

Highmark Commercial Medical Policy- PA

Medical Policy:	V-37-0445
Topic (or Title):	Autism Spectrum Disorders
Section:	Visits
Effective Date:	August 4, 2025 <u>June 29, 2026</u>
Issued Date:	August 4, 2025 <u>June 29, 2026</u>
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Annual Review:	April 2025 <u>March 2026</u>

Autism Spectrum Disorder (ASD), as defined by the American Psychiatric Association, is a complex condition that involves varying degrees of impairment in function related to neurodiverse development atypical developmental in the following areas:

- Communication and language; and
- Social skills and interaction; and
- Restrictive, repetitive behavior and interests.

Applied Behavior Analysis (ABA) is defined by the American Psychological Association (APA) as a method of behavior modification that involves the study of an individual's functional challenges and utilizes evidenced-based teaching techniques to increase helpful behaviors and reduce behaviors that are harmful.

Policy Position

Act 62 – 2008 (Autism Spectrum Disorders Coverage Mandate): Effective July 1, 2009. Act 62 applies to: Group contracts offered, issued or renewed on or after July 1, 2009 to fully insured-employers of 51 or more employees; and CHIP programs with respect to contracts executed on or after July 1, 2009.

- Act 62-2008 (Autism Spectrum Disorders Coverage Mandate) requires coverage for individuals for the diagnostic assessment and treatment of ASD.
- Treatment of ASD must be identified in a treatment plan and should include any medically necessary pharmacy care, psychiatric care, psychological care, rehabilitative care, including applied behavioral analysis (ABA), and therapeutic care that is:
 - Prescribed, ordered or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker or certified registered nurse practitioner; **or**
 - Provided by an autism service provider; **or**
 - Provided by a person, entity or group that works under the direction of an autism service provider.
- The treatment plan must be developed by a physician or psychologist, following a comprehensive evaluation consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.
 - The treatment plan may be reviewed once every six (6) months, subject to the Plan's utilization review requirements, including case management, concurrent review and other managed care provisions; **or**
 - A more or less frequent review can be agreed upon by the Plan and the physician or psychologist developing the treatment plan; **and**
 - The provider is responsible for maintaining a copy of the autism assessment and treatment plan to be made available upon request.
- Coverage is subject to copayment, deductible and coinsurance provisions, as well as any other general exclusions or limitations set forth in the member's contract.

Traditional medical management of ASD may include the following common examples and is covered in accordance with the member's benefit contract (this is not an all-inclusive list):

- Adaptive behavior assessment; **or**
- Adaptive behavior treatment; **or**
- Augmentative and alternative communication device; **or**
- Behavioral health evaluation; **or**
- Behavioral assessment; **or**
- Behavioral skills training (BST); **or**
- Developmental testing; **or**
- EEG; **or**
- Neurological consult when in the presence of focal signs or clinical findings suggestive of a seizure disorder or a degenerative neurological condition; **or**
- Genetic testing; **or**
- Hearing assessment; **or**
- Medical assessment and evaluation (complete history and physical examination); **or**
- Measurement of blood levels for lead or heavy metal exposure; **or**
- Neurobehavioral status exam; **or**
- Neuropsychological testing; **or**
- Pharmacotherapies; **or**
- Physical medicine, occupational therapy, and speech therapy services; **or**
- Psychological testing; **or**
- Psychotherapy; **or**
- Social skills training; **or**
- Standardized cognitive performance testing; **or**
- Vision assessment.

Services beyond traditional medical management of ASD include the following covered services for groups, CHIP, and Adult Basic members whose coverage is impacted by the ASD mandate under Act 62; or in accordance with the member's benefit contract.

- Applied behavior analysis services, provided for purposes of behavior modification, habilitation of functional and adaptive skills and/or training:
 - Community based / wrap around behavioral treatment; **or**
 - Service plan development, **or**
 - Therapeutic behavioral services; **or**
- Sensory Integration.

