

~~LA.CLI.022.001~~ Applied Behavior Analysis

DRAFT

Humana

Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2023

Effective Date: ~~xx/xx/xxxx~~

Effective Date: ~~02/11/2026~~

Review Date: **04/07/2026**

Review Date: ~~05/06/2025~~

Policy Number: **LA.CLI.022.002**

Policy Number: ~~LA.CLI.022.001~~

Line of Business: Medicaid

State: LA

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Disclaimer

The Clinical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

~~This policy applies to all Humana Healthy Horizons in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.~~

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 therapy services teach skills through the use of behavioral observation and reinforcement, or prompting, to teach each step of targeted behavior. ABA-based therapy services are based on reliable evidence and are not experimental.

Medicaid covered ABA-based therapy must be:

- Medically necessary
- Prior authorized
- Delivered in accordance with the individual's behavior treatment plan

Services must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the *licensed professional*. Payment for these services must be billed by the licensed professional.

Prior to requesting ABA services, the beneficiary must have documentation indicating medical necessity for the services through a completed comprehensive diagnostic evaluation (CDE) that has been performed by a qualified health care professional (QHCP).

Coverage Determination

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for **ABA-based services** when the following criteria are met:

- Under 21 years of age; **AND**
- Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (eg, aggression, self-injury, elopement); **AND**
- Diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including but not limited to Autism Spectrum Disorder (ASD), by a [QHCP](#); **AND**
- Have had a [CDE](#) by a [QHCP](#); **AND**
- Have a prescription for ABA-based therapy services ordered by a [QHCP](#)

All the above criteria must be met to receive ABA-based services. If there is a recommendation in the CDE for ABA therapy, a separate prescription is not needed.

Prior authorization is a two-fold process:

- First, an authorization is requested for approval to perform a functional assessment and to develop a [behavior treatment plan](#)
- Then, an additional authorization is requested for approval to provide the ABA-based derived therapy services

A prior authorization request must be submitted by the ABA provider to conduct a functional assessment and to develop a behavior treatment plan (Mental Health Services Plan Development by Non-Physician). The prior authorization request must include a CDE that has been conducted by a QHCP prescribing and/or recommending ABA services. The CDE only needs to be included in the first prior authorization request per member per provider. All CDEs completed by QHCPs will be reviewed and considered when making prior authorization decisions.

Qualified Health Care Professional

QHCP is defined as pediatricians using the Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (MCHAT-R/F), and clinical judgment may diagnosis and complete a CDE. For children who receive a high-risk score of greater than or equal to \geq 8 on the MCHAT-R/F, pediatricians can independently make a diagnosis of ASD (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 ASD or refer to a subspecialist listed below for a diagnostic evaluation:

- Pediatric neurologist; **OR**
- Developmental pediatrician; **OR**
- Psychologist (including a medical psychologist); **OR**
- Psychiatrist (particularly pediatric and child psychiatrist); **OR**
- Pediatrician under a joint working agreement with an interdisciplinary team of providers who are qualified to diagnose developmental disabilities; **OR**
- Nurse practitioner (NP) practicing under the supervision of a pediatric neurologist, developmental pediatrician, psychologist, or psychiatrist; **OR**
- Licensed individual, including speech and language pathologist, licensed clinical social worker (LCSW), or licensed professional counselor (LPC), who meets the requirements of and qualify as a QHCP when:
 - Licensed individual's scope of practice includes a differential diagnosis of ASD and comorbid disorders for the age and/or cognitive level of the beneficiary; **AND**
 - Licensed 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

Comprehensive Diagnostic Evaluation

The CDE must include, at a minimum:

- Clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history; **AND**

- Direct observation of the individual, to include but not be limited to, assessment of current functioning in the areas of social and communicative behaviors and play or peer interactive behaviors; **AND**
- Review of available records; **AND**
- Valid diagnosis from the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) or DSM-5, Text Revision (DSM-5-TR), or current edition; **AND**
- Justification/rationale for referral/nonreferral for an ABA functional assessment and possible ABA services; **AND**
- Recommendations for any additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or any additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary

When the results of the screening are borderline, or if there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment shall be included as components of the CDE and must be specific to the member's age and cognitive abilities:

- Autism specific assessments;
- Assessments of general psychopathology;
- Cognitive/developmental assessment; and
- Assessment of adaptive behavior

If a new CDE is requested, either for initial or continuation of services, the Plan will not delay the available ABA services awaiting completion of the CDE. The plan is responsible for arranging CDE's that are requested by the Plan.

