BlueCross BlueShield Arizona

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EVIDENCE-BASED CRITERIA
SECTION: MEDICINE

NEXT ANNUAL REVIEW DATE: 3R QTR 2027

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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APPLIED BEHAVIOR ANALYSIS (ABA)

Description:

This medical policy establishes evidence based criteria for the use of Applied Behavior Analysis (ABA) services for individuals with Autism Spectrum Disorder (ASD). It outlines the clinical framework, provider qualifications, and documentation requirements necessary to support coverage determinations.

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by persistent challenges with social communication and interaction as well as the presence of restricted interests and/or repetitive behavior. Autism is considered a lifelong disorder which may require medical intervention at any point in the individual's lifespan. Individuals may be discharged from treatment and reenter treatment as needed. The degree of impairment in an ASD-diagnosed individual's ability to function can vary widely. Therefore, treatments for ASD may be highly individualized and specific to the degree of impairment. A qualified provider for the diagnosis of Autism Spectrum Disorder (ASD) is a licensed healthcare professional—such as a psychologist, developmental pediatrician, neurologist, or psychiatrist—who has documented training and experience in developmental and behavioral disorders and is competent in performing comprehensive diagnostic evaluations using standardized assessment tools and clinical criteria consistent with DSM guidelines.

Levels of Autism Severity
Autism Spectrum Disorder symptom severity reflects the functional impact of social communication deficits and restricted/repetitive behaviors relative to age-expected developmental norms. Symptom severity must be demonstrated and supported by standardized assessment results, direct observation, and objective baseline data and used to inform ABA treatment intensity, model selection (focused vs. comprehensive), and duration.

Level 1 – Requiring Support

- Communication: Without supports in place, deficits in social communication cause noticeable impairment. The individual demonstrates difficulty initiating social interactions and may show atypical or unsuccessful responses to social overtures. For example, an individual who speaks in full sentences and engages in communication but whose reciprocal conversation fails and whose attempts to make friends are odd or typically unsuccessful.

- Behavior: Inflexibility of behavior causes interference with functioning in one or more contexts. The individual may demonstrate difficulty switching between activities and challenges with organization and planning that limit independence. Compared to neurotypical peers, the individual demonstrates mild to moderate delays in pragmatic language and reciprocal social interaction, emerging adaptive and self-regulation skills with partial independence, and limited restricted or repetitive behaviors that do not pose a safety risk.

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Level 2 – Requiring Substantial Support

- Communication: Marked deficits in verbal and nonverbal social communication skills are present, with impairments apparent even with supports in place. The individual demonstrates limited initiation of social interactions and reduced or abnormal responses to social overtures. For example, an individual who speaks in simple sentences and whose interactions are limited to narrow interests with noticeably atypical nonverbal communication.

- Behavior: Inflexibility of behavior and difficulty coping with change are frequently observed and interfere with functioning across multiple domains. Distress and difficulty shifting focus or activities are common. Compared to neurotypical peers, the individual demonstrates significant delays in expressive and/or receptive communication, limited functional independence and adaptive skill acquisition, and restricted or repetitive behaviors that interfere with daily routines and learning.

Level 3 – Requiring Very Substantial Support

- Communication: Severe deficits in verbal and nonverbal social communication skills cause marked impairments in functioning. The individual demonstrates very limited initiation of social interaction and minimal response to social overtures. For example, an individual with few words of intelligible speech who rarely initiates interaction and, when doing so, uses atypical approaches to meet basic needs.

- Behavior: Inflexibility of behavior, extreme difficulty coping with change, and restricted/repetitive behaviors markedly interfere with functioning across all domains. High levels of distress and inability to shift focus or action are present. Compared to neurotypical peers, the individual demonstrates global developmental delays, minimal independence across all adaptive domains, and high-risk behaviors (e.g., aggression, self-injury, elopement) characterized by severity, frequency, intensity, or unpredictability that pose an actual or imminent risk to health or safety and significantly impair safe functioning across environments.

