



Applied Behavioral Analysis (ABA)

LOB(s): <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicare	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Oregon

Commercial and Medicaid Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Applied Behavioral Analysis (ABA) is the design, implementation, and evaluation of environmental modification to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

Types of ABA Treatment

- **Comprehensive ABA Treatment** - Provided directly to a member, to improve or maintain behaviors in many skill areas across multiple domains (e.g., cognitive, communicative, social, behavioral, and adaptive). Treatment often emphasizes establishing new skills but may also focus on reducing challenging behaviors, such as elopement, and stereotypy, among others. These programs tend to range from 30 to 40 hours of treatment per week (plus direct and indirect supervision and caregiver training). Initially, this treatment model typically involves 1:1 staffing and gradually includes small-group formats as appropriate
- **Focused ABA Treatment** - Provided directly to a member, to improve or maintain behaviors in a limited number of domains or skill areas. It is not restricted by age, cognitive level, diagnosis, or co-occurring conditions. Focused ABA treatment may involve increasing socially appropriate behavior (for example, increasing social initiations) or reducing problem behavior (for example, aggression) as the primary target. Even when reduction of problem behavior is the primary goal,

it is critical to also target increases in appropriate alternative behavior, because the absence of appropriate behavior is often the precursor to serious behavior disorders. Therefore, individuals who need to acquire skills (for example, communication, tolerating change in environments and activities, self-help, social skills) are also appropriate for Focused ABA

In some cases, individuals with autism spectrum disorder display co-occurring severe destructive behavior disorders that require focused treatment in more specialized settings, such as intensive outpatient, day treatment, residential, or inpatient programs. In these cases, these behavior disorders are given separate and distinct diagnoses (for example, Stereotypic Movement Disorder with severe self-injurious behavior). The ABA services delivered in these settings typically require higher staff-to-client ratios (for example, two to three staff for each client) and close on-site direction from the Behavior Analyst. In addition, such treatment programs often have specialized treatment environments (for example, treatment rooms designed for observation to keep the client and the staff as safe as possible).

- **Early Intensive Behavioral and Developmental Interventions (EIBI) - (Oregon Medicaid)**
 - **Intensive ABA** - Early intensive behavioral intervention (EIBI) is a treatment based on the principles of applied behavior analysis. Delivered for multiple years at an intensity of 20 to 40 hours per week
 - **Less Intensive ABA** - If EIBI is not indicated, has been completed, or there is not sufficient progress toward multidimensional goals, then less intensive ABA-based interventions (such as parent training, play/interaction-based interventions, and joint attention interventions) are included on this line to address core symptoms of autism and/or specific problem areas

PacificSource covers ABA therapy when the member has an established diagnosis of autism spectrum disorder (ASD) or Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction.

Criteria

Commercial

Prior Authorization is required for ALL ABA services in six (6) month increments.

PacificSource takes into consideration the type of ABA, ASD level, intensity, and duration of treatment, as follows:

Intervention Type	Definition	ASD level	Typical Intensity	Typical Duration
Comprehensive	Skills and behaviors in multiple (up to 7) affected domains are targeted for treatment, which often include maladaptive behaviors.	Level 3 ASD.	30 to 40 hours of direct treatment a week	Typically varying (e.g., 1-5 years with a transition to school happening around the 5-year mark.

Focused	Services are directed to one or more of the seven (7) domains to target a specific skill or behavior.	Level 1 or 2 ASD.	10 to 25 hours of direct treatment a week. Challenging behaviors may require substantial intensity to achieve an acceptable outcome, which is greater than 10 to 25 hours a week.	May be required over lifetime.
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If the hours or units exceed the listed above units or hours, the request will be sent for further medical necessity review.

Note: ABA cannot exceed 40 hours (4,160 combined units) a week for all treatment codes.

A. Initial Assessment and Initial or Continuous ABA Services

PacificSource considers an initial assessment, initial and continued ABA services (approved in six (6) month increments) medically necessary when the following conditions are met:

- 1. Initial Assessment** (CPT code 97151). PacificSource may be approve up to 8 hours (32 units) in 6 month increments when following conditions are met:

Note: CPT® 97152 (Behavior Identification Supporting Assessment) is considered a supplemental assessment service that supports, but does not replace or duplicate, the Behavior Identification Assessment performed by a Qualified Health Care Professional (QHP) and reported under CPT® 97151 and is not intended to expand total assessment hours beyond what is clinically necessary for the completion of a QHP-led assessment. Requests which exceed 16 units (4 hours) of CPT® 97152 in 6 months will be sent for further medical necessity review; these requests must include clinical justification for the additional units of CPT® 97152.