Request to provide ABA-Based Therapy Services

A separate authorization request must be submitted by the ABA provider to request approval to provide the ABA based therapy services to the member. The request must include all of the following:

- [Behavior treatment plan](#)
- Individualized Education Program (IEP)
 - If the IEP is not available at the time of the authorization request, the requesting provider must provide an explanation of why they are unable to provide a copy
 - A behavior treatment plan ~~calling for~~ **that requires** services to be delivered in a school setting will not be approved until a copy of the IEP is provided

- ABA therapy recommended in an IEP and delivered by the Local Education Authority is eligible for reimbursement from Louisiana Medicaid, provided all other conditions for coverage of ABA therapy are met (eg, the service is medically necessary)
- Waiver plan profile table and the schedule from the certified plan of care (if the member is in a waiver and services are being requested that will occur at the same time as the waiver services)
 - The behavior treatment plan must specify whether the member is enrolled in a waiver program and identify the specific waiver the member is in (this can be determined by checking the MEVS/REVS system.) If the child is in a waiver, the treatment plan must include a copy of the Plan Profile Table and the Schedule page from the certified plan of care. This can be obtained by contacting the Waiver Support Coordinator. Communication shall be maintained between the ABA provider and the Waiver Support Coordinator
 - ABA and waiver services can overlap depending on the service description in the waiver document and the need for the services to overlap. This should be clearly documented in an addendum to the behavior treatment plan. This addendum must detail the frequency and duration of sessions when the ABA provider and the direct support worker are required to be present at the same time, and include an outline of information the direct support worker needs to correctly implement the skill, several measurable and objective goals defining and leading to the direct support worker's competency (ie, correct implementation), and the methods for collecting data on the direct support worker's performance

Non-ABA Facilities

A non-ABA facility is any location other than the member's home that does not offer ABA as one of its primary services.

For ABA services to be provided at a non- ABA facility or simultaneously with another service, the other service in question must not have a restriction that keeps it from being performed at the same time as another service.

For services at a non-ABA facility, the addendum must detail why sessions are medically necessary at this facility and how often the services will occur at the facility. They must also explain why the sessions cannot occur in the home or at the ABA facility itself.

This addendum must detail the frequency and duration of sessions when the ABA provider and the other service provider are required to be present at the same time and include an outline of information the other service provider needs to correctly implement the skill. It also must include several measurable and objective goals defining and leading to the direct support worker's competency (eg, correct implementation) and the methods for collecting data on the direct support worker's performance.

Strategies the ABA provider will use must be identified, including, but not limited to:

- Demonstration;

- Modeling;
- Coaching and feedback;
- Providing repeated opportunities for direct support worker practice (role playing and in “real life” situations with the member)

This pairing of the direct support worker and the ABA provider should be specific, time limited, measurable and individualized.

Assessment and Treatment Plan Development

The licensed professional supervising treatment is required to perform a functional assessment of the individual utilizing the outcomes from the CDE and develop a behavior treatment plan.

Services for “Behavior Identification Assessment” must be prior authorized. Once services commence, additional assessments at a minimum shall occur every six months. The authorization period for such assessments shall not exceed 180 days.

In exceptional circumstances, at the discretion of the Plan, an additional assessment may be authorized. The behavior identification supporting assessment must be prior authorized. Supporting assessments may be approved to allow technicians to gather information that support the licensed professional completing the assessment. The authorization period for such assessments shall not exceed 180 days.

Behavior identification supporting assessment conducted with two or more technicians, must be prior authorized and treated in the same manner as the behavior identification supporting assessment above. However, such assessment may be administered by the physician or other QHCP who is on-site but not necessarily face-to-face; with the assistance of two or more technicians. This is only medically necessary when the member’s behavior is so destructive that it requires the presence of a team and an environment customizable to the member’s behavior. All three assessment services can occur on the same day and continue as prior authorized until the assessment is completed.

Behavior Treatment Plan

The behavior treatment plan identifies the treatment goals along with providing instructions to increase or decrease the targeted behaviors. Treatment goals and instructions target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic, and must be developmentally appropriate. Treatment goals shall emphasize skills required for both short and long-term goals. Behavior treatment plans shall include parent/caregiver training and support. The instructions shall break down the desired skills into manageable steps that can be taught from the simplest to more complex.