Applied Behavior Analysis (ABA)

Applied Behavior Analysis (ABA) is a widely used, evidence-based, goal-directed, and individualized behavioral health treatment for individuals with autism spectrum disorder (ASD), grounded in the principles of operant and classical conditioning and designed to improve communication, social, and adaptive functioning while reducing maladaptive behaviors. ABA services are delivered under the direction of a qualified healthcare provider operating within the certification standards of the Behavior Analyst Certification Board (BACB), who is responsible for conducting behavioral assessments, developing and overseeing individualized treatment plans, and providing caregiver training, with direct therapy implemented by trained personnel under appropriate clinical supervision. Treatment is intended to develop, maintain, or restore functional skills to the maximum extent practicable and is provided with the expectation of individualized transition and discharge planning rather than continuous or indefinite care. Treatment intensity and duration are actively managed based on objective response to therapy, current functional needs, and measurable progress toward clearly defined goals, with individuals appropriately stepping down, transitioning, discharging, or re-entering services as clinically indicated.

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ABA Therapy Interventions

ABA therapeutic interventions include the identification of behaviors by a qualified healthcare provider that negatively affect functioning, the establishment of goals to promote new or adaptive behaviors, and the use of environmental modifications and reinforcement strategies to support behavior change across multiple settings. A qualified provider to deliver Applied Behavior Analysis (ABA) services for Autism Spectrum Disorder (ASD) is a credentialed and licensed clinician (e.g., Board Certified Behavior Analyst–Doctoral [BCBA-D], Board Certified Behavior Analyst [BCBA], Board Certified Assistant Behavior Analyst [BCaBA], or other licensed behavior analyst as applicable) who meets state licensure requirements and has specialized training and demonstrated competency in behavioral assessment, treatment planning, and implementation of evidence-based ABA interventions; services may be rendered directly by the qualified provider or by Registered Behavior Technicians (RBTs) or other trained paraprofessional staff under the supervision of the qualified provider, in accordance with state regulations. Interventions may address both skill acquisition and skill maintenance based on the individual's specific needs. ABA treatment may be delivered in a variety of settings and is individualized to support functional improvement.

Comprehensive ABA Therapy

Comprehensive ABA therapy refers to treatment with the goal of improving or maintaining behaviors in many skill areas across multiple domains and emphasizes establishing new skills (e.g., cognitive, communicative, social, behavioral, adaptive). In addition to skill development, comprehensive ABA therapy may also focus on reducing challenging behaviors across multiple domains. Comprehensive ABA therapy is often comprised of greater than 25 hours per week, up to 40 hours per week, of direct treatment of the individual, not including case supervision by the behavior analyst, caregiver training, and other services.

Focused ABA Therapy

Focused ABA therapy refers to treatment with the goal of improving or maintaining behaviors in a limited number of domains or skill areas. These behaviors may include but are not limited to safety skills, following instructions, social skills, self-care, communication, feeding, toileting, cooperating with medical and dental routines, and participating in independent leisure activities. This type of treatment may be appropriate for individuals who need to acquire a limited number of skills fundamental to health, safety, inclusion, and independence. It may also be appropriate for individuals who demonstrate challenging high-risk behaviors that must be prioritized due to health and safety concerns. Examples of such high-risk behaviors may include self-injury, property destruction, aggression toward others, and other types of disruptive or dysfunctional social behaviors. Focused ABA is generally comprised of fewer than 25 hours per week of direct treatment of the individual per week, not including case supervision by the behavior analyst, caregiver training, and other services.

Components of ABA Therapy

Direct Treatment

Direct treatment involves the implementation of the individualized treatment plan or therapy sessions by an RBT, BCaBA, or BCBA.

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Supervision
Supervision involves the oversight and evaluation of the treatment plan by the BCaBA, or BCBA. Supervision of technicians and other clinical professionals is an important activity that occurs as part of case supervision for an individual. However, this activity alone does not encompass the full breadth of activities involved in case supervision, which includes but is not limited to ongoing progress monitoring, protocol revisions, session preparation, and writing progress notes. Although the number of case supervision hours provided must be responsive to the needs of the individual, one to two hours of case supervision for every 10 hours of direct treatment delivered by unlicensed ABA staff (1:10 baseline) is the general standard of care.

