

# Intensive Behavioral Therapy for Autism Spectrum Disorder

**Guideline Number:** MMG069.M

**Effective Date:** December 1, 2023

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Benefit Considerations</a> .....	1
<a href="#">U.S. Food and Drug Administration</a> .....	1
<a href="#">Guideline History/Revision Information</a> .....	1
<a href="#">Instructions for Use</a> .....	2

## Related Medical Management Guidelines

- [Chelation Therapy for Non-Overload Conditions](#)
- [Neuropsychological Testing Under the Medical Benefit](#)
- [Sensory Integration Therapy and Auditory Integration Training](#)

## Related Benefit Interpretation Policy

- Autism Spectrum Disorder
- Pervasive Developmental Disorder and Autism Spectrum Disorder

## Coverage Rationale

➔ See [Benefit Considerations](#)

For information regarding medical necessity review, when applicable, refer to the Benefit Interpretation Policies titled *Autism Spectrum Disorder* or *Pervasive Developmental Disorder and Autism Spectrum Disorder* for:

- [California Plan Members](#)
- [Oklahoma Plan Members](#)
- [Oregon Plan Members](#)
- [Texas Plan Members](#)
- [Washington Plan Members](#)

## Benefit Considerations

Some states mandate benefit coverage for applied behavioral analysis for treatment of autism spectrum disorders. In those states, the applicable mandate must be followed.

## U.S. Food and Drug Administration (FDA)

Behavioral therapy programs are not subject to regulation by the FDA.

## Guideline History/Revision Information

Date	Summary of Changes
05/01/2024	<b>Related Policy</b> <ul style="list-style-type: none"> <li>• Removed reference link to the Medical Management Guideline titled <i>Clinical Practice Guidelines</i></li> </ul>

Date	Summary of Changes
12/01/2023	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Added reference to the Benefit Interpretation Policy titled <i>Autism Spectrum Disorder</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version MMG069.L</li> </ul>

## Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.