Requirements	Conditions	
A. Diagnosis <i>(Requires that conditions #1 and #2 are met)</i>	1. By a Qualified Diagnosing Provider, who has experience with the diagnosis and treatment of ASD, such as, but not limited to: <ul style="list-style-type: none"> • Developmental-behavioral Pediatrician • Neurodevelopmental Pediatrician • Child Neurologist or Child Psychiatrist • Doctoral-level Licensed Clinical Psychologist • Board-certified Doctor of Nursing Practice (DNP) 	2. Documentation of Autism Spectrum Disorder (ASD) OR Stereotypic Movement Disorder with Self-Injurious Behavior due to Neurological Dysfunction

<p>B. ASD Severity Documentation (Requires that conditions #1 and #2 are met)</p>	<p>1. Includes results from a validated standardized autism assessment instrument or diagnostic tools, such as but not limited to the following:</p> <ul style="list-style-type: none"> • STAT (Screening Tool for Autism in Toddlers and Young Children) • ADOS-2 (Autism Diagnostic Observation Schedule, 2nd Ed.) • ADI-R (Autism Diagnostic Interview-Revised) • CARS-2 (Childhood Autism Rating Scale, 2nd Ed.) • GARS-3 (Gilliam Autism Rating Scale, 3rd Ed.) 	<p>2. Assessment Results must include:</p> <ul style="list-style-type: none"> • Persistent deficits in social communication and interaction across contexts documented with baseline data • Restricted/repetitive behaviors, interests, or activities documented with baseline data • Functional impact (e.g., unable to participate in age-appropriate activities, safety risk to self/others) with baseline data
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Note: Request which exceeds 8 hours in 6 months will be sent for further medical necessity review.

2. Initial ABA Services (approved for a six (6) month increment). PacificSource considers initial ABA services medically necessary when the following conditions are met:

Requirements	Conditions
<p>A. Meets Initial Assessment Criteria</p>	<p>1. Must meet all requirements under Section 1., Initial Assessment, which includes ASD OR Stereotypic Movement Disorder with Self-Injurious Behavior due to Neurological Dysfunction diagnosis, severity documentation, and associated standardized autism assessment instrument or diagnostic tool.</p>
<p>B. Completed Behavioral & Developmental Assessment(s)</p>	<p>1. The assessments are meant to provide a comprehensive picture of language development, social functioning, adaptive skills, and behavioral challenges, which help inform specific functional interventional planning. Examples include, but are not limited to the following:</p> <ul style="list-style-type: none"> • VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program) • ABLLS-R (Assessment of Basic Language and Learning Skills-Revised) • AFLS (Assessment of Functional Living Skills) • Functional Behavior Assessment • Social Skills/Behavior Rating Instruments (e.g., ADOS-2, SRS-2)
<p>C. Individualized Treatment Plan</p>	<p>1. Treatment Plans must document the following:</p> <ul style="list-style-type: none"> • Proposed schedule for services • Baseline description of targeted behaviors • Objective baseline measurements (frequency, intensity, duration) • Measurable, achievable goals for each behavior • Clinical justification for the number of days per week and hours per day of direct ABA services provided to the member and the family, and the hours per week of direct face-to-face supervision of the treatment being delivered and observation of the child in their natural setting • Discharge or transition criteria
<p>D. Family Participation</p>	<p>1. The treatment plan should explain the process for training and engaging participation of family (e.g., parents, legal guardians and/or active caretakers as appropriate) in establishing baseline measures and specify the objective methods by which progress toward defined treatment goals will be monitored and documented.</p>

E. Supervision	1. Treatment must be supervised and managed by a Board-Certified Behavior Analyst (BCBA)
F. Documentation Standards	1. Documentation must meet PacificSource requirements (See <i>Documentation Requirements for Health Practitioners policy</i>), which includes, but is not limited to the following: <ul style="list-style-type: none"> • Member identification and contact info • Treatment participants (providers/family) • Active problem list and treatment notes • Progress in observable/measurable terms • Treatment or education provided in sessions • Treatment planning and/or instruction for follow-up