Caregiver Training
Caregiver training involves a structured, personalized curriculum on ABA fundamental concepts and is intended to equip caregivers with the skills necessary to support skill acquisition, generalization, and maintenance in the individual's natural environments. It measures the development of skills, ensuring that caregivers are proficient in implementing treatment strategies across various settings and critical environments. A minimum of 2 hours per month of caregiver training is required, unless clinical documentation supports that the full 2 hours is not medically necessary or that barriers to participation are insurmountable. If caregiver training is not feasible, the clinical documentation must address the impact of non-participation, identified barriers, mitigation strategies, and how treatment gains will be generalized and maintained following discharge.

- Caregivers
  Caregivers, including parents, guardians, siblings, daycare providers, and extended family, among others, should be included in various capacities and at different points during ABA treatment when possible and appropriate. Family members can provide important historical and contextual information about the individual with ASD to enhance treatment.

- Stakeholders
  Stakeholders are others who routinely interact with the individual such as peers, coworkers, instructors, and others.

  Caregivers and stakeholders can be helpful to the overall treatment program and can receive training and consultation throughout treatment, discharge, and follow-up to ensure the carryover of treatment gains at home and in various community settings.

Step-Down, Transition, and Discharge Planning

Planning for gradual reduction in treatment and discharge from treatment is part of an individual's overall treatment plan. It should be considered when ABA services are initiated and refined throughout treatment. Treatment dosage (intensity and duration) is individualized and based on treatment goals, developmental age, objective response to treatment, and the individual's level of cognitive and adaptive functioning. As individuals demonstrate sustained progress toward goals and discharge criteria, reductions in treatment intensity are generally expected and may include transitioning from comprehensive to focused ABA prior to discharge.

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Qualified Therapeutic Providers

Board Certified Behavior Analyst®
A Board Certified Behavior Analyst® (BCBA®) is an individual with a graduate-level certification in applied behavior analysis. Professionals certified at this level are independent practitioners who provide ABA services and do not require additional supervision. BCBAs supervise the work of Board Certified Assistant Behavior Analysts® (BCaBAs, Registered Behavior Technicians® (RBTs®), and other licensed or certified professionals who implement behavior analytic services in accordance with their license/certification. BCBAs may also provide ABA therapy services directly to individuals.

BCBAs with doctoral or postdoctoral training in applied behavior analysis may obtain the Board Certified Behavior Analyst-Doctoral® (BCBA-D®) designation. The BCBA-D functions in the same capacity as a BCBA and is not granted any privileges beyond BCBA certification.

Board Certified Assistant Behavior Analyst®
A Board Certified Assistant Behavior Analyst® (BCaBA®) is an individual with an undergraduate-level certification in applied behavior analysis. Professionals certified at the BCaBA level provide ABA services under the supervision of a Board Certified Behavior Analyst. Professionals certified at the assistant behavior analyst level may practice ABA therapy, including supervising the work of RBTs, only under the supervision of a BCBA.

Registered Behavior Technician®
A Registered Behavior Technician® (RBT®) is an individual with a paraprofessional certification in applied behavior analysis. RBTs do not exercise independent professional judgment, which includes activities such as describing clinical phenomena, analyzing, or prescribing. They deliver ABA services and practice under the direction and close supervision of a BCBA or BCaBA.

Trained Paraprofessional Staff
Trained paraprofessional staff in Applied Behavior Analysis (ABA) are non-licensed support personnel (e.g., Registered Behavior Technicians [RBTs]) who have completed formal training in ABA principles and techniques and demonstrate competency in implementing behavior intervention plans. These paraprofessionals provide direct therapeutic services under the ongoing supervision and clinical direction of a qualified, licensed provider, in accordance with applicable state laws, regulations, and scope of practice requirements.

