met. Some plans may review additional or different criteria for medical necessity; please refer to member contract language and any additional plan information.

Service	Medical Necessity
<b>Diagnosis</b>	<p><b>A diagnosis of Autism Spectrum Disorder (DSM-5/DSM-5-TR), or Autistic Disorder, Asperger’s Syndrome, or Pervasive Developmental Disorder Unspecified aka Atypical Autism (ICD-10), hereafter referred to collectively as Autism Spectrum Disorder, is made by a healthcare professional whose legally permitted scope of licensure includes diagnosis of psychiatric disorders or neurodevelopmental disorders.</b></p> <p><b>ABA is considered not medically necessary for any other diagnoses or conditions.</b></p>
<b>ABA Services</b>	<p><b>The services consist of any of the following and are consistent with the services listed in the Coding section below :</b></p> <ul style="list-style-type: none"> <li>• Initial functional behavioral analysis</li> <li>• Periodic functional behavioral analyses</li> <li>• Individual treatment</li> <li>• Group treatment</li> <li>• Parent/caretaker/guardian education, training, coaching, and/or support, with or without the identified individual</li> <li>• Other services that are not treatment services, but which are components of ABA: <ul style="list-style-type: none"> <li>○ Case review;</li> <li>○ Data analysis;</li> <li>○ Real-time communication/coordination/consultation with other providers or with school personnel;</li> <li>○ Supervision of therapy assistants/technicians/paraprofessionals</li> <li>○ Treatment plan development;</li> <li>○ Treatment plan revision;</li> <li>○ treatment team conferences;</li> </ul> </li> </ul> <p><b>Note:</b> For more detailed descriptions of ABA treatment services, including recommendations regarding the intensity of treatment services, refer to Behavior Analyst Certification Board. Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for</p>



Service	Medical Necessity
	<p>Healthcare Funders and Managers. Second Edition. Littleton, CO: Behavior Analyst Certification Board, 2014, and Behavior Analyst Certification Board. Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.). Littleton, CO: Behavior Analyst Certification Board, 2019.</p>
<p><b>ABA Treatment Services Settings</b></p>	<ul style="list-style-type: none"> <li>• Services are provided most often in the home setting or clinic setting, but may also be provided in community settings depending on the settings where significant difficulties occur or when progressing towards completion of treatment.</li> <li>• Services may be provided in-person or via secure real-time video and audio telehealth/virtual modalities, or via a combination of in-person and telehealth/virtual modalities.</li> <li>• Some portion of the direct treatment services for the identified individual (no specific time amount is specified) may take place in the school setting when behavioral or other difficulties that are manifestations of the individual's Autism Spectrum Disorder are evident and problematic in the school setting. Direct treatment services in the school setting must consist entirely of bona-fide ABA treatment activities. Any other activities by ABA clinicians in the school setting are considered not medically necessary, including but not limited to functioning as a classroom aide/assistant for the individual, functioning as a 1:1 teacher for the individual, or acting in any capacity that is a responsibility of the school system.</li> </ul> <p><b>Note:</b> Some plans may exclude coverage of ABA in school or educational settings. Refer to member contract language.</p>

### Applied Behavior Analysis (ABA) Service Providers

**Applied Behavior Analysis (ABA) services are under the direction and supervision of any of the following types of clinicians, who are usually referred to as program managers or lead behavioral therapists. Covered non-treatment services including Functional Behavior Analyses, program development, treatment plan development and/or revision, data analysis, case review, communication and coordination with other providers and agencies, and**



## Applied Behavior Analysis (ABA) Service Providers

**supervision, are provided by these types of clinicians. Direct treatment services may also be provided by these types of clinicians:**

