

BENEFIT COVERAGE POLICY

Title: BCP-12 Applied Behavioral Analysis (ABA) Therapy for Treatment of Autism Spectrum Disorders

Effective Date: 07/01/2025

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

In compliance with the Affordable Care Act (ACA), each state was mandated to create a list of Essential Health Benefits (EHB) that all "metal" plans must cover. The State of Michigan included Applied Behavioral Analysis (ABA) therapy for the treatment of Autism Spectrum Disorders (ASD) in its list of EHBs and mandated coverage of treatment for ASD effective October 2012 for all fully-insured and non-ERISA non-federal governmental self-funded health plans.

Prior to 1/1/2023, the Health Plan requires prior approval for coverage of treatment for medically diagnosed ASD for children through 18 years of age.

Effective **01/01/2023**, the Health Plan requires prior approval for coverage of treatment for medically diagnosed ASD. Age restrictions will not apply to ABA therapy for fully funded health plans. Please see section 5.0 for self-funded health plans.

Please refer to the member's benefit plan coverage guidelines for ASD Treatment as well as below:

- Most plans do not cover treatment of ASD provided by non-network providers.
- A covered member must receive a diagnosis of ASD by a licensed physician or a licensed psychologist to receive coverage for ASD services. Insurance carriers may require an evaluation of the member to be conducted every three years.
- ABA therapy services for autism must be performed by a provider who is supervised by a Michigan licensed Behavior Analyst (BCBA). The ABA treatment plan must be developed and supervised by a Michigan Licensed Behavior Analyst.
- Michigan requires that Behavior Analysts and Assistant Behavior Analysts be licensed under the Michigan Board of Behavior Analysts effective April 3, 2019.

- Health Plan covers the initial evaluation to establish the diagnosis of ASD, including psychological testing and does not require prior approval.
- Physical therapy, occupational therapy and speech therapy require prior approval and must be performed by a licensed therapist. Therapy and documentation must follow the same guidelines as those for non-ASD treatment programs (see BCP-06 “Outpatient Rehabilitation – Physical and Occupational Therapy”). When therapy is for the treatment of ASD and there is a benefit, these therapies are not subject to the outpatient therapy benefit limit.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

Delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

2.0 Background:

Autism spectrum disorder is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communication behavior used for social interaction, and skills in developing, sustaining, and understanding relationships. In addition to the social communication and interaction deficits, the diagnosis of ASD requires the presence of restricted, repetitive patterns of maladaptive behavior, interests, or activities.

Signs and symptoms of ASD generally appear prior to three years of age and include difficulties with language, deficient social skills, and restricted or repetitive body movements and behaviors. Autism and other Autism Spectrum Disorders may be suspected by the following symptoms: any loss of any language or social skills at any age; no two-word spontaneous (not just echolalic) phrases by 24 months; no babbling by 12 months; no gesturing (e.g., pointing, waving bye-bye) by 12 months; or no single words by 16 months.

There is no cure for ASD. However, there is a consensus that treatment must be individualized depending on the specific strengths, weaknesses, and needs of the child and family. Early diagnosis and early intensive treatment have the potential to affect outcomes, particularly with respect to behavior, functional skills, and communication. There is increasing evidence that intervention is more effective when initiated as early as possible.

Diagnosis and treatment of ASD may involve a variety of tools. Developmental screening, usually performed during a routine well-child exam, identifies unusual behaviors such as social, interactive, and communicative behaviors that are delayed, abnormal, or absent. Once identified, a comprehensive multidisciplinary assessment is recommended in order to make an accurate and appropriate diagnosis.

Appropriate certified/licensed healthcare professionals for evaluation and management of autism include the following: Board Certified Behavior Analyst; developmental pediatrician; neurologist; occupational therapist; physical therapist; primary care provider; psychiatrist; psychologist; or speech-language pathologist and audiologist.

3.0 Clinical Determination Guidelines:

- A. Applied Behavioral Therapy (ABA) for Autism Spectrum Disorders is considered medically necessary and appropriate when the member has autism benefits available, the member

has an autism diagnosis established and the most current version of InterQual criteria are met.

- a. If InterQual criteria recommends a “Secondary Review” based on the member’s age, the member’s benefit regarding age restrictions for ABA applies:
 - i. Age restrictions will not apply to ABA therapy for fully funded health plans based on state and federal mandates:
 1. State of Michigan: DIFS Bulletin 2022-10-INS
 2. Federal Register: 45 CFR 156.125
 - ii. Please see section 5.0 below for self-funded health plans.

