Medical Policy Name	Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder
Medial Policy Number	20.5.005
Issued By	Chief Medical Officer
Approved By	Medical Directors, Provider Advisory Committee, Performance Pulse Check Committee
Original Effective Date	03/2015

Applies To: 1/1/2027-12/31/2027

Description of Treatment

Applied Behavior Analysis (ABA) attempts to increase skills related to behavioral deficits and reduce behavioral excesses, including eliminating barriers to learning. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and family involvement.

When Services May Be Eligible for Coverage

Coverage for eligible treatments or procedures may be provided only if:

- Benefits are available in the member's contract/certificate, and
- Medical necessity criteria and guidelines are met.

Criteria

Overview

Lucet manages Applied Behavior Analysis (ABA) benefits for various health plans. This medical policy is used to review and make benefit decisions for ABA service requests for members with the diagnosis of Autism Spectrum Disorder (ASD).

Treatments for ASD other than Applied Behavior Analysis (ABA) do not fall under the scope of this policy. Those alternative ASD treatment approaches not contemplated in this policy include but are not limited to: Cognitive Training, Auditory Integration Therapy, Facilitated Communication, Higashi Schools/Daily Life, Individual Support Program, LEAP, SPELL, Waldon, Hanen, Early Bird, Bright Start, Social Stories, Gentle Teaching, Response Teaching Curriculum Holding Therapy, Movement Therapy, Music Therapy, Pet Therapy, Psychoanalysis, Son-Rise Program, Scotopic Sensitivity Training, Sensory Integration Training and Neurotherapy (EEG biofeedback). Members are encouraged to consult with their Service Plan Description to determine benefit coverage for non-ABA ASD treatment approaches.

ASD is a medical, neurobiological, developmental disorder, characterized by Core Deficit areas: persistent deficits in social communication and social interaction across multiple contexts AND restricted, repetitive patterns of behavior, interests, and activities. *Diagnostic and Statistical Manual, Fifth Edition* (DSM-5) requires all of these symptoms to be present in early development, and further specifies impairment in social, occupational, or other important areas of current function.

The defining characteristics of ABA are applied, behavioral, analytic, technological, conceptually systematic, effective, and capable of appropriately generalized outcomes. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and family involvement. ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses, including eliminating barriers to learning. Behavioral deficits may occur in the areas of communication, social, and adaptive skills, but are possible in other areas as well. Examples of deficits include a lack of expressive language, inability to request items or actions, limited eye contact with others, and inability to engage in age-appropriate self-help skills such as tooth brushing or dressing. Examples of behavioral excesses include physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior, and vocal stereotypy.

During pre-treatment assessment, a treatment plan is developed that identifies the core deficits and aberrant behaviors, and includes designated interventions intended to address these deficits and behaviors and achieve individualized goals. Treatment plans are reviewed for medical necessity at minimum, twice annually (review frequency dependent upon the controlling state law), to allow re-assessment and to document treatment progress.

A Functional Behavioral Assessment (FBA) may also be a part of any assessment. An FBA consists of:

a. Description of the problematic behavior (topography, onset/offset, cycle, intensity, severity)
b. History of the problematic behavior (long-term and recent)
c. Antecedent analysis (setting, people, time of day, events)
d. Consequence analysis
e. Impression and analysis of the function of the problematic behavior

For additional information about ABA treatment, documentation requirements, and other topics, please refer to your provider manual and Lucet's Autism Resource Center.

Medical Necessity

Medical necessity is defined by the controlling specific health plan and/or group documents.

Lucet considers ABA assessments and treatment medically necessary when they meet the definition of medical necessity set forth in the controlling health plan and/or applicable group documents. ABA is clinically appropriate when the requested setting, intensity, treatment model, and provider type address active ASD core symptoms, functional impairment, or maladaptive behaviors that interfere with the member's ability to participate safely and effectively in daily life. Requested services must be supported by objective baseline data, measurable treatment goals, and a reasonable expectation of meaningful clinical improvement.

The practice of ABA services does not include services where the primary purpose is supervision, caregiver respite, academic instruction, classroom participation, custodial support, convenience of the member, caregiver, school, or provider, or maintenance of skills without a documented plan for fading, generalization, or transition, unless otherwise specified by the controlling health plan and/or applicable group documents.

