Clinical Policy: Outpatient Applied Behavior Analysis Medical Necessity

Reference Number: LA.CP.MP.490c
Date of Revision: 6/25

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Applied Behavior Analysis (ABA) is a treatment approach that uses the principles of learning and motivation from behavior analysis to address behavioral needs of individuals with autism and other developmental disorders. It includes interventions that are based on reliable evidence and not considered experimental. ABA is widely recognized as a safe and effective treatment for autism spectrum disorder (ASD) and is endorsed by numerous professional organizations. The goal is to produce meaningful and measurable changes in behavior that are socially significant and to promote generalization and maintenance of these behaviors over time and across environments.

Policy/Criteria
It is the policy of Louisiana Healthcare Connections (LHCC) that Applied Behavior Analysis (ABA) outpatient services for Medicaid recipients under the age of 21 shall be reviewed for medical necessity using the **InterQual®** criteria. All ABA service requests must meet the InterQual criteria applicable at the time of review to be considered medically necessary.

All other clinical components, including service planning, treatment delivery, care coordination, and documentation requirements, shall continue to follow the standards outlined in the Louisiana Department of Health (LDH) Applied Behavior Analysis Provider Manual. LDH-required language throughout this policy is retained verbatim in compliance with state regulatory guidance.

I. Covered Services
Medicaid covered applied behavior analysis (ABA)-based therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

- Medically necessary;
- Prior authorized by managed care organizations (MCOs); and
- Delivered in accordance with the recipient's behavior treatment plan.

II. Comprehensive Diagnostic Evaluation (CDE)
Prior to requesting ABA services, the recipient must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) performed by a qualified health care professional (QHCP).

NOTE: Medical necessity for ABA-based therapy services must be determined according to the provisions of the *Louisiana Administrative Code* (LAC), Title 50, Part I, Chapter 11.

A QHCP is defined as a:

- Pediatricians using the MCHAT-R/F, and clinical judgment may diagnosis and complete a CDE. For children who receive a high-risk score of ≥ 8 on the MCHAT-R/F, pediatricians can independently make a diagnosis of autism (if their clinical judgment concurs with this score). For children who receive a moderate risk score of 3 to 7 on the MCHAT-R/F, pediatricians can complete the MCHAT-R/F follow-up interview, and based on their confidence in their clinical judgment, either independently make a diagnosis of autism or refer to a subspecialist listed below for a diagnostic evaluation:

- Pediatric Neurologist;
- Developmental Pediatrician;
- Psychologist (which includes a Medical Psychologist);

    - A pediatrician under a joint working agreement with an interdisciplinary team of providers who are qualified to diagnose developmental disabilities;

- Psychiatrist (particularly Pediatric and Child Psychiatrist);
- Nurse Practitioner practicing under the supervision of a Pediatric Neurologist Developmental Pediatrician, Psychologist, or Psychiatrist; or Licensed individual that has been approved by the recipient's MCO medical director as meeting the requirements of a QHCP when:

        - The individual's scope of practice includes differential diagnosis of Autism Spectrum Disorder and comorbid disorders for the age and/or cognitive level of the recipient; and
        - The individual has at least two years of experience providing such diagnostic assessments and treatments or is being supervised by someone who is listed as a QHCP under 1-5 above; and
        - If the licensed individual is working under the supervision of a QHCP the QHCP must sign off on the CDE as having reviewed the document and being in agreement with the diagnosis and recommendation.

The CDE must include at a minimum:

- A thorough clinical history, including developmental and psychosocial;
- Direct observation of the recipient;
- Review of available records;
- Valid DSM-5 or current edition diagnosis;
- Justification for referral/non-referral for ABA assessment/services;
- Additional treatment or specialty referrals as clinically appropriate.

When results are borderline or unclear, additional assessments must be included:

- Autism-specific assessments;
- General psychopathology assessments;
- Cognitive/developmental assessments;
- Adaptive behavior assessments.

III. Assessment and Treatment Plan Development
The licensed professional supervising treatment must perform a functional assessment utilizing outcomes from the CDE and develop a behavior treatment plan.

Behavior identification assessments must be prior authorized and shall not exceed 180 days. All three assessment services (initial, supporting, with team) can occur on the same day and continue as prior authorized until completed.

IV. Behavior Treatment Plan Requirements
The behavior treatment plan must:

- Be person-centered and individualized;
- Include baseline behavior frequencies and treatment plans;
- Define behavior goals (short-, intermediate-, and long-term);
- Identify measurable criteria for success;
- Detail service schedule and responsible providers;
- Include care coordination with schools, programs, and caregivers;
- Include parent/caregiver training and participation;
- Reflect ABA-consistent interventions.

Plans must indicate:

- Direct observation details;
- Documentation of behaviors not observed but reported;
- Weekly schedule (hours and locations);
- Service intensity/frequency and justification;
- Location specifics (home, clinic, school, etc.);
- Contact information for the recipient's Primary Care Physician.

Changes in location or overlap with waiver services require plan addendums.

V. Therapeutic Behavioral Services
Therapeutic behavioral services involve designing, implementing, and evaluating behavior-modifying interventions that use observation, measurement, and reinforcement. Progress must be reviewed regularly and treatment adjusted accordingly.

VI. Supervision
Supervision must:

- Include oversight by a licensed professional;
- Occur regularly with the recipient and team;
- Follow a 2:10 supervision ratio (two hours supervision for every ten hours of therapy);
- Be limited to 24 technicians per day (with allowances for additional oversight under specific support structures).

VII. Role of Parent/Caregiver
Parent/caregiver roles include:

- Supporting documentation (e.g., IEP);
- Participation in treatment and training;
- Presence during therapy as determined clinically, not administratively.