3. Continued ABA Services (approved in six (6) month increments). PacificSource considers continued ABA services medically necessary when the following conditions are met:

Requirements	Conditions	
A. Meets Initial Criteria	1. ASD OR Stereotypic Movement Disorder with Self-Injurious Behavior due to Neurological Dysfunction diagnosis 2. Includes description of continued level of impairment AND anticipated benefit for additional ABA services based on gaps in functioning measured by the "Assessments Required," under the below Section B., #1, and #2.	
B. Completed Behavioral & Developmental Assessment(s) <i>(Requires that conditions #1 and #2 are met)</i>	1. Reevaluation of Behavioral & Developmental Assessment (every 6 months). Examples include, but are not limited to: <ul style="list-style-type: none"> • VB-MAPP • ABLLS-R • AFLS • Functional Behavior Assessment • Social Skills/Behavior Rating Instruments (e.g., ADOS-2, SRS-2) 	2. Reevaluation Assessment Outcomes: <ul style="list-style-type: none"> • Must show improvement in targeted behaviors since last review • If no improvement, document additional steps that will be taken in continued ABA services to target learning domains that are not showing improvements.
C. Individualized Treatment Plan	1. Treatment Plans must document the following: <ul style="list-style-type: none"> • Proposed schedule for services • Gradual tapering of higher intensities of intervention and shifting to supports from other sources (school, as an example) as progress occurs • Modifications when goals are not met • Updated discharge/transition criteria • Clinical justification for the number of days per week and hours per day of direct ABA services provided to the member and the family, and the hours per week of direct face-to-face supervision of the treatment being delivered and observation of the child in their natural setting Note: Clinical justification should support units/hours, especially when units/hours for Registered Behavior Technicians (RBTs) do not decrease over time.	
D. Family Participation	1. Document family engagement and progress toward implementing ABA strategies with defined goals, which should be included in the treatment plan. <ul style="list-style-type: none"> • If not possible, document reasons and mitigation steps 	

	Note: Over time, family participation should increase while RBT hours decrease
E. Supervision	1. Treatment must be supervised and managed by a Board-Certified Behavior Analyst (BCBA)
F. Documentation Standards	1. Documentation must meet PacificSource requirements (See Documentation Requirements for Health Practitioners policy), which includes, but is not limited to the following: <ul style="list-style-type: none"> • Member identification and contact info • Treatment participants (providers/family) • Active problem list and treatment notes • Progress in observable/measurable terms • Treatment or education provided in sessions • Treatment planning and/or instruction for follow-up

B. Discharge from ABA Services

PacificSource considers discharge planning an integral part of providing ABA services. Discharge planning should begin when ABA services are initiated, and should be reviewed and updated by a BCBA when one or more of the following conditions are met:

- a. A change of insurance providers
- b. Member has achieved treatment goals and is no longer needing ABA services
- c. Member does not demonstrate progress towards goals for successive authorization periods and repeated modifications to the treatment plan
- d. Family requests discontinuation of ABA services
- e. Member can no longer participate in ABA services (e.g., medical issues, internal family issues, inability to reconcile treatment planning or delivery issues, or other factors prohibiting participation)

Medicaid

Prior Authorization is required for ABA services.

A. Initial Assessment for ABA Services

PacificSource Community Solutions (PCS) considers an initial assessment for ABA services medically necessary when the following conditions are met:

- ABA services are recommended and referred by a licensed practitioner as outlined in OAR 410-172-0760, who has **ONE** of the following:
 - Experience in the diagnosis and treatment of autism spectrum disorder and holds at least one of the following educational degrees and valid license (i.e., physician, psychologist, nurse practitioner specializing in developmental medicine, or physician's associate specializing in developmental medicine)
 - A licensed practitioner, practicing within the scope of their license, who has experience or training in the diagnosis and treatment of stereotyped movement disorder with self-injurious behavior due to neurodevelopmental disorder).
- For an initial assessment for ABA services, a prior authorization (PA) is not required if CPT code 97151 is billed for 32 or fewer units (8 hours or less)

Note: CPT® 97152 (Behavior Identification Supporting Assessment) is considered a supplemental assessment service that supports, but does not replace or duplicate, the Behavior Identification Assessment performed by a Qualified Health Care Professional (QHP) and reported under CPT® 97151 and is not intended to expand total assessment hours beyond what is clinically necessary for the completion of a QHP-led assessment. Requests which exceed 16 units (4 hours) of CPT® 97152 in 6 months will be sent for further medical necessity review; these requests must include clinical justification for the additional units of CPT® 97152.