- State licensed or certified Behavior Analysts. Behavior analysts must be state licensed or state certified in states that require state licensure or state certification for behavior analysts. (State licensed Behavior Analysts may be referred to as LBAs.)
- Board Certified Behavior Analysts (BCBAs), certified by the Behavior Analyst Certification Board, in states that do not require state licensure or state certification for behavior analysts.
- State licensed physicians who are psychiatrists, developmental pediatricians, or pediatric neurologists.
- State licensed psychiatric advanced nurse practitioners/psychiatric advanced registered nurse practitioners.
- State licensed Master's or Doctoral level psychologists who are licensed to practice independently, without supervision.
- State licensed Master's or Doctoral level mental health clinicians (e.g., licensed clinical social workers, licensed marriage and family counselors, licensed mental health counselors) who are licensed to practice independently, without supervision.
- State licensed Master's or Doctoral level occupational therapists or speech therapists who are licensed to practice independently, without supervision.
- Any other provider whose legally permitted scope of licensure includes specific non-treatment services.

**Direct treatment services may also be provided by the following:**

- Behavioral technicians (also referred to as therapy assistants or paraprofessionals) when supervised by a program manager or lead behavioral therapist. Behavioral technicians/therapy assistant/paraprofessionals must be state registered, certified, or licensed in states that require state registration, certification, or licensure for those practitioners.
- Board-Certified assistant Behavior Analysts (BCaBAs). Board-Certified assistant Behavior Analysts must be state licensed or certified in states that require state licensure or certification for BCaBAs. (State licensed assistant Behavior Analysts may be referred to as LaBAs.)
- State licensed Master's or Doctoral level psychologists who are not licensed to practice independently and whose scope of licensure requires them to practice under supervision.
- State licensed Master's or Doctoral level mental health clinicians (e.g., licensed clinical social workers, licensed marriage and family counselors, licensed mental health counselors) who are not licensed to practice independently and whose scope of licensure requires them to practice under supervision.



## Applied Behavior Analysis (ABA) Service Providers

- State licensed Master's or Doctoral level occupational therapists or speech therapists who are not licensed to practice independently and whose scope of licensure requires them to practice under supervision.
- Any other provider whose legally permitted scope of licensure includes behavior analysis.
- In Washington State, any agency that is licensed by the state Department of Health as a Behavioral Health Agency and the agency's licensure includes ABA services.
- In other states, any agency that is licensed or certified or otherwise approved by the state to provide ABA services.

## Licensed assistant Behavior Analysts (LaBAs) or Board-Certified assistant Behavior Analysts (BCaBAs):

- LaBAs or BCaBAs may not provide ABA direct treatment services without supervision by a Board-Certified Behavior Analyst, Licensed Behavior Analyst, or other higher-level licensed clinician unless permitted under state law or regulation. Direct treatment services provided by LaBAs or BCaBAs are considered to be equivalent to services provided by behavioral technicians/therapy assistants/paraprofessionals.
- LaBAs or BCaBAs may function as program managers/lead behavioral therapists, and may provide supervision to behavioral technicians/therapy assistants/paraprofessionals, in states in which state law or regulation stipulates that such functioning is in the legally-permitted scope of licensure of LaBAs or BCaBAs. When a LaBA or BCaBA provides supervision to behavioral technicians/therapy assistants/paraprofessionals, then supervision of the LaBA or BCaBA by a licensed behavior analyst (LBA), a BCBA, or other higher-level licensed clinician is considered to be a component of the LaBA's or BCaBA's training and is therefore not a medically necessary component of the ABA treatment program.

## Supervision

- When direct treatment services are provided by behavioral technicians/therapy assistants/paraprofessionals, or by BCaBAs for whom supervision of direct treatment services is required, or by Master's or Doctoral level clinicians who are not licensed to practice independently and can only provide services under supervision, supervision is provided by the ABA program manager or lead behavioral therapist. Some supervisory time (no specific time amount is specified) should be utilized for direct observation of treatment service provision by the clinician being supervised.
- Supervision may be provided in-person or via secure real-time video and audio telehealth/virtual modalities, or via a combination of in-person and telehealth/virtual modalities.



## Applied Behavior Analysis (ABA) Service Providers

**Note:** For recommendations regarding the frequency of supervision, refer to Behavior Analyst Certification Board. Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers. Second Edition. Littleton, CO: Behavior Analyst Certification Board, 2014.