Service Intensity Classification

ABA treatment programs are customized specifically to the members based upon the findings from the pre-treatment assessment. Service delivery generally follows two treatment models: (1)

comprehensive or (2) focused treatment. Providers should select the model needed to achieve the skills identified in the pre-treatment assessment and subsequent reassessments.

Comprehensive

Comprehensive ABA treatment is intended for members with substantial impairment across multiple ASD core symptom domains and functional areas, when treatment requires coordinated, intensive intervention across communication, social, adaptive, and behavior-reduction goals. Comprehensive treatment should be supported by objective assessment data, baseline functioning, and treatment goals that demonstrate why a comprehensive model is clinically necessary rather than a focused model or lower-intensity intervention.

This treatment level, which requires very substantial support, should initially occur in a structured setting with 1:1 staffing and should advance to the least restrictive environment appropriate for the member. This treatment is primarily directed to children ages 3 to 8 years old. Caregiver training is an essential component of Comprehensive ABA treatment. Comprehensive treatments range from 26 to 40 total hours of direct services weekly. Comprehensive treatment includes ABA delivery from ABA provider directly to individual recipient, caregiver training, case supervision, and treatment planning; it may also include ABA services provided in a group setting.
Comprehensive ABA should include a plan for caregiver training, generalization, transition, and progressive fading as clinically appropriate. Continued authorization of comprehensive ABA requires documentation that the member continues to require this level of intensity, is making measurable progress, and cannot achieve comparable clinical benefit through focused ABA, caregiver-mediated intervention, community-based supports, or a lower intensity of care.

Focused
Focused treatment targets a limited number of behavior goals requiring support of ABA treatment. Behavioral targets include marked deficits in social communication skills and restricted, repetitive behavior such as difficulties coping with change. In cases of specific aberrant and/or restricted, repetitive behaviors, attention to prioritization of skills is necessary to prevent and offset exacerbation of these behaviors, and to teach new skill sets. Identified aberrant behaviors should be addressed with specific procedures outlined in a Behavior Intervention Plan. Emphasis is placed on group work and caregiver training to assist the member in developing and enhancing his/her participation in family and community life, and developing appropriate adaptive, social, or functional skills in the least restrictive environment.

Focused treatments typically range from 10 to 25 total hours of direct services per week. This treatment may include delivery from ABA provider directly to individual recipient or group of recipients, caregiver training, case supervision, and treatment planning.

Services Rendered Outside of the Home or Clinic

ABA services rendered in school, camp, community, or other locations outside of the home or clinic settings may be medically necessary. Medically necessity is established the provider demonstrates that the requested setting is clinically required to assess, treat, or generalize ASD-related target behaviors or skill deficits and how the intervention will produce measurable clinical benefit for the member.
Requests for services rendered outside of the home or clinic must include:

- Identification of the specific ASD-related target behaviors or skill deficits occurring in the requested setting.

- Objective baseline data from the requested setting, when available, or a clinically sound rationale for why services must occur in that setting.
- A treatment plan that distinguishes medically necessary ABA goals from educational, recreational, custodial, or general supervision needs.
- Documentation of coordination with caregivers and, when applicable and permitted, school or community-based supports.
- A generalization and fading plan that describes how skills will transfer to caregivers, natural supports, or less intensive settings over time.

ABA services in school, camp, community, or ABA school settings are not medically necessary when the primary purpose is academic instruction, participation in educational programming, classroom aide support, recess or lunch support, custodial supervision, staffing support, behavior management for the benefit of the setting rather than the member's treatment plan, or services that are the legal responsibility of an educational or other non-medical program.
Services will not be approved solely because target behaviors occur in the requested setting.

Caregiver Training

Caregiver training is an expected component of ABA treatment and must be individualized to the member's treatment goals, family priorities, safety needs, and generalization plan. In the absence of available caregiver training, an alternate plan for generalization should be included in the treatment plan. Caregiver training should be structured, goal-directed, and delivered by a qualified ABA professional within the provider's scope of practice.
The treatment plan must include measurable caregiver training goals that identify the skills caregivers are expected to learn, how caregiver implementation will be measured, and how the provider will support generalization of treatment gains outside ABA sessions. Caregiver training documentation should include the date and duration of training, caregiver participants, interventions reviewed or practiced, caregiver response or skill acquisition, barriers to participation, and progress toward caregiver training goals.