B. UM Health Plan Benefit exclusions include:

1. Sensory integration therapy.
2. Services provided by family or household members.
3. Treatment of conditions such as Rett’s Disorder or childhood disintegrative disorder.
4. Services for treatment of Autism Spectrum Disorders received from Non-Network health care providers, please refer to member’s benefit document for plan specific exclusions.

C. The Health Plan considers the following procedures and services experimental and investigational as peer-reviewed medical literature does not support the use of these procedures and services in the assessment and treatment of autism and other pervasive developmental disorders:

1. Assessment:
 - a. Allergy testing (e.g., food allergies for gluten, casein, candida, molds).
 - b. Celiac antibody testing.
 - c. Ciliary neurotrophic factor (as a biomarker for ASD).
 - d. GABA receptor polymorphisms testing.
 - e. Electronystagmography (in the absence of dizziness, vertigo, or balance disorder).
 - f. Erythrocyte glutathione peroxidase studies.
 - g. Event-related brain potentials (EEG).
 - h. Genetic panels other than CGH (e.g., the Fulgent ASD panel, the Greenwood Genetic Center’s Syndromic Autism Panel, and the MitoMed-Autism Assay).
 - i. Genetic testing for DRD2, HTR2C, MTHFR, RELN, SLC25A12, and UGT2B15 for diagnosis of autism and other pervasive developmental disorders and their drug treatment.
 - j. Hair analysis.
 - k. Homocysteine testing.
 - l. Intestinal permeability studies.
 - m. Latent class analysis (for determination of psychosis-related clinical profiles in children with autism spectrum disorders).
 - n. Magneto-encephalography/magnetic source imaging.
 - o. Neuroimaging studies such as CT, functional MRI (fMRI), MRI, MRS.

- p. Nutritional testing (e.g., testing for arabinose and tartaric acid).
 - q. Olfactory function testing.
 - r. Provocative chelation tests for mercury.
 - s. Serum cytokine and growth factor levels.
 - t. Stool analysis.
 - u. Tests for glutamatergic candidate genes.
 - v. Tests for immunologic or neurochemical abnormalities.
 - w. Tests for micronutrients such as vitamin levels.
 - x. Tests for mitochondrial disorders including lactate and pyruvate.
 - y. Tests for amino acids (except quantitative plasma amino acid assays to detect phenylketonuria), fatty acids (non-esterified), organic acids, citrate, silica, urine vanillylmandelic acid.
 - z. Tests for heavy metals (e.g., antimony, arsenic, barium, beryllium, bismuth, mercury).
 - aa. Tests for trace metals (e.g., aluminum, cadmium, chromium, copper, iron, lead, lithium, magnesium, manganese, nickel, selenium, zinc).
 - bb. Tympanometry (in the absence of hearing loss).
 - cc. Urinary peptide testing.
 - dd. Whole-exome sequencing.
2. Treatment.
- a. Acupuncture.
 - b. Anti-fungal medications (e.g., fluconazole, ketoconazole, metronidazole, nystatin).
 - c. Anti-viral medications (e.g., acyclovir, amantadine, famciclovir, isoprinosine, oseltamivir, valacyclovir).
 - d. Auditory integration therapy.
 - e. Chelation therapy.
 - f. Cognitive rehabilitation.
 - g. Electro-convulsive therapy (for the treatment of autistic catatonia).
 - h. Elimination diets (e.g., gluten and milk elimination).
 - i. Facilitated communication.
 - j. Emotion recognition training.
 - k. Herbal remedies (e.g., astragalus, berberis, echinacea, garlic, plant tannins, uva ursi).
 - l. Floortime therapy or Individual Difference Relationship (IDR).
 - m. GABAergic agents (e.g., acamprosate, arbaclofen, and valproic acid).
 - n. Hippotherapy.
 - o. Holding therapy.

- p. Immunoglobulin infusion therapy.
- q. Manipulative therapies.
- r. Massage therapy.
- s. Music therapy and rhythmic entrainment interventions.
- t. Memantine.
- u. Neuro-feedback/EEG biofeedback.
- v. Nutritional supplements (e.g., dimethylglycine, glutathione, magnesium, megavitamins, omega-3 fatty acids, and high-dose pyridoxine).
- w. Nutritional therapy (e.g., casein-free and gluten-free diets, ketogenic and modified Atkins diets).
- x. Oxytocin.
- y. Quantum Reflex Integration.
- z. Relationship Development Intervention (RDI).
- aa. Secretin infusion therapy.
- bb. Sensory integration therapy.
- cc. Stem cell transplantation.
- dd. Systemic hyperbaric oxygen therapy.
- ee. Tomatis sound therapy.
- ff. Transcranial direct current stimulation.
- gg. Vestibular stimulation.
- hh. Vision therapy.
- ii. Vitamin and/or mineral therapy (calcium, germanium, magnesium, manganese, selenium, tin, tungsten, vanadium, zinc, etc.).
- jj. Weighted blankets or vests.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = N/A; 8 = ASO group L0002184; 9 = ASO group L0002237, 10 = ASO group L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
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	N	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan 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	N	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders
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	Y	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders
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	Y	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders
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	Y	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders
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	Y	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Y	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders
97158	Group adaptive behavior treatment with protocol modification, administered by	Y	Applied Behavioral Analysis (ABA)

