MEDICAL POLICY

Medical Policy Title	**Applied Behavior Analysis**
Policy Number	**3.01.11**
Current Effective Date	**June 18, 2026**
Next Review Date	**June 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Applied Behavior Analysis (ABA) is considered **medically appropriate**. The following services may be included in the assessment and treatment of the member's DSM-5-TR diagnosis:

   A. Medical evaluation (complete medical and developmental history); d

   B. Psychological and/or psychiatric evaluation.

II. Non-ABA intervention methods are considered **investigational**. Examples include, but not limited to: Developmental, Individual-differences, and Relationship-based [DIR/Floortime], Treatment and Education of Autistic and Related Communication- Handicapped Children [TEACCH], Relationship Development Intervention [RDI]).

RELATED POLICIES

Corporate Medical Policy

3.01.24 Neuropsychological and Psychological Testing

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

I. There are specific provider requirements for the referral and provision of ABA services. These requirements are documented in the 'Description' section below.

II. The following documentation must be submitted for purposes of medical necessity review and determination (when applicable):

   A. Any documented reports of completed psychological and/or other testing of the member.

   B. Copy of the member's Individualized Education Program (IEP) document (when applicable).

   C. Progress notes and discharge plan of the Early Intervention Program or Pre-School Special Education Program (when applicable).

   D. Frequency, duration, and location of the requested ABA sessions.

   E. Certification and credentials of the professional providing ABA.

F. The requested clinical supervision hours and documentation to support the request.

G. A copy of the assessment or treatment plan, identifying the target behaviors for ABA.

III. ABA services must have a documented treatment plan with clearly defined goals, objectives, and discharge criteria. The treatment plan and goal progress notes should be submitted for review at least once every 12 months or as state mandated. Documentation should demonstrate monthly updates, at a minimum. The treatment plan may be requested at any point during treatment, for review for continuity of care and/or periodic concurrent medical necessity review.

IV. Requests for continued therapy must include documentation of services received, as well as a graphic representation documenting the measurable progress made by the member, supporting that:

A. There is a reasonable expectation that the member will benefit from the continuation of ABA therapy, as evidenced by measurable progress toward or mastery of treatment goals, or by a modification of the treatment plan in response to prior interventions.

B. Treatment is not making the symptoms worse.

C. There is a reasonable expectation, based on the member's clinical history, that withdrawal of treatment will result in decompensation/loss of progress made or recurrence of signs and symptoms.

Continued progress is determined by improvement in goals outlined in the provider treatment plan across applicable domains, including but not limited to communication, social functioning, adaptive behavior, daily living skills, and reduction of interfering behaviors.

V. Parent/caregiver support and participation are required components of the ABA program. Parent support groups are not considered medically necessary.

VI. Coverage is not available for services stipulated in the IEP of a pre-school member (age three to five years) or a school-age member (ages five to 21 years) as these services are provided by the member's school district and are considered free care or a government program.

A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.

B. If a child is home-schooled, an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for home-schooled children outside New York State will be reviewed on an individual basis, in accordance with regulations of the state in which the member resides.

C. ABA services denied by the school district, including summer services, and not covered in a child's IEP, will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.

D. Interim summer programs are provided by school districts for children whose diagnoses are severe enough to exhibit the need for a structured learning environment of 12 months' duration, to maintain developmental levels. For pre-school children, summer instruction must

be available for those whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months' duration, to prevent substantial regression.

DESCRIPTION

According to the Centers for Disease Control and Prevention (CDC) (2024), multiple treatments are available for autism spectrum disorder (ASD) that aim to reduce symptoms that interfere with daily function and quality of life. These approaches are commonly categorized as behavioral, developmental, educational, social-relational, pharmacological, psychological, complementary/alternative, with some interventions incorporating elements from more than one approach.

Applied Behavior Analysis (ABA)

ABA is an evidence-based treatment approach grounded in principles of behavior analysis that uses objective measurements and data to increase adaptive behaviors and reduce behaviors that interfere with learning and functioning. ABA has been shown to improve language, social communication, social, academic, and vocational skills. Widely recognized as an effective intervention for children and adolescents with autism spectrum disorder (ASD), there is growing but more limited evidence in adults. ABA may also be used to address behavioral needs associated with other developmental conditions, including Down syndrome; however, the evidence for these population is limited.

ABA interventions range from structured, adult-directed approaches (e.g., discrete trial training) to naturalistic interventions implemented with play, daily routines, and natural environments (e.g., pivotal response training). Early intensive behavioral intervention (EIBI), grounded in the principles of ABA, is among the most well-established treatment approaches for young children with ASD. EIBI is characterized by intensive (20–40 hours per week) and long-term (1–4 years) intervention. Treatment intensity should be individualized based on clinical need, and the evidence regarding optimal dosage continues to evolve.