- PA and MD review is required for initial assessment for ABA services if CPT 97151 is billed for more than 32 units:
 - Request must include supporting documentation of an established diagnosis of autism spectrum disorder or Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction as determined by an appropriately licensed provider as detailed in OAR 410-172-0760
 - Request must include specific documentation supporting the intensity/frequency of the services

B. Initial and Continued ABA Services

PCS considers initial and continued ABA services medically necessary when the following conditions are met:

- Prior authorization (PA) requests can be made in increments up to six (6) months
- PA limit of 32 units for CPT 97151 (behavior identification assessment) for each authorization. Requests for over 32 units require MD review and specific documentation supporting intensity/frequency of services (see note above regarding CPT code limitations for 97151 and 97152)
- PCS follows Guideline Notes 75 and 126 of the OHP Prioritized List of Health Services and OARs 410-172-0650, 410-172-0760, and 410-172-0770 for coverage of Applied Behavioral Analysis, which includes, but is not limited to the following:
 - A diagnosis of an ASD listed on the ASD line of the Health Evidence Review Commission's (HERC) Prioritized List
 - A treatment plan (including a functional assessment), from a licensed health care professional as defined in ORS 676.802(2)(a–h), or by a behavior analyst or assistant behavior analyst licensed by the Oregon Behavior Analysis Regulatory Board, or by an individual holding a declaration of practice through the Oregon Behavior Analysis Regulatory Board as described in OAR 824-010-0005(10)
- Requests for over 40 hours per week of treatment require MD review and specific documentation supporting intensity/frequency of services

Experimental/Investigational/Unproven

PacificSource considers Applied Behavioral Analysis (ABA) to be experimental, investigational, or unproven for all other diagnoses or indications not listed above.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 97151 Behavior identification assessment and plan of care administered by a physician or other qualified healthcare professional each 15 minutes of time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
- 97152 Behavior identification supporting assessment administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes.
- 97153 Adaptive behavior treatment by protocol, administered by technical under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.
- 97154 Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes.
- 97155 Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.
- 97156 Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.
- 97157 Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 minutes.
- 97158 Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional face-to-face with multiple patients, each 15 minutes.
- 0362T Behavior identification supporting assessment, each 15 minutes of technicians' time face-to face with a patient, requiring the following components:
- Administered by the physician or other qualified health care professional who is onsite;
 - With the assistance of two or more technicians;
 - For a patient who exhibits destructive behavior;
 - Completed in an environment that is customized to the patient's behavior.
- 0373T Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:
- Administered by the physician or other qualified health care professional who is onsite;
 - With the assistance of two or more technicians;
 - For a patient who exhibits destructive behavior;

- Completed in an environment that is customized to the patient's behavior.

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Definitions

Autism Spectrum Disorder (ASD) - a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first 2 years of life.

Autism Spectrum Disorder (ASD) Severity Ratings:

- **Level 1 “requiring support”** - Individuals with this level of severity have difficulty initiating social interactions, may exhibit unusual or unsuccessful responses to social advances made by others, and may seem to have decreased interest in social interactions. Additionally, repetitive behaviors may interfere with daily functioning. These individuals may have some difficulty redirecting from their fixed interests.
- **Level 2 “requiring substantial support”** - Individuals with this level of severity exhibit marked delays in verbal and non-verbal communication. Individuals have limited interest or ability to initiate social interactions and have difficulty forming social relationships with others, even with support in place. These individuals’ restricted interests and repetitive behaviors are obvious to the casual observer and can interfere with functioning in a variety of contexts. High levels of distress or frustration may occur when interests and/or behaviors are interrupted.
- **Level 3 “requiring very substantial support”** – Individuals with this level of severity exhibit severe impairment in daily functioning. These individuals have very limited initiation of social interaction and minimal response to social overtures by others and may be extremely limited in verbal communication abilities. Preoccupations, fixed rituals, and/or repetitive behaviors greatly interfere with daily functioning and make it difficult to cope with change. It is very difficult to redirect this person from fixated interests.