Caregiver training is not satisfied solely by the caregiver being present during direct treatment. When a caregiver is expected to implement a behavior plan as the primary interventionist outside of treatment sessions, the provider must document that the caregiver has been trained, demonstrates the necessary skills, and has a realistic plan for ongoing implementation.
If caregiver participation is limited, inconsistent, or not occurring at the clinically recommended level, the provider must document barriers, interventions attempted to address those barriers, and an alternate plan to promote generalization. Continued authorization may be impacted when lack of caregiver engagement prevents treatment gains from being generalized or maintained outside of ABA sessions.

Direct services delivered by an RBT or other line therapist must be tied to the member's approved treatment plan, supervised in accordance with applicable standards, and used to support skill acquisition, behavior reduction, generalization, and caregiver-mediated implementation. RBT or line therapist services should not be used as a substitute for clinically necessary caregiver training, family engagement, school-provided support, custodial supervision, respite, or the caregiver's role in implementing the behavior plan outside of treatment sessions.
When the treatment plan relies on caregiver implementation of a behavior plan, the provider must demonstrate that caregiver training and competency-building are occurring and that direct staff are not being used primarily to replace necessary caregiver participation.

Discharge Planning

Discharge and fading planning should begin at treatment initiation and be updated throughout care. The plan should describe criteria for reducing intensity, transitioning to caregiver-mediated or natural supports, coordinating with other clinically appropriate services, and maintaining gains after ABA is reduced or discontinued.

ABA PRE-TREATMENT ASSESSMENT REQUEST
MUST MEET ALL OF THE FOLLOWING:

1. The member has a diagnosis of Autism Spectrum Disorder (ASD) based on criteria used in the current DSM, from a clinician who is licensed and qualified to make such a diagnosis. Such clinicians are usually neurologists, developmental pediatricians, pediatricians, psychiatrists, licensed clinical psychologists, or medical doctors experienced in the diagnosis of ASD. State law may define eligible qualified clinicians.
    a. Documentation of the diagnosis must be accompanied by a clinical note of sufficient depth that allows concordance with current DSM criteria for core symptoms of ASD. Please note: Results of autism screening measures are not an autism diagnosis; a complete diagnostic evaluation must be completed, including an ASD-specific standardized assessment.
    b. The comprehensive diagnostic evaluation must rule out behavior/medical diagnoses that may have similar symptom presentations. This includes neurological disorders, hearing disorders, behavior disorders, and other developmental delays.
2. Hours requested are not more than is required to complete the pre-treatment assessment.
3. All assessment services are provided in a manner consistent with the Lucet Provider Manual, the Behavior Analysis Certification Board's *Ethics Code for Behavior Analysts* or relevant ethics code, generally accepted standards of care, and applicable state laws.

INITIAL ABA TREATMENT AUTHORIZATION REQUEST *MUST MEET ALL OF THE FOLLOWING:*

1. Diagnostic Criteria as set forth in the previous section are met.
2. Documentation of psychological assessment, including autism-specific testing, adaptive behavior testing, and cognitive evaluation to define baseline functioning. Any assessment should be accompanied by a formal report detailing the scores achieved and the results of the assessment.
3. The following baseline data must have been completed no longer than five (5) years prior to or scheduled within ninety (90) days of the pre-treatment assessment. Baseline data must include the following components:
    a. Developmental and cognitive evaluation
    b. Autism-specific assessment that identifies the severity of the condition
    c. Adaptive behavior assessment completed within 6 months of start date of treatment
    d. Neurological evaluation as part of a comprehensive physical examination
    e. Information required by state law
4. Treatment goals and clinical documentation must be focused on active ASD core symptoms, deficits that inhibit daily functioning, and aberrant behaviors that require the expertise of a Behavior Analyst. The treatment goals include a plan for stimulus and response generalization in novel contexts.
5. ABA treatment is not designed to attain academic performance, support academic instruction, or substitute for shadowing or paraprofessional services.