The behavior treatment plan must:

- Be person-centered and based upon individualized goals

- Delineate the frequency of baseline behaviors and the treatment development plan to address the behaviors
- Identify long-term, intermediate, and short-term goals and objectives that are behaviorally defined
- Identify the criteria that will be used to measure achievement of behavior objectives
- Clearly identify the schedule of services planned and the individual providers responsible for delivering the services
- Include care coordination, involving the parent(s) or caregiver(s), school, state disability programs, and others as applicable
- Include parent/caregiver training, support, education, and participation
- Identify objectives that are specific, measurable, based upon clinical observations of the outcome measurement assessment, and tailored to the individual beneficiary
- Ensure that interventions are consistent with ABA techniques

The provider may use the Louisiana Department of Health (LDH) treatment plan template or his/her own form. If the provider chooses to use his/her own form, the provider must address ALL of the relevant information specified in the LDH treatment plan template. Any missing information may delay approval of prior authorization of service.

The behavior treatment plan must indicate that direct observation occurred and describe what happened during the direct observation. If there are behaviors being reported that did not occur and these behaviors are being addressed in the behavior treatment plan, indicate all situations and frequencies at which these behaviors have occurred and have been documented.

If there is documentation from another source, that documentation must be attached. If there is any other evidence of the behaviors observed during the direct observation and that are proof of these behaviors, these must be reported on the behavior treatment plan as well.

The behavior treatment plan shall include a weekly schedule detailing the number of expected hours per week and the location for the requested ABA services. In addition, the provider shall indicate both the intensity and frequency of the therapy being requested and the justification for this level of service.

The location where the service is provided shall be specific and indicate whether services are provided at home, clinic, school, camp, etc. If the place of service changes during the prior authorization period, an addendum to the behavior treatment plan must be submitted. The treatment plan shall detail the ABA programming delivered in each location.

When developing a treatment plan, it is necessary to request only services that are medically necessary as determined through the assessment. Any model of ABA services can be approved if it achieves the goals set forth in the assessment.

All services do not need to be part of the treatment plan, or used in conjunction with each other, unless technician services are being provided. If technician services are being provided, supervision by a licensed behavior analyst must be a part of the treatment plan.

Coordination of Care

The ABA provider shall coordinate care with the member's 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.

Therapeutic Behavioral Services

Therapeutic behavioral services include 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. This includes one-on-one services that teach skills for each step of targeted behavior(s) through the use of behavioral observation and reinforcement or prompting. The licensed supervising professional must frequently review the member's progress using ongoing objective measurement and adjust the instructions and goals in the behavior treatment plan as needed.

Supervision

The licensed supervising professional shall provide case oversight and management of the treatment team by supervising and consulting with the member's team. The licensed supervising professional must also conduct regular meetings with family members to plan ahead, review the member's progress and make any necessary adjustments to the behavior treatment plan. Part of the supervision must be done in the presence of the member receiving treatment and state-certified assistant behavior analyst (CaBA) or the registered line technician (**RLT**).

Supervision shall be approved on a 2:10 basis, that is two hours of supervision for every ten hours of therapy. Supervision will not be approved if the licensed supervising professional is delivering the direct therapy.

One on one supervision may be conducted and billed simultaneously and concurrently with one-on-one therapeutic behavioral services. Supervision can only occur when a nonlicensed professional is providing the therapeutic behavioral services.

The licensed supervising professional shall supervise no more than 24 technicians a day. More technicians may be supervised if a CaBA 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.

Role of the Parent/Caregiver

To facilitate ABA service authorization and delivery, the parent/caregiver shall provide supporting documentation (eg, IEP) as requested by the provider.

Treatment plan services must include care coordination involving the member's parent/caregiver. Services shall also include parent/caregiver training, support, and participation. ABA is a beneficiary-focused service, and it is not practical or within the standard of practice to require the parent/caregiver to be present at all times while services are being rendered to the beneficiary. Beneficiaries may be unaccompanied by a parent/caregiver while receiving services at a center-based program, especially for beneficiaries receiving services for multiple hours per day. To the extent that parental/caregiver presence is required is a therapeutic decision, even when therapy is provided in the home.

Services for "family adaptive behavior treatment guidance", administered by a physician or other QHCP, shall be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the member to ensure that the member has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.