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Criteria:

COVERAGE FOR APPLIED BEHAVIOR ANALYSIS DEPENDS ON BENEFIT PLAN TERMS. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

Initiation of ABA Therapy

- Initiation of Applied Behavior Analysis (ABA) is considered ***medically necessary*** with documentation of **ALL** of the following:

1. Individual has a confirmed diagnosis of Autism Spectrum Disorder (ASD) as defined by the current version of the American Psychiatric Association's (APA) Diagnostic and Statistics Manual of Mental Disorders:

   - Diagnosis meets **ALL** of the following:

     a. Diagnosis of ASD is made by a licensed psychiatrist, psychologist, developmental pediatrician, neurologist, or family practitioner with specialized training in diagnosis of ASD
     b. Diagnosis must be validated by a documented comprehensive assessment and/or results of an appropriate evidence-based autism spectrum disorder standardized assessment
     c. Diagnostic report identifies the severity level of symptoms for the individual with the diagnosis of Autism Spectrum Disorder

2. Individual has clinically significant behavioral or skill-deficits causing dysfunction in daily living as documented in the formal treatment plan and evidenced by **ANY** of the following:

   - Interference with home, community, or age-appropriate activities
   - Absence of developmentally appropriate social or functional skills
   - A health or safety risk to self or others (e.g., self-injury, aggression toward others, property destruction, repetitive behaviors, elopement, or disruptive behaviors)

3. For all new treatment requests, the individual's BCBA or BCBA-D has completed a formal treatment plan with documentation of **ALL** of the following:

   - Proposed treatment by type (Comprehensive ABA therapy or Focused ABA therapy)
   - Demographic information, medical history, educational and/or vocational history
   - ABA treatment history, duration, and other therapies or community-based resources the individual is accessing
   - Baseline data obtained from direct observation and/or a review of records (e.g., functional behavioral assessment, targeted risk behavior assessment, age normative skill-based assessment)
   - Frequency of proposed treatment
   - The total requested hours across all levels of ABA services. Hours must be itemized by respective service codes and clearly differentiate between individual and group services (including hours of direct treatment as well as hours of supervision and caregiver training)

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- Anticipated duration of treatment based on clinical presentation and treatment goals
- Prioritized and targeted treatment goals and objectives, based on implications for the individual's health and well-being
- Specific and measurable treatment goals and objectives, based on a standardized assessment, and tailored to the individual receiving treatment
- Proposed interventions that are consistent with established industry standards and techniques of ABA therapy
- Plans to address comorbid medical and psychiatric disorders, including plans for coordinated care with other providers and community resources as appropriate
- A description of methods for data collection and analysis, including progress indicators
- A description of how caregiver training and support will be incorporated into the treatment, with measurable goals
- Operationalized transition and discharge criteria established at treatment initiation and documented in the initial treatment plan, tied to objective indicators of mastery and generalization (e.g., goals met and maintained across settings, sustained reduction of interfering behaviors, and measurable gains in adaptive functioning)
- If group ABA services are included, clearly defined and measurable goals for the group therapy that are specific to the individual's needs

4. Requested hours of direct treatment for ABA services are determined on an individualized basis consistent with the type of ABA intervention recommended and meet **ONE** of the following:

   - Comprehensive ABA services are generally provided at greater than 25 hours per week of direct treatment

     a. Higher-intensity comprehensive services for up to 40 hours per week may be authorized when clinically justified, such as in cases involving severe impairment leading to elevated safety risk

     b. Intensity of requested services per week must be supported by documentation outlining coordination of other services, as applicable, and a plan to address the individual's broader needs, including academic participation, extracurricular activities, leisure time, and adequate rest

   - Focused ABA services are generally provided at fewer than 25 hours per week of direct treatment

     a. Requests for over 25 hours per week for direct treatment of focused ABA may be authorized when clinically justified, based on factors demonstrating medical necessity including, *but not limited to*:

        - Significant functional impairments in a limited number of targeted developmental or behavioral domains which support higher-intensity services
        - Persistent, high-risk behaviors that pose a health or safety concern
        - Documented lack of sufficient response to lower-intensity services

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b. Intensity of requested services per week must be supported by documentation outlining coordination of other services, as applicable, and a plan to address the individual's broader needs, including academic participation, extracurricular activities, leisure time, and adequate rest

5. ABA services must not duplicate services provided or available to the individual through other medical or behavioral health professionals, nor services that directly support academic achievement within the individual's educational setting, including support encompassed in the individual's Individualized Education Plan (IEP) or Individualized Service Plan (ISP), or any obligation imposed on a public school under the Individuals with Disabilities Education Act (IDEA).