ABA programs are individualized, intensive, and traditionally delivered in a one-to-one, face-to-face format. The Council of Autism Service Providers (CASP 2021) recognizes that ABA services may be delivered in various settings (e.g., home, clinic, school, community) and modalities (e.g., in-person, telehealth) to increase adaptive skills and decrease challenging behaviors in individuals with ASD, as a clinically appropriate for individual needs.

Naturalistic Developmental Behavioral Interventions (NDBIs)

NDBIs integrate principles of applied behavioral with developmental approaches. NDBIs use behavioral teaching strategies to promote developmentally appropriate skills within natural environments, such as play and routine activities. These interventions are typically delivered in natural settings, incorporate child-initiated interactions, and utilize naturally occurring reinforcement. NDBIs emphasize social communication, engagement, and skill acquisition within the context of typical developmental processes.

The Early Start Denver Model (ESDM) is a developmental intervention that incorporates some behavioral analytic teaching methods. ESDM uses play-based, child-initiated interactions and measurable to improve language, play, social communication, and adaptive behavior. Parents and

therapists use play, social exchanges, and shared attention in natural settings to improve language, social, and learning skills.

Other Interventions

Developmental relationship-focused interventions emphasize caregiver responsiveness and child-initiated interaction to support social communication and development. These models typically rely on nondirective, play-based strategies rather than behavior-analytic procedures. Examples include:

- DIRFloortime (Developmental, Individual-differences, and Relationship-based), also known as Floortime, focuses on following the child's lead to promote increasingly complex social interaction.
- Relationship Development Intervention (RDI), which targets social and emotional development within relationships by increasing motivation, interest, and abilities to participate in shared social interactions.

Educational approaches use structured teaching strategies, environmental modifications, and visual supports to facilitate learning, independence, and skill acquisition in educational settings. Examples include:

- Treatment and Education of Autistic and Related Communication- Handicapped Children (TEACCH), which uses structured classroom strategies based on learning strengths and needs to increase independence, communication, and predictability, often within a classroom setting.
- Learning Experiences and Alternative Programs for Preschoolers and their Parents (LEAP), a comprehensive treatment model for preschool-aged children in inclusive settings. LEAP blends principles of ABA with special and general education teaching techniques to support social interaction.

Licensure/Certification Requirements

To be eligible for coverage, ABA services must be provided by, or under the clinical direction and supervision of, a qualified behavior analyst (e.g., Licensed Behavior Analyst [LBA] or Board-Certified Behavior Analyst [BCBA]), who is responsible for assessment, treatment planning, and oversight of care. Assistant-level behavior analysts (e.g., Certified Behavior Analyst Assistant [CBAA] or Board-Certified Assistant Behavior Analyst [BCaBA]) may deliver services under the direction and supervision of a qualified behavior analyst.

Additionally, trained paraprofessionals (e.g., behavior technicians or Registered Behavior Technicians [RBTs]) may provide direct, protocol-driven ABA services under direction and supervision of a qualified behavior analysis. Consistent with NYS Education Law and professional scope of practice requirements, these individuals may only implement treatment plans and collect data but may not perform activities requiring independent clinical judgment, including assessment, diagnosis, or modification of treatment plans. To be an eligible provider, an LBA or equivalent qualified behavior analyst (e.g., BCBA) must:

1. Hold a master's or higher degree from a program registered by the New York State

Education Department, or a program determined by the Department to be substantially equivalent;

2. Have experience in the practice of ABA satisfactory to the New York State Board of Applied Behavioral Analysis and to the Department, in accordance with the commissioner's regulations;
3. Pass an examination acceptable to the Board and the Department, in accordance with the commissioner's regulations;
4. Be at least 21 years of age; and
5. Be of good moral character, as determined by the Department.

To be an eligible provider, a CBAA must:

1. Hold a bachelor's degree or higher degree from a program registered by the New York State Education Department, or a program determined by the Department to be substantially equivalent;
2. Have experience in the practice of ABA satisfactory to the New York State Board of Applied Behavioral Analysis and the Department, in accordance with the commissioner's regulations;
3. Pass an examination acceptable to the Board and the Department, in accordance with the commissioner's regulations;
4. Be at least 21 years of age; and
5. Be of good moral character, as determined by the Department.