Procedure Codes

0362T	0373T	81228	81229	81302	81303	81304
81321	81323	81403	81404	81405	81406	81407
81408	83015	83018	83655	90785	90791	90792
90834	90836	90846	90847	90849	92507	92508
92521	92522	92523	92524	92526	92551	92552
92553	92555	92556	92557	92571	92607	92608

92630	92633	92650	92651	92652	92653	95700
95705	95706	95707	95708	95709	95710	95711
95712	95713	95714	95715	95716	95717	95718
95719	95720	95721	95722	95723	95724	95725
95726	95824	95829	96110	96112	96113	96116
96121	96125	96127	96130	96131	96132	96133
96136	96137	96138	96139	96146	96156	97010
97012	94014	97016	97018	97022	97024	97028
97032	97034	97035	97036	97110	97112	97113
97116	97124	97129	97130	97140	97150	97151
97152	97153	97154	97155	97156	97157	97158
97161	97162	97163	97164	97165	97166	97167
97168	97530	97533	97535	97550	97551	97552
97799	99172	99173	99242	99243	99244	99245
99252	99253	99254	G0137	G0151	G0152	G0153
G0155	G0157	G0158	G0159	G0160	G0161	G0162
G0176	G0177	G0451	H0031	H0034	H2012	H2024
H2015	H2017	H2019	H2021	S5108	S5110	S8990
S9123	S9127	S9128	S9129	S9131	S9152	S9445
S9480	V5362	V5363				

Applied Behavioral Analysis (ABA) Services

ABA services may be considered medically necessary when **ALL** the following criteria are met:

- The individual has a confirmed diagnosis of autism spectrum disorder (ASD) as defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) criteria; **and**
- A qualified behavior analyst used a standardized assessment to determine impairment in **ONE OR MORE** of the following:
 - Social communication and social interaction; **or**
 - Restricted or repetitive patterns of behavior, interests; or
 - Activities of daily living (ADLs); **and**
- An individualized treatment plan is developed by **EITHER** of the following:
 - State licensed physician (MD/DO); **or**
 - State licensed psychologists who are licensed to practice independently, without supervision; **and**
- Services are provided by **ANY** of the following:
 - Board Certified Behavior Analysts (BCBA); **or**
 - Licensed Behavior Analysts (LBA); **or**
 - Board-Certified assistant Behavior Analysts (BCaBAs), under the supervision of BCBA; **or**

- Registered Behavior Technician (RBT) certified by the Behavior Analyst Certification Board (BACB), under the supervision of a BCBA or BCaBA; **or**
- An equivalent professional who is licensed/certified and has had training in ABA and is licensed to practice independently or is supervised appropriately if required; **or**
- NOTE:** May also be referred to as therapy assistants or paraprofessionals, but should be state registered, certified, or licensed as required.
- Treatment interventions may include **ANY** of the following:
 - Functional behavioral analysis; **or**
 - One-on-one therapy sessions; **or**
 - Group therapy; **or**
 - Parent/Caregiver training and support when **ALL** the following criteria are met
 - Linked directly to treatment goals; **and**
 - Training will be conducted by a BCBA, LBA, or an equivalent health professional who is licensed to practice independently and who has training in ABA; **or**
 - Treatment team conferences/coordination; **and**
- The individualized treatment plan has defined and measurable treatment goals, objectives, and measurable outcomes; **and**
- Services are provided in **ANY** of the following settings:
 - Home; **or**
 - Clinic; **or**
 - Community setting; **or**
 - School when **ALL** the following criteria are met:
 - Individual exhibits significant behavioral or other challenges that interfere with their school performance.; **and**
 - Direct treatment services in the school setting must consist entirely of ABA treatment activities; **and**
 - ~~Activities are NOT primarily educational or vocational in nature; **and**~~
 - The activities are not duplicative of services already being provided and funded by a federal, state and or local entity; **and**
 - The services address medical treatment goals (such as reducing self-injurious behaviors, severe aggression, or other clinically significant behavioral challenges that impair health and safety) rather than solely educational or academic goals (such as curriculum access, classroom participation, or educational skill acquisition); **and**
 - In-person; **or**
 - Via secure real-time video and audio telehealth/virtual modalities; **or**
 - A combination of in-person **AND** telehealth/virtual modalities; **and**
- ABA services are not utilized to replace or replicate activities that are the responsibility of the setting and environment where services occur (e.g., classroom aide, 1:1 teacher, tutor, vocational assistant/coach, respite services, etc.).

NOTE: Applied Behavior Analysis (ABA) therapy intensity is typically reduced over time as progress is demonstrated in treatment goals. Transitioning to lower levels of therapy supports growing independence and reflects successful therapeutic outcomes.

NOTE: The intensity of ABA therapy should be individualized based on the individual's response to treatment rather than predetermined hour requirements.

NOTE: ABA services cannot be solely respite or custodial care. Services provided outside of a standard setting, even by licensed providers, are subject to medical necessity review and benefit eligibility.

NOTE: School-based educational therapy and services, such as classroom aide/assistant support, one-on-one teaching, or other school system responsibilities, are not considered ABA therapy and are the responsibility of the school district to provide.