   Services that may be considered duplicative include, *but are not limited to*:

   - Behavioral health treatment, such as individual, group, or family therapy
   - Speech therapy
   - Occupational therapy
   - Vocational rehabilitation
   - Supportive or respite care
   - Recreational therapy
   - Orientation and mobility therapy
   - Habilitative services

6. Authorization periods range from 6 months to 1 year based on clinical presentation, symptom severity, and treatment needs.

Continuation of ABA Therapy

➢ Continuation of Applied Behavior Analysis (ABA) therapy is considered ***medically necessary*** with documentation of **ALL** of the following:

1. Individual continues to meet the criteria as described in the initial criteria above

2. At the end of the current authorization period, the individual's BCBA or BCBA-D completes an updated treatment plan and submits progress reports to support the need for continued treatment, including documentation of **ALL** of the following:

   - Graphical representation of data showing behavior change in frequency/intensity/duration
   - Assessment and documentation of progress for each targeted symptom or behavior from baseline, including progress toward defined goals and discharge criteria
   - Objective data for goal behaviors and/or skills (e.g., age normative skill-based assessments of functioning)
   - Adjustments to the treatment plan, based on the individual's response to ABA therapy
   - New anticipated timelines for previously outlined goals, presentation of new goals, and description of retired goals, as applicable

- If less than 80% of authorized treatment hours are delivered, documentation of barriers to service delivery and actions taken to mitigate those barriers

3. Evidence that the individual's behavior continues to improve to a clinically meaningful extent. When expected progress toward specific goals is not demonstrated within estimated timeframes, a documented barriers assessment is required to evaluate contributing factors and inform treatment plan modifications

4. Evidence that caregivers actively participate in the treatment process and are making progress in their own implementation of behavioral interventions as evidenced by collected data. In the circumstance where a caregiver is unable to participate, documentation must reflect the reason and outline an alternate plan to provide ongoing caregiver training skills management

5. Documentation must also include evidence that treatment intensity has been evaluated and adjusted as clinically indicated based on the individual's response to treatment.

<u>Step-Down, Transition, and Discharge Planning</u>

- Step-down or transition planning should be initiated, and continued medical necessity for the current level of ABA services must be reviewed, when **ANY** of the following apply:

1. Objective treatment data demonstrate sustained, clinically meaningful progress toward established treatment goals, indicating that the current level of service intensity is no longer required to achieve remaining targets

2. The individual has achieved sufficient functional gains such that a lower-intensity or more focused treatment model can reasonably address remaining treatment needs

3. Documentation supports that reductions in service intensity are clinically appropriate based on measured response to treatment

- Discharge planning should be initiated, and continued medical necessity must be reviewed, when **ANY** of the following apply:

1. The individual has achieved a majority of treatment goals and meets established, operationalized discharge criteria based on objective data

2. The individual no longer meets diagnostic criteria for Autism Spectrum Disorder as supported by appropriate standardized assessments and clinical evaluation

3. The individual does not demonstrate clinically meaningful progress toward treatment goals across successive authorization periods, despite documented treatment plan modifications and barrier assessments

4. The individual or family expresses a preference to discontinue ABA services

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5. Significant and unresolved barriers to effective treatment delivery exist, including the inability of the provider and family to align on essential elements of treatment planning and implementation

- Applied Behavior Analysis (ABA) therapy for all other indications not previously listed or if above criteria not met is considered ***not medically necessary*** based upon meeting **ANY** of the following:

1. Is inconsistent with the diagnosis or treatment of a symptom, illness, disease, or injury;
2. Is primarily for the convenience of a Member or a Provider;
3. Is not the most appropriate site, supply, or service level that can safely be provided;
4. Does not meet BCBSAZ's or its contracted vendor's Medical Necessity Guidelines and Criteria in effect when the Service is pre-certified or rendered.