SUPPORTIVE LITERATURE

ABA is an intensive behavioral therapy intervention which has been the focus of numerous clinical studies published in peer-reviewed literature. Published evidence supports the efficacy of ABA in improving outcomes for individuals with ASD (Lovaas 1987; Volkmar 1999; Virues-Ortega 2010; Matson 2011; Linstead 2017; Reichow 2018). Studies have provided guidance for clinicians in establishing effective treatment programs for children with ASD.

Neil et al (2021) conducted a meta-analysis of 36 studies demonstrating a medium overall effect, suggesting the use of ABA-based interventions are promising and may be associated with improvements in behavior among individuals with Down syndrome.

The overall evidence for intensive behavioral interventions that are not considered ABA is limited, with insufficient high-quality research to determine their improvement impact on net health outcome. Published evidence includes DIR-Floortime (Solomon 2007, Dionne 2011, Pajareya 2011, Solomon 2014, Divya 2023); TEACCH (Ichikawa 2013, Virues-Ortega 2013; Sandbank 2023); RDI (Gutstein 2009); ESDM (Rogers 2012, Sandbank 2023).

PROFESSIONAL GUIDELINE(S)

American Psychological Association (APA)

The APA (2017) recognizes applied behavior analysis (ABA) as a core skill taught within applied and health psychology training programs in the United States. The APA affirms that the practice and supervision of ABA are grounded in psychological science, supported by evidence-based practice, and fall within the scope of the discipline of psychology.

American Academy of Pediatrics (AAP)

In 2020, the AAP Council on Children with Disabilities issued an updated clinical report on the identification, evaluation, and management of children with ASD into a single report (Hyman 2020). The AAP states that applied behavior analysis improves cognitive functioning and language skills, with better results from more intense therapy, and recommends prompt implementation of evidence-based interventions. The AAP made the following statements related to published evidence:

- A comprehensive ABA approach for younger children, also known as early intensive behavioral intervention, is supported by a few randomized controlled trials (RCTs) and a substantial single-subject literature.
- Developmental relationship–focused interventions (Floortime and RDI) need more research to evaluate efficacy and community use.
- Educational interventions require rigorous studies and are necessary to understand the effectiveness of different models.

Council of Autism Service Providers (CASP)

In 2024, the CASP ASD Practice Guidelines, third edition, describes ABA as a data-driven, evidence-based behavior health treatment that uses - objective assessment, contextual understanding of behavior, promotion of dignity, and use of behavior analysis to improve health, skills, independence, and quality of life. The guidelines support service delivery through both in-person and telehealth modalities when clinically appropriate. Ongoing case supervision by a qualified behavior analyst is required throughout treatment and is generally proportional to treatment dosage, specific supervision ratios may vary based on client complexity, treatment phase, and applicable payer requirements.

In 2021, CASP published Practice Parameters for Telehealth—Implementation of ABA, which provides guidance for designing, implementing, and operating ABA services delivered via telehealth in a broad range of clinical settings. Providers and organizations should consider the potential limitations of telehealth, including individual characteristics, caregiver availability, and features of the treatment environment.

REGULATORY STATUS

New York State (NYS) Insurance Law requires coverage for screening, diagnosis, and treatment of autism spectrum disorder (ASD). In NYS, ABA is included as a form of behavioral health treatment for individuals with a diagnosis of ASD when provided by a licensed, certified or otherwise authorized person to provide ABA. Services must be necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. Such coverage may be subject to annual deductibles, copayments, coinsurance, utilization review, and external appeal rights.

Additionally,

I. School districts are responsible for services provided under an Individualized Education Program (IEP), an Individualized Family Service Plan (IFSP), or an Individualized Services Plan (ISP) in accordance with applicable federal and New York State law.

II. Health Plan coverage may be available for services provided on a supplemental basis outside of the educational setting, when services are prescribed by a licensed physician or licensed psychologist and are not covered by the IEP.

III. NYS Insurance Law does not specify an age limitation for ABA services.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
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
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
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
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
97157	Multiple-family group adaptive behavior treatment guidance, administered by

Code	Description
	physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, 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
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 with protocol modification, 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.

HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
Multiple Codes	

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Applied Behavior Analysis is not addressed in a National Coverage Determination or policy.

Psychiatry and Psychology Services (LCD L33632) [accessed 2026 May 22]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

10/25/12, 10/24/13, 12/11/14, 12/10/15, 12/08/16, 12/14/17, 12/13/18, 10/24/19, 10/22/20, 12/16/21, 12/22/22, 06/22/23, 06/20/24, 06/26/25, 06/18/26

Date	Summary of Changes
06/18/26	• Annual review, policy intent unchanged.
09/02/25	• Policy code edit, removed HCPCS codes that are not ABA.
06/26/25	• Annual review, policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
10/25/12	• Original effective date