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes		services for treatment of Autism Spectrum Disorders
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.	N	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders
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.	Y	Applied Behavioral Analysis (ABA) services for treatment of Autism Spectrum Disorders

NON-COVERED DIAGNOSIS CODES		
Dx Code	Description	Benefit Plan Reference/Reason
F84.2	Rett's syndrome	Not included in state of MI law

ICD-10 DIAGNOSIS CODES (list is all-inclusive)	
Code	Description
F84.0	Autistic disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

5.0 Unique Configuration/Prior Approval/Coverage Details:

Self-funded plans DAS01301, DAS01501, DAS01601 do not cover treatment for autism spectrum disorders.

Self-funded group L0002184 – removed autism age limit eff 6/10/2022. PA still required.

Self-funded groups L0002169 (non-union only) and L0002237 – removed autism age limit eff 1/1/2023. PA still required.

Self-funded group L0002011 – removed autism age limit eff 04/01/2023. PA still required.

Self-funded group L0002193 – removed autism age limit eff 07/01/2023. PA still required.

All other self-funded plans will continue the age limit of 18 unless otherwise noted in this section.

6.0 Terms & Definitions:

Applied Behavior Analysis (ABA) - Applied behavior analysis (ABA) is the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

Autism Diagnostic Interview (ADI) - a structured interview conducted with the parents, guardian or caregiver of an individual who has been referred for the evaluation of possible autism spectrum disorders.

Autism Diagnostic Observation Schedule (ADOS) – a standardized diagnostic test for diagnosing and assessing autism spectrum disorders. Protocol consists of a series of structured and semi-structured tasks that involve social interaction between the examiner (psychologist or psychiatrist) and the person being assessed.

Board Certified Assistant Behavior Analyst (BCaBA) – undergraduate-level (bachelor's) certification in any discipline. BCaBAs may not practice independently, and must be supervised by someone certified at the BCBA level. BCaBAs can supervise the work of a Registered Behavior Technician, and others who implement behavior-analytic interventions.

Board Certified Behavior Analyst (BCBA) – a state-licensed provider who has a graduate-level (master's or doctoral) certification in behavior analysis and who has successfully completed all applicable requirements imposed by the state of Michigan to practice ABA. Directly supervises and is responsible for acquiring, training, and overseeing the work of lay workers who deliver intensive behavioral/educational interventions.

Registered Behavior Technician (RBT) – a paraprofessional who practices the close, ongoing supervision of a BCaBA, or BCBA. Primarily responsible for the direct implementation of behavior-analytic services as described in the treatment plan. It is the responsibility of the RBT Supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. Applicant must be 18 years of age, have a high school diploma or national equivalent, complete 40 hours of training, complete a background check and pass the RBT Competency Assessment and RBT examination.

Relationship Development Intervention – a trademarked proprietary treatment program for ASD that is a family-based, behavioral treatment that addresses the core symptoms of autism. Parents and caregivers of persons with autism are trained as the primary therapist and focuses on building social and emotional skills. Training is received through seminars, books, videos, and/or working with an RDI-certified consultant.

Severity levels for ASD:

Table 2 - Severity levels for autism spectrum disorders*

Severity Level	Social Communication	Restricted, Repetitive Behaviors
Level 3- Severe “Requiring very substantial support”	Severe deficits in verbal and nonverbal social communications skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted / repetitive behaviors markedly interfere with functioning in all spheres. Great distress / difficulty changing focus or action.
Level 2 - Moderate “Requiring substantial support”	Marked deficits in verbal and nonverbal communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted / repetitive behaviors appear frequently enough to be obvious to the casual observer in a variety of context. Distress and or difficulty changing focus or action.
Level 1 - Mild “Requiring support”	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communications but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more context. Difficulty switching between activities. Problems of organization and planning hamper independence.

From Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Pages 50-51.

Treatment Plan - a written, comprehensive, and individualized intervention plan that incorporates at a minimum, objective and measurable treatment goals and objectives with mastery criteria, treatment protocols, data collection procedures, parent/caregiver training goals with mastery criteria, care coordination plan, and transition/discharge plan. The treatment plan is developed by a licensed behavior analyst when the treatment of Autism Spectrum Disorder is first prescribed or ordered by a licensed Physician or licensed psychologist.