6. ABA treatment is not to be used as a substitute for psychotherapy, occupational therapy, or other medical or behavioral health services.
7. Detailed, individualized coordination of care, safety planning, and discharge planning are conducted on an ongoing basis as part of treatment planning.
8. For comprehensive treatment, the requested ABA services are designed to reduce the gap between the member's chronological and developmental ages such that the member is able to develop or restore function to the maximum extent practical (OR) for focused treatment, the requested ABA services are designed to reduce the burden of selected targeted symptoms on the member, family, and other significant people in the environment and to target increases in appropriate alternative behaviors.
9. Treatment is provided in the setting and intensity that is appropriate for the member's clinical needs, determined by where target behaviors are occurring and where treatment is likely to impact those target behaviors.
10. All treatment is provided in a manner consistent with the Lucet Provider Manual, the Behavior Analysis Certification Board's *Ethics Code for Behavior Analysts* or relevant ethics code, generally accepted standards of care, and applicable state laws. In the absence of state law, line therapy services are to be provided by a Registered Behavior Technician (RBT), Board Certified Assistant Behavior Analyst (BCaBA), Board Certified Behavior Analyst (BCBA), or Doctoral level Board Certified Behavior Analyst (BCBA-D)
11. The treatment plan must include a plan to support the member's ability to generalize skills across stimuli, contexts, and individuals, via caregiver training or an appropriate alternative. Providers should be able to demonstrate how instructional control will be transferred to caregivers. In the absence of successful caregiver involvement in treatment, providers should identify an appropriate alternate plan to promote the member's ability to generalize skills outside of therapy sessions, including post-discharge.

CONTINUED ABA TREATMENT AUTHORIZATION REQUEST
MUST MEET ALL OF THE FOLLOWING:

1. Criteria 1-11 in the INITIAL ABA TREATMENT AUTHORIZATION REQUEST section are met.
2. Provider demonstrates:
    a. Documentation of clinical or social benefit to the child from treatment
    b. Identification of new or continuing treatment goals
    c. Development of a new or continuing treatment plan based on progress evidenced by the member's behavioral changes and increased skill acquisition.
3. Continued authorization requires documentation of measurable progress toward approved treatment goals, continued medical necessity for the requested intensity and setting, and evidence that treatment gains are generalizing across people, settings, or routines when clinically appropriate.
4. If the member is not making measurable progress, the provider must document the clinical rationale for continued treatment, modifications made to the treatment plan, barriers to progress, caregiver participation, consultation or reassessment completed, and why the requested intensity remains medically necessary.
5. Continued ABA may not be medically necessary when goals have been met, maximum benefit has been reached, there is no meaningful measurable improvement despite appropriate treatment modification, treatment is primarily maintaining skills without a fading or transition plan, caregiver refusal or nonparticipation compromises effectiveness, or the requested services are primarily for convenience, supervision, academic support, or custodial care.

Addendum

State of Maryland Specific Requirements

Overview:
Lucet will conduct utilization review of requests for ABA services provided to citizens of Maryland in compliance with State of Maryland requirements, as outlined below:

Definitions:

Habilitative services: Services and devices, including occupational therapy, physical therapy, and speech therapy, which help a child keep, learn, or improve skills and functioning for daily living.[1]

Psychological care: Direct or consultative services provided by a psychologist licensed in the state in which the services are provided or by a social worker licensed in the state in which the services are provided and includes psychotherapy.

Therapeutic care: Services provided by a speech-language pathologist, occupational therapist, or physical therapist licensed in the state in which the services are provided.

ABA PRE-TREATMENT ASSESSMENT REQUEST
Pre-Treatment Assessment requests must include:

1. A comprehensive evaluation of the member by their primary care provider or specialty physician (i.e., Medical Doctor or Doctor of Osteopathy), certifying the need for habilitative services for the treatment of autism spectrum disorder.
2. A prescription for ABA from the member's primary care provider or specialty physician that includes specific treatment goals.

INITIAL AND CONTINUED ABA TREATMENT AUTHORIZATION REQUEST [2]
Lucet does not require medical necessity review with a prescribing primary care provider or specialty physician more than annually. [3]

Treatment authorization requests must include:
An annual review by the prescribing primary care provider or specialty physician, in consultation with the habilitative services provider, which includes:

1. Documentation of benefit to the member.
2. Identification of new or continuing treatment goals.
3. Development of a new or continuing treatment plan.