- **If a plan does not provide coverage for the diagnosis of autism, then a benefit for Applied Behavior Analysis (ABA) services is not available,** and Applied Behavior Analysis (ABA) is considered a ***benefit plan exclusion*** and ***not eligible for coverage***.

Resources:

Literature reviewed 07/29/26. We do not include marketing materials, poster boards and non-published literature in our review

1. The Council of Autism Service Providers. Applied behavior analysis practice guidelines for the treatment of autism spectrum disorder. Third Edition. Accessed April 13, 2026. https://www.casproviders.org/standards-and-guidelines

2. The Council of Autism Servise Providers. Evidence about ABA treatment for young children with autism: The impact of treatment intensity on outcomes. 2025. Accessed March 17, 2026. https://www.casproviders.org/evidence-intensive-early-aba

3. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.)

4. American Psychiatric Association. What is autism spectrum disorder? January, 2024. Accessed April 13, 2026. https://www.psychiatry.org/patients-families/autism/what-is-autism-spectrum-disorder

5. ABA Coding Coalition. Model Coverage Policy for Adaptive Behavior Services. Updated January 2022. Accessed May 11, 2026. https://abacodes.org/wp-content/uploads/2022/01/Model-Coverage-Policy-for-ABA-01.25.2022.pdf

6. Behavior Analyst Certification Board. Board Certified Behavior Analyst. 2024. Accessed April 13, 2026. https://www.bacb.com/bcba/#bcba-d

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7. Behavior Analyst Certification Board and Association of Professional Behavior Analysts. Clarifications regarding applied behavior analysis treatment for Autism Spectrum Disorder: Practice guidelines for healthcare funders and managers (2nd ed.). February, 2019. Accessed April 13, 2026. https://assets.bacb.com/wp-content/uploads/2020/05/Clarifications_ASD_Practice_Guidelines_2nd_ed.pdf

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14. Hanley GP, Jin CS, Vanselow NR, Hanratty LA. Producing meaningful improvements in problem behavior of children with autism via synthesized analyses and treatments. *J Appl Behav Anal*. Spring 2014;47(1):16-36. doi:10.1002/jaba.106

15. Howard JS, Stanislaw H, Green G, Sparkman CR, Cohen HG. Comparison of behavior analytic and eclectic early interventions for young children with autism after three years. *Res Dev Disabil*. Dec 2014;35(12):3326-44. doi:10.1016/j.ridd.2014.08.021

16. Hyman SL, Levy SE, Myers SM, Council On Children With Disabilities SOD, Behavioral P. Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*. Jan 2020;145(1)doi:10.1542/peds.2019-3447

17. Kranak MP, Andzik NR, Jones C, Hall H. A Systematic Review of Supervision Research Related to Board Certified Behavior Analysts. *Behav Anal Pract*. May 16 2023;16(4):1-16. doi:10.1007/s40617-023-00805-0

18. Linstead E, Dixon DR, Hong E, et al. An evaluation of the effects of intensity and duration on outcomes across treatment domains for children with autism spectrum disorder. *Transl Psychiatry*. Sep 19 2017;7(9):e1234. doi:10.1038/tp.2017.207

19. Myers AJ, Cleveland E, Whitby PJS, et al. Analysis of a Statewide Early Intervention Program for Young Children with ASD. *J Autism Dev Disord*. Nov 2022;52(11):4994-5006. doi:10.1007/s10803-021-05376-z

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Medical Director (Dr. Sutanto)	06/25/26	Development
Legal Division	06/19/26	Development
Medical Director (Dr. Wolkoff)	06/18/26	Development
Medical Director (Dr. Raja)	05/07/26	Development

Policy Revisions:

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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's 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, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

EVIDENCE-BASED CRITERIA
SECTION: MEDICINE

NEXT ANNUAL REVIEW DATE: 3R QTR 2027

ORIGINAL EFFECTIVE DATE:	**10/01/26**
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APPLIED BEHAVIOR ANALYSIS (ABA)

Multi-Language Interpreter Services:

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 تماس حاصل نمایید.]

Assyrian:
[illegible] Blue Cross Blue Shield of Arizona [illegible] 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799