Discontinuation of ABA therapy may be considered when ONE or more of the following are met:

- The criteria for medical necessity for ABA therapy are no longer satisfied based on current clinical presentation and functional status; or
- Continued therapy at current intensity would be provided primarily for convenience rather than clinical benefit; or
- No meaningful progress or improvement is observed over two or more consecutive authorization periods, as documented by standardized assessments (e.g., Vineland Adaptive Behavior Scales, patient-centered goal measures) despite appropriate modifications to intervention approach; or
- Development or worsening of symptoms, behaviors, or functional impairments due to therapy; or
- Symptoms have stabilized sufficiently to allow transition to less intensive treatment or lower level of care and now alternative interventions are more appropriate for the child's current developmental stage, needs, or clinical presentation; or
- Sustained skill acquisition, maintenance, and generalization across settings is demonstrated; or
- Family, school, and community supports can effectively maintain and build upon therapeutic gains; or
- Despite efforts to reduce barriers, the family is unable to participate in the treatment program and unable to adhere to the treatment recommendations to the extent necessary for effective intervention.

Documentation Requirements:

- The medical record must be made available to the payer upon request and include **ALL** the following:
 - A parent or caregiver's printed name, signature, and their relationship to the individual receiving services for each rendered service; **and**
 - The date of service; **and**
 - The service/code provided along with a written summary of the service rendered, client behaviors with measured outcomes, redirections utilized, goals/target modifications, and progress made for the day; **and**
 - Rendering provider's name/signature and credential; **and**
 - The beginning/end times of the service clearly documented on each date of service to support the units billed; **and**
 - The setting in which the service was performed; **and**
 - Individuals present during session; and
 - Treatment plans and assessment results; **and**
 - Progress towards treatment goals with statement as to whether goals are met, not met, or modified with an explanation; **and**
 - Specific behavioral objectives; **and**
 - Detailed descriptions of interventions used; **and**
 - Measurable data on individual's responses to the treatment plan interventions.

Applied Behavioral Analysis (ABA) Services not meeting the criteria as indicated in this policy are considered not medically necessary.

The following are considered not medically necessary for ABA:

- Speech, occupational, and/or recreational therapy
 - ABA services billed during any of the above-speech, occupational, physical therapy, etc. are not eligible and should not be billed to Highmark. Documentation should clearly reflect these instances and the time should be carved out and clearly noted, so that a reviewer can validate that any member time spent in these services is not reported as part of ABA services.
- Vocational/occupational rehabilitation

- Therapy services beginning before the completion of an assessment and development of a treatment plan
- Auditory Integration/Sensory Integration Therapy
- Respite care (short term breaks for caregivers)
- Orientation and mobility
- Services that are primarily educational in nature
 - Services used to access a school setting or curriculum that are in any way funded by a Federal, state and or local entity, i.e. Individual Education Plan (IEP) and services in a school location are not reimbursed, as these services are covered under the federal IDEA and FAPE Laws (Individuals with Disabilities Education Act and the Free Appropriate Public Education Act)
 - Tutor
 - School-based educational therapy and services, such as classroom aide/assistant support, one-on-one teaching.
- Completing housework or chores, or assisting the member with housework or chores, except when done as part of documented treatment plan addressing goals related to social and/or behavioral functioning
- Provider residing in the member's home and functioning as live-in help
- Custodial care
- Billing services when members are sleeping
- Transporting the member in lieu of parent/caregiver, when not part of members documented treatment plan addressing goals related to social and/or behavioral functioning
- Accompanying the patient to appointments or activities outside of the home (e.g., recreational activities, eating out, shopping, play activities, medical appointments)
 - Except when the patient has demonstrated a pattern of significant behavioral difficulties during specific activities, in which case the clinician is present to actively provide treatment, not to just supervise, control, or contain the identified individual
- Provider travel time
- Services rendered by a parent, legal guardian, or legally responsible person
 - Daycare/Childcare
 - Baby-sitting
- Fees or tuition for day or overnight camps, residential, educational, vocational, or recreational programs or other fees for services that are not medically necessary ABA services.
- When "wrap-around services" are used as the first course of treatment for Autism Spectrum Disorder.

Procedure Codes

0362T	0373T	97151	97152	97153	97154	97155
97156	97157	97158				

The following services are not covered for ASD (this list applies to all Plan members, including those whose coverage is impacted by the ASD mandate under Act 62-2008, defined below). The preponderance of peer-reviewed clinical literature does not support coverage for these services.