Services for family and group adaptive behavior treatment guidance must be included in treatment plans for prior authorization.

VIII. Limitations

- Prior authorization shall not exceed 180 days.
- Services without prior authorization will not be reimbursed (except for retroactive eligibility).

IX. Group Therapy
Group services must be face-to-face with two or more recipients having similar diagnoses and treatment needs. May be administered by a licensed professional or registered line technician as specified.

X. Place of Service
Services must be delivered in natural settings, including home, community, clinic, and school. Medically necessary services in school settings are allowed.

XI. Exclusions
Non-covered services include:

- Therapy with no expected functional improvement;
- Educational-only services;
- Duplicated services covered under IFSP/IEP;
- Vocational/recreational services;

- Custodial care for ADLs, safety, or supervision needs.

XII. Recipient Requirements
To qualify, recipients must:

- Be under 21 years old;
- Exhibit behavior excesses/deficits impacting function;
- Have a qualifying diagnosis from a QHCP;
- Have a CDE recommending ABA or a prescription from a QHCP.
  Note: If the CDE recommends ABA, a separate prescription is not needed.

XIII. Coordination of Care

- BCBA must coordinate with recipient's Primary Care Physician.
- Progress notes and treatment plans must be shared with the PCP every 6 months.
- Treatment plans involving schools require IEP documentation.
- Plans must include waiver details if applicable, with required supporting documents.
- Co-delivery with waiver services requires a documented addendum specifying overlap.

XIV. Reconsideration and Provider Changes

- Denied or adjusted authorizations may be appealed through reconsideration.
- Recipients may request a provider change every 180 days, or earlier for good cause (e.g., abuse, lack of progress, access issues, or irreconcilable disputes).

Reviews, Revisions, and Approvals	Review Date	Approval Date	Effective Date
Original approval date		8/1/2017	
Page 1, #5 – added "when necessary for child to progress" related to parent/caregiver participation	9/18/17		
Page 3, III # 5 – deleted reference to ABA therapy not covered in school setting. Added new #5 – "Continued observation of skills once already acquired (i.e.; naps, toileting)" – for non-covered services	9/18/17		
Page 4, # 1 – added "A CDE older than 18 months may be accepted at the discretion of the physician reviewer".	9/18/17		
Page 1 – removed requirement for CDE within 18 months	11/21/17		
Entire policy reformatted to align with the LDH ABA Provider Manual	3/18		
Added sections IV through VIII per request of LDH ABA Program Leadership	3/18		
Revised to include attachment of LDH ABA Provider Manual Addition of sections IV, X, XI, XII	3/18		

Reviews, Revisions, and Approvals	Review Date	Approval Date	Effective Date
Revised Assessment and Treatment Plan development to include LDH Manual Update	5/19		
Removed attachment named LDH ABA Provider Manual and added it in references	2/20		
Removed the requirement for a script for ABA services per Rene Huff	06/2021		
Removed hyperlink. Format change. Changed all instances of members to members/enrollees. Changed "Last Review Date" to "Date of Last Revision" in header. Added "Review" to Date in Revision Log. To section 3, added: The specifics regarding location and verbiage regarding developing the treatment plan. Removed. Exclusions now mirror those of LDH.	07/2022	12/9/22	
Revisions made to update qualified health care professional (QHCP) criteria. Added prescription language to section XI. Added NOTE section to XII.	4/23	6/1/23	
Annual Review. Added bullet "A pediatrician under a joint working agreement with an interdisciplinary team of providers who are qualified to diagnose developmental disabilities;" under covered services section. Added "The licensed supervising professional should supervise no more than 24 technicians a day. More technicians may be supervised if a Certified Assistant Behavior Analysis (CaBA)s is part of the professional support team or depending on the mix of needs in the supervisor's caseload. The licensed professional can supervise no more than 10 CaBAs." to section V. Minor formatting and grammatical changes. References reviewed and updated.	4/24		
Added "Pediatricians using the MCHAT-R/F, and clinical judgment may diagnosis and complete a CDE. For children who receive a high-risk score of ≥ 8 on the MCHAT-R/F, pediatricians can independently make a diagnosis of autism (if their clinical judgment concurs with this score). For children who receive a moderate risk score of 3 to 7 on the MCHAT-R/F, pediatricians can complete the MCHAT-R/F follow-up interview, and based on their confidence in their clinical judgment, either independently make a diagnosis of autism or refer to a subspecialist listed below for a diagnostic evaluation:" in covered services section. Added "The behavior treatment plan shall include the name and contact information of the beneficiaries Primary Care Physician (PCP)/ Pediatrician and shall be sent to the pediatrician via fax, electronic medical records (EMR) or by mail." To Behavioral treatment plan section. Added "The Board Certified Behavior Analyst (BCBA)	1/25	3/18/25	4/1/25

Reviews, Revisions, and Approvals	Review Date	Approval Date	Effective Date
shall coordinate care with the beneficiaries Primary Care Physician (PCP). Written progress notes shall be sent to the PCP either electronically (EMR), faxed or mailed every 6 months to coordinate with request for the renewal of ABA services. The PCP shall be copied on all behavior treatment plans. The PCPs name and contact information must appear on all Behavior Treatment Plans." To Coordination of care section.			
Policy updated to reflect the use of InterQual® criteria for determining medical necessity. Provider and billing language not relevant to clinical review was removed. The Description section was reinstated, and the Service Authorization and Important Reminder sections were removed to maintain clinical focus. Format changes without clinical criteria changes. All Louisiana Department of Health (LDH) guidance and required language were reviewed and retained in accordance with state policy.	6/25	9/2/25	10/3/25

References

1. LDH ABA Provider Manual. Chapter 4: Applied Behavioral Analysis, Section 4.1: Covered Services.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by the LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to

change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the LHCC has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.