### Coding

Code	Description
<b>CPT</b>	
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior
0373T	Adaptive behavior treatment protocol with modification, each 15 minutes of technician's time face-to-face with a patient, requiring the following components:  Administration by the physician or other qualified health care professional who is on site;  With the assistance of two or more technicians;  For a patient who exhibits destructive behavior;  Completion in an environment that is customized to the patient's behavior (0373T is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians.)
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes



Code	Description
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
<b>HCPCS</b>	
H0031	Mental health assessment – Used for initial evaluation/assessment, initial functional analysis, and periodic functional analysis re-assessments (must be done by a program manager/lead behavioral therapist)
H0032	Mental health service plan development – Used for program development, treatment plan development or revision, data analysis, case review, treatment team conferences, supervision of therapy assistants/paraprofessionals, and for real-time direct communication/coordination with other providers (must be done by a program manager/lead behavioral therapist)
H2014	Skills training and development, per 15 minutes – Used for direct services to member and/or parents (including parent education and training) by therapy assistants/behavioral technicians/paraprofessionals
H2019	Therapeutic behavioral services, per 15 minutes – Used for direct services to member and/or parents (including parent education and training) by program managers/lead behavioral therapists
S5108	Home care training to home care client – Used for direct services to member by therapy assistants/behavioral technicians/paraprofessionals
S5109	Home care training to home care client – Used for direct services to member by therapy assistants/behavioral technicians/paraprofessionals
S5110	Home care training, family -- Used for direct services to parents and/or family (including parent education and training) by therapy assistants/behavioral technicians/paraprofessionals
S5111	Home care training, family -- Used for direct services to parents and/or family (including parent education and training) by therapy assistants/behavioral technicians/paraprofessionals

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).



### Benefit Application

Except when otherwise directed by specific health plan stipulations (i.e., member contracts or summary plan descriptions), covered providers for ABA are those which are indicated within the [Applied Behavior Analysis \(ABA\) Service Providers](#) section above.

Except when otherwise directed by specific health plan stipulations (i.e., member contracts or summary plan descriptions), covered services for ABA are those which are listed in the [Coding](#) section above, and services not listed in the Coding section above are not medically necessary covered services for ABA.

Except when otherwise directed by specific health plans, in-network providers of ABA must use the codes listed in the [Coding](#) section above in order to be reimbursed for ABA services.

Except when included in the legally permitted scope of licensure of behavioral technicians/therapy assistants/paraprofessionals, assessments and supporting assessments by behavioral technicians/therapy assistants/paraprofessionals are non-covered (excluded) services due to not being in their legally permitted scope of licensure.

Group treatment sessions are covered for only one clinician for an identified individual regardless of how many clinicians were present for a group session.

Individual treatment when the individual is in a group setting, as distinct from group treatment, is covered only when the clinician is working exclusively with the member for the entire time that the member is in the group setting.

Except when otherwise directed by specific health plan stipulations, program development, treatment plan development and revision, data analysis, case review, supervision of behavioral technicians/therapy assistants/paraprofessionals, and communication/coordination/consultation with other providers are covered services as part of the provision of ABA. Program development, treatment plan development and revision, data analysis, case review, supervision of behavioral technicians/therapy assistants/paraprofessionals, and communication/coordination/consultation with other providers are covered only for program managers/lead behavioral therapists.

Team meetings are covered only (1) when they are specifically for treatment plan development or revision or case review for one specific individual, or (2) when meeting with the parents of one specific individual to discuss the treatment of that individual. Team meetings are covered for only one clinician, a program manager or lead behavioral therapist, regardless of how many clinicians attended a team meeting.



Time spent just charting data or plotting graphs, as distinct from actual analysis of data, are not separate medically necessary services.

Time in supervision of behavioral technicians/therapy assistants/paraprofessionals is not a covered service for the behavioral technicians/therapy assistants/paraprofessionals because the service being provided (supervision) is being delivered by program managers/lead behavioral therapists, not by the behavioral technicians/therapy assistants/paraprofessionals. Exception: When the program manager/lead behavioral therapist is supervising the behavioral technician/therapy assistant/paraprofessional while the latter is providing covered direct treatment services, then for only the time during which that is taking place, both the supervision by the program manager/lead behavioral therapist and the direct treatment services by the behavioral technician/therapy assistant/paraprofessional are covered services.