- Animal or pet assisted therapy; **or**
- Art therapy; **or**
- Chelation therapy and detoxification for heavy metals; **or**
- Craniosacral therapy; **or**
- Fibroblast growth factor 2; **or**
- Hydrotherapy; **or**

- Hyperbaric oxygen therapy; **or**
- Intravenous Immune Globulin (IVIG); **or**
- Music therapy; **or**
- Naltrexone therapy; **or**
- Neurofeedback; **or**
- Peripheral stem cell transplantation and umbilical cord stem cell transplantation; **or**
- Secretin therapy; **or**
- School based education therapy and/or educational services. These services are not considered standard ABA therapy. These services are the responsibility of the school district and should be provided by school staff; **or**
 - **NOTE: Some school based services may be considered if they meet the criteria in the ABA section above.**
- Social therapeutic group and behavioral health day treatment. These services are not a standard benefit under the member's benefit contract; **or**
- Testing for immunologic abnormalities; **or**
- Vitamin: Laboratory testing; **or**
- Vitamins, nutritional supplements, or diet-oriented therapy.

When any of the above mentioned services are not covered, all related services are also not covered (e.g., E/M services, laboratory tests, infusion services, drug administration, etc.).

Procedure Codes

38240	38241	38242	82180	82306	82607	82608
82652	82746	82747	82784	82785	82787	83516
83518	83519	84207	84252	84425	84446	84590
84591	84597	84999	86602	86603	86606	86609
86611	86612	86615	86617	86618	86619	86622
86625	86628	86631	86632	86635	86638	86641
86644	86645	86648	86651	86652	86653	86654
86658	86663	86664	86665	86666	86668	86671
86674	86677	86682	86684	86687	86688	86689
86692	86694	86695	86696	86698	86701	86702
86703	86704	86705	86706	86707	86708	86709
86710	86713	86717	86720	86723	86727	86732
86735	86738	86741	86744	86747	86750	86753
86756	86757	86759	86762	86765	86768	86771
86774	86777	86778	86780	86784	86787	86788
86789	86790	86793	86800	86803	86804	86804
90281	90283	90284	90832	90834	90837	90847
90853	99183	99203	99204	99205	99213	99214

99215	A4575	A9270	H0046	H2012	J0470	J0600
J0895	J1559	J1561	J1562	J1566	J1568	J1569
J1571	J1572	J1599	J2315	J2850	J3520	M0300
S2142	S3870					

Outpatient HCPCS (C Codes)

C7900	C7901	C7902	C7903
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Related Policies

Refer to Medical Policy E-36, Speech Generating Devices, for additional information.

Refer to Medical Policy I-14, Immune Globulin Therapy, for additional information.

Refer to Medical Policy I-92, Naltrexone Extended Release Injection (Vivitrol®), for additional information.

Refer to Medical Policy L-34, Genetic Testing, for additional information.

Refer to Medical Policy Y-2, Occupational Therapy (OT), for additional information.

Refer to Medical Policy V-44, Medical Nutrition Management Services (MNT), for additional information.

Refer to Medical Policy Y-1, Physical Medicine, for additional information.

Refer to Medical Policy V-16, Speech Therapy, for additional information.

Refer to Medical Policy Z-3, Hyperbaric Oxygen (HBO) Therapy, for additional information.

Refer to Medical Policy Z-27, Eligible Providers and Supervision Guidelines, for additional information.

Refer to Highmark Reimbursement Policy RP-041, Services Not Separately Reimbursed, for additional information on reimbursement coverage.

Diagnosis Codes

Covered Diagnosis Codes

F84.0	F84.2	F84.3	F84.5	F84.8	F84.9
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Place of Service: Outpatient

ASD are typically outpatient procedures which are only eligible for coverage as inpatient procedures in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

Operational Guidelines

Professional Claims

This policy is applied on a **post-payment** basis for Professional claims. **The services will pay on initial processing and are subject to retrospective review.**

All non-covered services for ASD mentioned in the above policy will be denied as not medically necessary, and therefore non-covered (this applies to all Plan members, including those whose coverage is impacted by the ASD mandate under Act 62-2008) and applies to professional claims.

When any of the above-mentioned services are not covered, all related services are also not covered, (e.g., E/M services, laboratory tests, infusion services, drug administration, etc.) and applies to professional claims.

Internal Sources

Clinical Policy Management Committee - ~~April 8, 2025~~ [March 10, 2026](#)
Subcommittee -
Pediatric - August 27, 2024

Medical Director

Links

- [Link to References](#)

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.

Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
 - *Qualified sign language interpreters*
 - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
 - *Qualified interpreters*
 - *Information written in other languages*

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

*U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)*

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.