Board Certified Behavior Analyst® (BCBA®) - a graduate-level certificated in behavior analysis.

Professionals certified as BCBA’s are independent practitioners who provide behavior-analytic services and supervise Board Certified Assistant Behavior Analysts® (BCaBAs®) or Registered Behavior Technicians® (RBTs®).

Board Certified Assistant Behavior Analysts® (BCaBA®) - an undergraduate-level certification in behavior analysis who provide behavior-analytic services under the supervision of a BCBA®.

Registered Behavior Technicians® (RBT®) - a paraprofessional certificated in behavior analysis.

RBTs assist in delivering behavior-analytic services and practice under the direction and close supervision of an RBT Supervisor and/or an RBT Requirements Coordinator, who is responsible for all work an RBT performs.

Related Policies

Documentation Requirements for Health Practitioners

References

ABA Coding Coalition. Advocacy Efforts: Medically Unlikely Edits (2020).

<https://abacodes.org/advocacy/>

American Psychiatric Association. (2013) Diagnostic and Statistical Manual of Mental Disorders (5th ed.).

Council of Autism Service Providers (CASP). (2024). Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, third edition.

<https://www.casproviders.org/standards-and-guidelines#practiceguidelines>

Kamp-Becker, I., Albertowski, K., Becker, J., Ghahreman, M., Langmann, A., Mingeback, T., Poustka, L., Weber, L., Schmidt, H., Smidt, J., Stehr, T., Roessner, V., Kucharczyk, K., Wolff, N., & Stroth, S. (2018). Diagnostic accuracy of the ADOS and ADOS-2 in clinical practice. *European child & adolescent psychiatry*, 27(9), 1193–1207. <https://doi.org/10.1007/s00787-018-1143-y>

MCG Guidelines for Applied Behavioral Analysis, B-806-T

Oregon Administrative Rules (OARs): 410-172-0760 to 0770, 824-030-0010, 824-030-0020, 824-030-0040, & 824-010-0005. <https://secure.sos.state.or.us/oard/ruleSearch.action>

Oregon Health Authority. The Health Evidence Review Commission (HERC) Prioritized List of Health Services <https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx>

Oregon Health Authority. Oregon Health Plan. OHP Fee-for-service Fee Schedule. Behavioral Health Fee Schedule. <https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx>

Oregon Health Evidence Review Commission (HERC). (August 14, 2014). Evaluation of Evidence: Applied Behavior Analysis for Autism Spectrum Disorders. <https://www.oregon.gov/oha/HPA/DSI-HERC/EvidenceBasedReports/EvidenceRvw-ABA-final.pdf>

Oregon Health Plan, Health Plan Services Contract. Coordinated Care Organization Contract with PacificSource Community Solutions, Inc. (01/01/2025), Exhibit B, Part 2, Sec. 3, Para b. sub para. 6.

Oregon Revised Statutes (ORS): 676.802(2)(a-h), 413.042, 414.025, 414.065, 430.705.

<https://oregon.public.law/statutes>

Reichow, B., Hume, K., Barton, E. E., & Boyd, B. A. (2018). Early intensive behavioral intervention (EIBI) for young children with autism spectrum disorders (ASD). *The Cochrane database of systematic reviews*, 5(5), CD009260. <https://doi.org/10.1002/14651858.CD009260.pub3>

Weissman, L., Augustyn, M., Blake, D. (2023). Autism spectrum disorder in children and adolescents: Overview of management. UpToDate.

World Health Organization. (2016). International statistical classification of diseases and related health problems (10th ed.). <https://icd.who.int/browse10/2016/en>

Appendix

Policy Number:

Effective: 12/1/2020

Next review: 1/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): ORS 413.042, 414.025, 414.065, 430.640, 430.705, 430.715, 676.802(2) (a-h); Guideline Notes 75 and 126 of the OHP Prioritized List of Health Services; OARs 410-172-0650, 410-172-0760 to 0770, 824-010-0005, 824-030-0010, 824-030-0020, 824-030-0040, and WAC 182-531A.

OPs Approval: 3/2026