Services for "multiple-family group adaptive behavior treatment guidance", administered by a physician or other QHCP, shall be included in a behavior treatment plan for prior authorization in order to transfer skills to the parent(s) or caregiver(s) of the member to ensure that the member has consistency across environments, and therapy can be reinforced at home and in other locations with their parent/caregiver.

The multiple-family group therapy shall be used when parent(s) or caregiver(s) of two or more beneficiaries are present. The beneficiaries shall have similar diagnosis, behaviors, and treatment needs.

Group Therapy

When part of the approved behavior treatment plan, services for "adaptive behavior treatment social skills group" administered by physician or other QHCP shall be face-to-face with two or more beneficiaries. The beneficiaries ~~should~~ **shall** have similar diagnosis, behaviors, and treatment needs.

When part of the approved behavior treatment plan, "~~Registered Line Tech~~ **RLT** Group adaptive behavior treatment" may be administered by a ~~registered line technician~~ **RLT**. This shall be face-to-face with two or more beneficiaries. The beneficiaries ~~should~~ **shall** have similar diagnosis, behaviors, and treatment needs.

Place of Service

Services must be provided in a natural setting (eg, home and community-based settings, including clinics and school). Medically necessary ABA services provided by ABA service providers in school settings are allowed.

Changing Providers

Members have the right to change providers every 180 days unless a change is requested for good cause. If a provider change is requested based on good cause before the authorization period ends, the member or their case manager (if they have one) must contact the Plan. The new provider must submit a CDE with the first request for ABA assessment and services.

For the purposes of this section, good cause exist in instances where there is an allegation of abuse, the beneficiary doesn't progress, a new provider opens in an area that previously lacked access, or when a dispute arises between the parent/caregiver and provider that cannot be resolved.

Reconsideration Requests

If the prior authorization request is not approved as requested, or an existing authorization needs to be adjusted, the provider may submit a request for reconsideration of the previous decision.

Coverage Limitations

For members under age 21, requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Members of the Humana Healthy Horizons in Louisiana **health plan** members may **NOT** be eligible under the Plan for any of the following:

- Prior authorization period exceeding 180 days. Services provided without prior authorization will not be considered for reimbursement, except in the case of retroactive Medicaid eligibility
- Therapy services rendered when measurable functional improvement or continued clinical benefit is not expected, and therapy is not necessary or expected for maintenance of function or to prevent deterioration;
- Service that is primarily educational in nature;
- Services delivered outside of the school setting that duplicate services under an individualized family service plan (IFSP) or an IEP, as required under the federal Individuals with Disabilities Education Act (IDEA);
- Treatment for a vocationally or recreationally-based purpose; and
- Custodial care that:
 - Is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating, and maintaining personal hygiene and safety;
 - Is provided primarily for maintaining the safety of the member or anyone else; or
 - Could be provided by individuals without professional skills or training

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

<u>CPT® Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>97151</u>	<u>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</u>	
<u>97152</u>	<u>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</u>	
<u>97153</u>	<u>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</u>	
<u>97154</u>	<u>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</u>	
<u>97155</u>	<u>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</u>	
<u>97156</u>	<u>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</u>	
<u>97157</u>	<u>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</u>	
<u>97158</u>	<u>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</u>	

<u>CPT® Category III Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>0362T</u>	<u>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.</u>	
<u>0373T</u>	<u>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.</u>	
<u>HCPCS Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>No code(s) identified</u>		

References

1. Louisiana Administrative Code (LAC), Title 50: Public Health-Medical Assistance. Part I Administration, Subpart 1 General Provisions, Chapter 11 Medical Necessity. <https://www.doa.la.gov>.
2. Louisiana Department of Health. Louisiana Medicaid Provider Services Manual, Chapter 4. Applied Behavioral Analysis. <https://www.lamedicaid.com>. Published October 21, ~~2014~~ 2015. Updated ~~February 14,~~ **August 22,** 2025.

Change Summary

05/15/2023: Approved by LA UM Committee
 09/27/2023: Changed to new template for Annual Review Due by 5.15.24.
 07/01/2024: Changes made per LDH updates to ABA Manual
 02/28/2025: Updated language per ABA manual updates.
 05/06/2025 Update, Coverage Change. Updates due to LDH manual updates. New template.
 04/07/2026 Annual Review (LA.CLI.022.002) No Coverage Change. Updated Coding Information. (LDH Rejected)
05/05/2026 LDH requested updated made (LA.CLI.022.003)