Services provided in a school setting that are not bona-fide ABA direct treatment activities, e.g., functioning as a classroom aide for the individual, functioning as a 1:1 teacher for the individual, or any service that is a function of and the responsibility of the school system, are not ABA services and are therefore not medically necessary under the ABA benefit.

Schools and school programs for individuals with Autism Spectrum Disorder, and tuition for specialized schools for individuals with Autism Spectrum Disorder, are non-covered activities and services because schools are not covered facility types, and educational therapy, educational services, and services that are the responsibility of school districts, and should therefore be provided by school staff, are specifically excluded from coverage (except if otherwise directed by specific health plan stipulations). Although such schools or programs may claim that they consist of ABA services, significant portions of the school day or programs are for educational and other activities that are not ABA services. Coverage is allowed for direct service provision in the school setting that consists entirely of bona-fide ABA treatment activities, delivered by covered ABA providers.

Camps, camp programs, day camps, school break camps, summer camps, and any similar activities, even if specifically for persons with Autism Spectrum Disorder, are non-covered activities because camping, camp programs, recreational programs, and recreational programs are specifically excluded from coverage (except if otherwise directed by specific health plan stipulations). Although such programs may claim that they consist of ABA services, significant portions of the programs are for recreational purposes (not covered) and are for the purpose of providing professional assistance so that youngsters with Autism Spectrum Disorder can partake of normal recreational camp activities, which does not constitute the provision of treatment. In addition, the goals and interventions in these programs are not a continuation of the same goals and interventions that were in place prior to the camp programs, do not continue as part of the individuals' ABA treatment after the camp programs, and generally do not target specific



individualized impairments that were being targeted for treatment prior to the camp programs and that will continue to be being targeted for treatment after the camp programs, i.e., the goals, interventions, and targeted impairments are not components of individuals' ongoing ABA treatment plans and services. Also, although 1:1 direct treatment services constitute the core component of and the majority of time for ABA, these programs provide little or no direct treatment services.

Services may be provided in-person or via secure real-time video and audio telehealth/virtual modalities, or via a combination of in-person and telehealth/virtual modalities.

The following are considered to be unnecessary duplication of services and therefore not medically necessary in the provision of ABA services:

- More than one program manager/lead behavioral therapist for an identified individual at any one time or during the same episode of treatment (except if permitted by specific health plan stipulations).
- More than one clinician providing direct ABA treatment services to the same identified individual at the same time.
- More than one provider group/clinic/agency/organization providing ABA services for an identified individual at any one time or during the same episode of treatment (except if permitted by specific health plan stipulations).

Exception: More than one provider group/clinic/agency/organization providing ABA services for an identified individual at any one time or during the same episode of treatment may be considered medically necessary when a second provider group/clinic/agency/organization is providing a time limited (short term) service that is highly specialized, is substantially different than the ABA services of the primary provider, and which is a service that most ABA providers would not be able to provide and which the primary ABA provider is not able to provide (e.g., a time limited ABA based intensive feeding program for an individual whose ABA symptomatology includes significant disordered eating behaviors).

The provision of ABA treatment and a different type of treatment (e.g., ABA and speech therapy, or ABA and occupational therapy) to the same identified individual at the same time is considered to be not medically necessary. Individuals with Autism Spectrum Disorder cannot adequately focus on and engage in two different treatment modalities simultaneously.

With the exception of group treatment sessions, the provision of ABA direct treatment services to more than one identified individual in the same treatment session is considered to be not medically necessary. There is no established clinical need for or advantage to more than one individual in a treatment session other than group treatment sessions. This does not apply to



family therapy, or to collateral sessions with a parent or parents, in which or for which there is only one identified individual. However, this does apply to treating siblings with the exception of bona-fide family therapy sessions or group treatment sessions (the latter are expected to include other individuals, not just siblings). The provision of ABA direct treatment services to siblings at the same time, except for family sessions, is considered to be not medically necessary.