Lucet will not deny coverage based solely on:

1. The number of hours requested; [4]
2. Services occurring in the member's educational setting; [5] or

[1] COMAR 31.10.39.02; MD Insurance Code § 15-835 (2024)
[2] COMAR 31.10.39.03.C1., 2. And 3.
[3] COMAR 31.10.39.03.C.
[4] COMAR 31.10.39.03.D.
[5] COMAR 31.10.39.03.F.(1)

3. The basis that applied behavior analysis is experimental or investigational. [6]

ABA services must be provided by professionals who are licensed, certified, or otherwise authorized under the Health Occupations Article or similar licensing, certification, or authorization requirements of another state or U.S. territory where the habilitative services are provided. [7] (NOTE: Lucet is not delegated to provide habilitative services such as OT, PT, or ST by the health plan carrier.)

Summary of Evidence

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition outlines the diagnostic criteria of autism spectrum disorder. It discusses diagnostic features, associated features, prevalence, severity of ASD (specifiers), development of ASD, course of ASD, risk factors, and prognostic factors. It further covers diagnostic issues related to culture, gender, association with suicide, functional consequences, differential diagnosis, and co-morbidity.

The 2021 Surveillance of Autism outlines how Autism is diagnosed and treated in the United Kingdom. It reviews recommendations for recognition, referral, diagnosis, support, and management in those up to age 19 along with diagnosis and management in those over the age of 19.

The Ethics Code for Behavior Analysts outlines four foundational principles that every behavior analyst is recommended to strive to embody. They are to benefit others; treat others with compassion, dignity, and respect; behave with integrity and ensure their own competence.

Applied Behavior Analysis, 3rd Edition provides a comprehensive and updated description of applied behavior analysis. It outlines the principles and procedures for changing and analyzing socially important behaviors. It covers selecting, defining, and measuring behavior; evaluating and analyzing behavior change; reinforcement; punishment; antecedent variables; verbal behavior; developing behavior; decreasing behavior without punishment; functional assessment, and promoting generalized behavior change; negative reinforcement; motivation; verbal behavior; functional behavioral assessment; and ethics.

The Article, **Identification, Evaluation, and Management of Children with Autism Spectrum Disorder** published by the American Academy of Pediatrics, outlines the prevalence, the areas where youth with this condition need support, and communicates that evidence-based treatments may improve functioning. It highlights that co-morbidities need to be kept in mind during evaluation and the course of treatment. And it highlights the importance of collaborating with families to determine interventions.

The **Efficacy of ABA for Individuals with Autism Across the Lifespan** article discusses how applied behavior analysis necessarily evolves over the course of an individual's lifespan shifting from instruction of comprehensive skill repertoires to focusing on more adaptive skills for functioning in vocational, personal, community, and leisure settings.

The **Work, living, and the pursuit of happiness: Vocational and psychosocial outcomes for young adults with autism** article highlights the importance of adaptive skills, friendships,

[6] COMAR 31.10.39.03.G.
[7] Note: Maryland law only allows LBAs to practice ABA. 17-6A-10 (a) 8 COMAR 31.10.03.E.

and verbal intelligence. It also focuses on the importance of familial support and increasing independence of the individual in close collaboration with the family.

The **Early Intensive Behavioral Intervention (EIBI) for Young Children with Autism Spectrum Disorders** article discusses the evidence supporting the efficacy of this treatment which is based on ABA and aims to lessen the impact of ASD. The article describes the treatment that is typically delivered for multiple years at 20-40 hours per week.

The University of North Carolina **Evidence based practices for children, youth, and young adults with Autism** report is a systematic review of the literature and outlines a set of practices that have clear evidence of positive effects in the treatment of autistic children and youth.

The **Autism Intervention Meta-Analysis of Early Childhood Studies (Project AIM)** article synthesizes recent high-quality evidence supporting the effectiveness of specific early childhood interventions for autism. However, only naturalistic developmental behavioral interventions (NDBIs) show effectiveness in addressing core challenges associated with autism.

The article **Measures used to assess treatment outcomes in children with autism receiving early and intensive behavioral interventions** reviews outcome measures used in clinical practice for children with ASD. Key recommendations include the use of tools with strong psychometric properties that assess real-world functioning.

Exceptions

Exceptions to this medical policy must be approved by Lucet Chief Medical Officer or their designee.