Treatment Goals – broad, complex short-term and long-term desired outcomes of ABA therapy.

Treatment Objectives – short, simple, measurable steps that must be accomplished to reach the short-term and long-term goals of ABA therapy.

7.0 References, Citations & Resources:

1. InterQual: BH: Applied Behavior Analysis (ABA) Program

2. Agency for Healthcare Research and Quality, "Effective Health Care Program." Available at: <https://effectivehealthcare.ahrq.gov/health-topics/autism-spectrum-disorder>.
3. Department of Licensing and Regulatory Affairs. Michigan Board of Behavior Analysts. Available at: https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_80658_91162-424096--,00.html.
4. HHS.gov, "The Affordable Care Act and Autism and Related Conditions." April 9, 2015. Available at: <https://www.hhs.gov/programs/topic-sites/autism/aca-and-autism/index.html>.
5. Michigan Autism Program, "Autism Awareness, Education and Resources," Dept. of Health and Human Services. 2018. Available at: <https://www.michigan.gov/autism/0,4848,7-294-63681---,00.html>.
6. National Conference of State Legislatures, "Autism and Insurance Coverage; State Laws." 08.08.2018. Available at: <http://www.ncsl.org/research/health/autism-and-insurance-coverage-state-laws.aspx>.
7. Senate Fiscal Agency, "Insurance: Autism Coverage, S.B. 414 (S-3), 415 (S-3), & 981 (S-1): Committee Summary. 03.08.2012. Available at: <http://www.legislature.mi.gov/documents/2011-2012/billanalysis/Senate/pdf/2011-SFA-0414-S.pdf>.
8. The Federal Register. Federal Register :: Request Access. (2022, May 6). <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-156/subpart-B/section-156.125>
9. STATE OF MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES Bulletin 2022-10-INS. (2022, May 22). https://www.michigan.gov/difs/-/media/Project/Websites/difs/Bulletins/2022/Bulletin_2022-10-INS.pdf?rev=04a2a4b854c24b7b8164c147ffe3eb29

8.0 Associated Documents [For internal use only]:

Policies and Procedures (P&Ps)

- MMP-09 Benefit Determinations
- MMP-02 Transition and Continuity of Care
- UMPP-02 Peer to Peer Conversations

Standard Operating Procedures (SOPs)

- MMS-03 Algorithm for Use of Criteria for Benefit Determinations
- MMS-45 UM Nurse Review
- MMS-52 Inpatient Case Process in CCA
- MMS-53 Outpatient Case Process in CCA

Sample Letter

- TCS Approval Letter
- Clinically Reviewed Exclusion Letter
- Partial Coverage, Partial Non-Coverage Letter
- Specific Exclusion Denial Letter
- Lack of Information Letter

Forms

- ABA Therapy Request Form
- Request Form: Out of Network/ Prior Authorization

9.0 Revision History:

Original Effective Date: 10/01/2019

Next Review Date: 07/01/2026

Revision Date	Reason for Revision
12/18	BCP created; approved by QI/MRM 8/14/19 and leadership 8/20/19.
4/20	Annual review; sample forms added
3/21	Annual review; no substantive changes, approved by BCC 5/3/21
3/22	Annual review – Added that the removal of age restrictions, at this time, is only for small groups and individual metal products. Also added ASO group L0002237. Please note, that Silvia and I will be working on the age restriction for LG and ASO. We will update once the direction is received
06/22	ASO group L0002184 has removed age restriction as of 06/10/2022
4/23	Annual review – Updated section 5.0: Self-funded group L0002011 – removed autism age limit eff 04/01/2023.PA still required. Self-funded group L0002193 – removed autism age limit eff 07/01/2023. PA still required. Updated associated documents in section 8.0.
12/23	Policy presented and approved at the Medical Management Committee on 12/13/2023
4/24	Annual review; Removed internal criteria listed in section 3.0 and replaced with InterQual. Removed age limit language in 3.0.B.; added InterQual to Resource list; Removed ABA checklist from Associated Documents; removed copy of ABA checklists from policy. 6/27/2024: Updated 3.0.A. to include autism benefits and established autism diagnosis as requirement. Removed auth requirement from assessment codes: 97151, 97152 and 0362T. Added two references: Federal Register and SOM DIFS (to support removal of age limits). Updated Section 3.0.A. to reflect process to override InterQual age restrictions.
4/25	Annual review; Removed “ASO group L0001269 Union Only” from the Prior Approval Legend and added “N/A” as a placeholder for future product(s), Reformatted Associated documents section, removed MAS05100 from Section 5.0 since that product termed 3/31/25