Activities and therapy modalities that do not constitute behavioral assessments and interventions utilizing applied behavior analysis techniques are considered to not constitute ABA services and are therefore either non-covered services if listed as member contract exclusions, or are otherwise considered to be not medically necessary for ABA. Examples include (but are not limited to):

- Training of behavioral technicians/therapy assistants//paraprofessionals, or Board-Certified assistant Behavior Analysts, or Master's or Doctoral level clinicians who are not licensed to practice independently and can only provide services under supervision (as distinct from supervision)
- Preparation work prior to the provision of services
- Accompanying the identified individual to appointments or activities outside of the home (e.g., recreational activities, eating out, shopping, play activities, medical appointments), except when the identified individual has demonstrated a pattern of significant behavioral difficulties during specific activities, in which case the clinician is present to actively provide treatment, not to just supervise, control, or contain the identified individual
- Transporting the identified individual in lieu of parental/other family member transport, except when the identified individual has demonstrated a pattern of significant behavioral difficulties during transport, in which case transport is still provided by parent/other family member, and the clinician is present to actively provide treatment to the identified individual during transport, not to just supervise, control, or contain the identified individual
- Assisting the member with academic work or functioning as a tutor, except when the member has demonstrated a pattern of significant behavioral difficulties during school work
- Functioning as an educational or other aide for the identified individual in school
- Provision of services that are part of an IEP and therefore should be provided by school personnel, or other services that schools are obligated to provide
- Provider doing housework or chores, or assisting the identified individual with house work or chores, except when the member has demonstrated a pattern of significant behavioral



difficulties during specific house work or chores, or acquiring the skills to do specific house work or chores is part of the ABA treatment plan for the identified individual

- Provider travel time
- Transporting parents or non-individual family members
- Babysitting
- Respite for parents/caretakers/guardians or family members
- Provider residing in the member's home and functioning as live-in help (e.g., in an au-pair role)
- Peer-mediated groups or interventions
- Multiple family group therapy or training or guidance
- Training or classes for groups of parents/caretakers/guardians of different individuals
- General parenting coaching
- Training of nannies, au-pairs, or similar persons
- Hippotherapy/equestrian therapy
- Pet therapy
- Auditory Integration Therapy
- Sensory Integration Therapy
- Visual Field Analysis

## Evidence Review

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### 2022 Update

Credible literature<sup>14-18</sup> subsequent to the start of the COVID-19 pandemic plus extensive observational experience during the pandemic have demonstrated that clinical outcomes from the provision of ABA services by virtual/telehealth modalities, including direct treatment



services, supervision, and ancillary services such as treatment planning, are non-inferior to clinical outcomes with in-person services, and allow for uninterrupted treatment for persons in locations without access to in-person services, who previously did not have access to ABA services. Due to the limited ability of some youngsters with Autism Spectrum Disorder to remain engaged with therapists virtually when treatment proceeds for several consecutive hours daily, virtual/telehealth direct treatment services may introduce parent/caretaker/guardian teaching and coaching earlier in a course of treatment and may utilize greater periods of time for parent/caretaker/guardian teaching and coaching, than in-person sessions. This can be clinically advantageous since one of the primary end goals of ABA treatment of youngsters is to eventually transfer management of continued autism-related difficulties to parents/caretakers/guardians.

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## History

Date	Comments
11/10/14	New policy. Add to Mental Health section. Considered medically necessary when criteria are met.
02/10/15	Annual Review. Policy Guidelines section updated with clarifying language to indicate that, when deemed appropriate, functional analysis re-assessments are generally conducted once every 6 to 12 months. Benefit Application section updated to specify covered services for ABA for Autism Spectrum Disorders are those which are represented by those codes listed within the Coding section, unless otherwise directed by specific health stipulations.
04/14/15	Interim Update. Policy section updated with an additionally not medically necessary statement addressing the use of ABA for conditions and criteria other than those listed. "Any other state-licensed Behavior Analyst" added to the list of approved providers of ABA within the Policy Guidelines and is considered to be equivalent. Visual field analysis is added to the list of indications within the Benefit Application