References

1. 2021 Surveillance of Autism (NICE guidelines CG128, CG142 and CG170) [Internet]. London: National Institute for Health and Care Excellence (NICE); 2021 Jun 14. Available from: https://www.ncbi.nlm.nih.gov/books/NBK571333/

2. 2024 Maryland Statutes, Insurance, Title 15 - Health Insurance, Subtitle 8 - Required Health Insurance Benefits, Section 15-835 - Required Coverage for Habilitative Services, MD Insurance Code § 15-835 (2024). Maryland Insurance Code Section 15-835 (2024) - Required Coverage for Habilitative Services :: 2024 Maryland Code :: U.S. Codes and Statutes :: U.S. Law :: Justia.

3. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

4. Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts. https://bacb.com/wp-content/ethics-code-for-behavior-analysts/

5. Cooper, John. Heron, Timothy. Heward, Willliam. Applied Behavior Analysis, 3rd Ed. 2020. ISBN-10: 0134752554; ISBN-13: 978-0-13-475255-6.

6. Hume K, Steinbrenner JR, Odom SL, Morin KL, Nowell SW, Tomaszewski B, Szendrey S, McIntyre NS, Yücesoy-Özkan S, Savage MN. Evidence-Based Practices for Children, Youth,

and Young Adults with Autism: Third Generation Review. J Autism Dev Disord. 2021 Nov;51(11):4013-4032. doi: 10.1007/s10803-020-04844-2. Epub 2021 Jan 15. Erratum in: J Autism Dev Disord. 2023 Jan;53(1):514. doi: 10.1007/s10803-020-04844-2. PMID: 33449225; PMCID: PMC8510990.

7. Hyman, S. L., Levy, S. E., Myers, S. M., Kuo, D. Z., Apkon, S., Davidson, L. F., ... & Bridgemohan, C. (2020). Identification, evaluation, and management of children with autism spectrum disorder. Pediatrics, *145*(1). https://doi.org/10.1542/peds.2019-3447

8. Ivy, J.W., Schreck, K.A. The Efficacy of ABA for Individuals with Autism Across the Lifespan. Curr Dev Disord Rep 3, 57–66 (2016). https://doi.org/10.1007/s40474-016-0070-1

9. Lord C, McCauley JB, Pepa LA, Huerta M, Pickles A. Work, living, and the pursuit of happiness: Vocational and psychosocial outcomes for young adults with autism. Autism. 2020;24(7):1691-1703. https://doi.org/10.1177/1362361320919246

10. Reichow, B., Hume, K., Barton, E., Boyd B. (2018), Early Intensive Behavioral Intervention (EIBI) for Young Children with Autism Spectrum Disorders (ASD). Cochrane Database of Systematic Reviews, (5) Article No. CD009260. DOI: 10.1002/14651858.CD009260.pub3

11. Ridout, S., & Eldevik, S. (2024). Measures used to assess treatment outcomes in children with autism receiving early and intensive behavioral interventions: A review. Review. *Journal of Autism and Developmental Disorders*, 11, 607–619. https://doi.org/10.1007/s40489-023 https://doi.org/10.1007/s40489-023-00355-900355-9

12. Sandbank et al. Autism intervention meta-analysis of early childhood studies (Project AIM): updated systematic review and secondary analysis. BMJ 2023; 383:e076733 https://www.bmj.com/content/383/bmj-2023-076733,

Related Documents

GUIDES / HANDOUTS
N/A

FORMS
N/A

Document History

Date	Action	By Whom	Summary
10/2026	Revision	Medical Policy Workgroup	• Added explanation of medical necessity • Expanded comprehensive care description • Added information regarding services outside of home/clinic, caregiver training, and discharge planning • Added 3 continued stay criteria related to measurable progress and ongoing demonstration of medical necessity

09/2025	Revision	Medical Policy Workgroup	• Added addendum for the state of Maryland • Clarified language about baseline data requirement. • Added 3 references. • Removed 1 reference.
09/2024	Revision	Chief Medical Officer	• Added summary of evidence. • Updated 2 references.
01/2024	Annual Review	Chief Medical Officer	
09/2023	Annual Review	Chief Medical Officer	
09/2022	Revision	Chief Medical Officer	
08/2021	Revision	Chief Medical Officer	
10/2020	Revision	Chief Medical Officer	
09/2019	Revision	Chief Medical Officer	
12/2018	Revision	Chief Medical Officer	
03/2015	New	Chief Medical Officer	

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