Date	Comments
	section which are not considered to constitute ABA services. Additional ICD-10 codes related to Autism Spectrum Disorder added to the Policy section.
10/13/15	Interim Update. Policy statement updated to indicate “lead therapist, or supervising clinician” as an option to a program manager in facilitating this service, when provided in conjunction with a therapists or therapist assistant. Clarification made to the meaning of a “Board Certified Behavior Analyst (BCBA)” and variance of state licensure requirements within the Policy Guidelines. “Multiple family group therapy” added to the list of items outside of the scope of ABA services referenced in the Benefit Application section, ICD-9 and ICD-10 codes added.
04/01/16	Annual Review, approved March 8, 2016. Policy updated within the Policy Guidelines and Benefit application section to address services provided in the school setting.
07/01/16	Interim Update, approved June 14, 2016. Policy Guidelines section updated to indicate that any provider with appropriate training in behavior analysis, or whose scope of licensure includes behavior analysis, is a qualified ABA provider. Benefit application section updated to indicate that direct service provision by telehealth modalities is considered to be not medically necessary due to lack of credible scientific evidence.
09/01/16	Interim Update, approved August 9, 2016. Update to Policy Guidelines.
12/01/16	Interim Review, approved November 8, 2016. Updated policy statement with clarifying language. Updated Benefit application section with telehealth criteria.
01/01/17	Interim Review, approved December 13, 2016. Clarification made to the Policy Statement on comprehensive assessment. Updated the language in the Policy Guidelines. Added codes S5108, S5109, S5110, S5111. Updated Benefit Application criteria to clarify services not listed in the coding section aren’t covered services for ABA for Autism Spectrum Disorders.
02/01/17	Annual Review, approved January 10, 2017. Updated language on individualized treatment plan in the Policy Statement. Added codes 0362T and 0363T. No other changes made.
04/01/17	Interim Review, approved March 14, 2017. Added coverage criteria clarifications to Benefit Application section.
06/01/17	Interim Review, approved May 23, 2017. Policy moved into new format. Added note that supervision of ABA must be provided by licensed behavior analysts in states in which require that. Added statements that providing two different types of treatment (ABA and non-ABA) simultaneously is not medically necessary, and providing ABA treatment to more than one patient simultaneously (except for social skills groups) is not medically necessary.
08/01/17	Interim Review, approved July 25, 2017. Clarifications made to policy statement. Added additional comments for required state registration, certification or licensure of therapy assistants and/or BCaBAs in some states. Added clarification regarding the type of group therapy covered, the covered providers for group therapy, and the number of group sessions per day. Added clarification regarding when team meetings



Date	Comments
	are covered. Added clarification regarding charting data and plotting graphs. Added clarification that camp programs are not covered, with explanatory comments. Added comment that direct treatment services to siblings together is not medically necessary. Added preparation work to the list of activities that are not ABA services. Added clarification that when accompanying or transporting a member to appointments/activities, or assisting a member with schoolwork, because of significant behavioral difficulties during such activities, the clinician must be present to provide treatment, not just for control or containment.
10/01/17	Interim Review approved September 5, 2017. Minor addition in the Applied Behavior Analysis section to allow for coverage of supervision conducted by Licensed Assistant Behavior Analysts in states in which that function is within their legally-permitted scope of practice.
12/01/17	Interim Review, approved November 9, 2017. Clarification added regarding services not utilizing applied behavioral analysis techniques; they are either contract exclusions or not medically necessary depending on the member's contract language. Also added clarification regarding school and school programs; these are not covered parts of ABA.
03/01/18	Interim Review, approved February 27, 2018. Added clarification regarding when individual treatment can be covered in a group setting. Also added clarification regarding what is not covered for schools. Clarified BCaBAs criteria.
11/01/18	Annual Review, approved October 26, 2018. No changes to policy statement.
11/01/19	Annual Review, approved October 4, 2019. Literature review through September 2019, no changes to policy statements. Added CPT codes 97151, 97153, 97154, 97155, 97156, and 97158.
01/01/20	Coding update, removed CPT codes 0359T, 0363T, 0364T, 0365T, 0368T, 0369T, 0370T, and 0372T as they terminated 1/1/19.
04/01/20	Interim Review, approved March 26, 2020. Provisions added to allow coverage of supervision and all ABA services by remote/telehealth modalities during times when social distancing is recommended by government agencies.
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statements.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statements.
11/01/22	Annual Review, approved October 24, 2022. No changes to policy statements. Changed the wording from "patient" to "individual" throughout the policy for standardization.
01/01/23	Interim Review, approved December 12, 2022. Based on interim literature and extensive observational experience during the COVID-19 pandemic, provisions that were previously added to allow coverage of supervision and all ABA services by remote/telehealth modalities during times when social distancing is recommended by government agencies have been modified to allow coverage of supervision and all





Date	Comments
	ABA services by remote/telehealth modalities at any time without restrictions. Added 2022 Update in Evidence Review. Added References 14-18.
02/01/23	Annual Review, approved January 10, 2023. Policy changes will be effective May 2, 2023 following 90-day provider notification. Criteria re-arranged and redundancies eliminated for improved clarity, for improved ease of locating a particular medical necessity category, and in an order that is more consistent with how services are actually provided. Deleted the cell about psychotherapy due to that being N/A for how ABA is delivered. Updated diagnostic terminology for consistency with DSM-5-TR and ICD-10. Expanded the types of clinicians who can diagnose Autism Spectrum Disorder to any healthcare professional whose legally permitted scope of licensure includes diagnosis of psychiatric disorders or neurodevelopmental disorders. Clarified that the maximum number of medically necessary hours of daily and weekly ABA services applies only treatment hours (not to other components of ABA). Clarified that after the initial Functional Behavioral Analysis, Functional Behavioral Analysis re-assessments are considered to be medically necessary no more frequently than once every 6 months. Clarified which ABA services can and cannot be provided by Master's and Doctoral level clinicians who are not licensed to practice independently and can only practice under supervision. Updated the requirements for agencies to be considered to be ABA treatment services providers. Added a provision in the Benefit Application section that assessments and supporting assessments by behavioral technicians/therapy assistants/paraprofessionals are non-covered (excluded) services except when included in their legally permitted scope of licensure. Removed the restriction for group treatment sessions that only social skills group sessions are covered for ABA. Removed the limitation of a maximum of two group sessions daily. Added "Group treatment sessions are covered for only one clinician for an identified individual regardless of how many clinicians were present for a group session" to the Benefit Application section. Added general parenting coaching, and training of nannies or au-pairs or similar persons, to the list of activities that are considered to not constitute ABA services. Added CPT code 0373T. Updated Reference 3 to the most recent version. Corrected minor typos in Reference 11. Minor wording changes made throughout for improved clarification.
08/01/23	Interim Review, approved July 24, 2023. Added comments that State licensed Behavior Analysts may be referred to as LBAs, and State licensed assistant Behavior Analysts may be referred to as LaBAs. Included licensed assistant Behavior Analysts (LaBAs) in the section addressing services that Board-Certified assistant Behavior Analysts may provide. Deleted alternate coding note on code 0362T.
01/01/24	Interim Review, approved December 12, 2023. Significant revision, focusing on criteria that are utilized by Company plans for medical necessity or coverage determinations (diagnosis, types of services, treatment settings, and covered provider types), and removing criteria that are no longer utilized by Company plans for medical necessity or coverage determinations. Added recommendations to refer to the most recent editions of Behavior Analyst Certification Board documents for guidance regarding details and intensity of treatment service and frequency of supervision. Added



Date	Comments
	citations in the References section for the most recent editions of relevant Behavior Analyst Certification Board documents.
09/01/24	Annual Review, approved August 12, 2024. Policy statements unchanged.
02/04/25	Minor correction made to policy criteria formatting.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

