



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 <input type="checkbox"/> Washington

Commercial and Medicaid Policy

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 to address multiple affected developmental domains of a member, such as cognitive, communicative, social, emotional, and adaptive functioning. Maladaptive behaviors, such as noncompliance, tantrums, and stereotypy are also typically the focus of treatment. 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 for a limited number of behavioral targets. It is not restricted by age, cognitive level, 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 intensive settings, such as

specialized 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 and 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 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	Level 1 or 2 ASD.	10 to 25 hours a week. Destructive behavior may require more	May be required over lifetime.

	target a specific skill or behavior.		than 25 hours a week.	
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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:
 - a. Documentation of a diagnosis or **EITHER Autism Spectrum Disorder OR Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction**, by a licensed provider, who has experience in diagnosis and treatment of autism (includes but is not limited to: Developmental-behavioral Pediatrician, Neurodevelopmental Pediatrician, Child neurology or Child Psychiatrist, Doctoral-level Licensed Clinical Psychologists, or a qualified Board-certified Doctor of Nursing Practice (DNP))
 - b. Documentation of ASD severity of symptoms, which include persistent deficits in social communication and social interaction across multiple contexts, restricted, repetitive patterns of behavior, interests, or activities, or social and/or behavioral functioning (e.g., unable to participate in age-appropriate home or community activities, and member is a safety risk to self or others);
 - c. Results from a current version of a validated assessment tool (includes but is not limited to: Screening Tool for Autism in Toddlers and Young Children (STAT), Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), Autism Diagnostic Interview-Revised (ADI- R), Childhood Autism Rating Scale-Second Edition (CARS-2), Gilliam Autism Rating Scale, Third Edition (GARS-3).

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:
 - a. Meets above Initial Assessment Criteria #1(a-e).
 - b. Results of standardized assessments with outcome measures (includes but is not limited to: Parenting Stress Index (PSI) - 4 or Stress Index for Parents of Adolescents (SIPA), Vineland-3, and Pervasive Developmental Disorder Behavior Inventory (PDDBI)
 - The assessments are composed of indirect and direct assessments showing identifiable targeted behaviors or skill-deficits within the treatment domain of ABA services (e.g., inability to participate in developmentally appropriate activities, risk of self-harm or harm to others, self-injury, aggression, deficits in language, lack of self-care, or limited socialization skills);
 - c. An individualized treatment plan which documents the following:
 - A detailed description and baseline of specific behaviors targeted for ABA services;

- An objective baseline measurement for each targeted behavior is taken using standardized instruments that include frequency, intensity, and duration;
 - A detailed description of treatment goals and objectives for each of the targeted behaviors, including the frequency, intensity, and duration of treatment for each goal;

Note: Goal(s) need to be measurable, objective, achievable, developmentally appropriate, and clinically significant;
 - A description of training and participation of family (parents, legal guardians and/or active caretakers as appropriate) in setting baseline and how progress toward treatment goals will be demonstrated, which directly support member's treatment plan;
 - 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;
 - Individualized and measurable discharge and/or transition criteria.
- d.** Treatment is supervised and managed by a Board-Certified Behavior Analyst (BCBA);
- e.** Documentation must conform to all PacificSource requirements (see Documentation Requirements for Health Practitioners policy), which include, but are not limited to the following: complete member identification and contact information, treatment participants (providers/family), active problem list and treatment notes, assessment of progress in observable and 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:
- a.** Member continues to meet above Initial Assessment Criteria #1(b-d) and request specifies the level of impairment continues to exist and there is an anticipated benefit for additional ABA services;
 - b.** Standardized assessments (includes but is not limited to: Vineland-3, Parenting Stress Index (PSI) - 4 or Stress Index for Parents of Adolescents (SIPA), and Pervasive Developmental Disorder Behavior Inventory (PDDBI)), which assess targeted behaviors and progress of the defined goals and objectives outlined in the treatment plan:
 - Assessments show the frequency of the targeted behavior has improved since the last review;
 - Document if improvements of targeted behaviors are not demonstrated and what additional steps are taken (e.g., what additional assessments were conducted, what consultations from other professionals were obtained).
 - c.** The individualized treatment plan documents the following:
 - Gradual tapering of higher intensities of intervention and shifting to supports from other sources (school, as an example) as progress occurs;

- When targeted behaviors are not improving and addresses what goals and objectives are modified;
- Updates to the Individual and measurable discharge and/or 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) hours do not decrease over time.

- Participation of family (parents, legal guardians and/or active caretakers as appropriate) engagement is documented, as well as their implementation of ABA services and progress toward treatment goals:
 - If family participation is not possible, the treatment plan needs to document the reason for non-participation and attempts to mitigate the lack of involvement/participation.

Note: Continued ABA services should demonstrate, over time, an increase in family participation unit/hours and a decrease in Registered Behavior Technicians® (RBTs®) units/hours. The goal is the family is being trained to eventually take over the ABA services.

- d. Treatment is supervised and managed by a Board-Certified Behavior Analyst (BCBA);
- e. Documentation must conform to all PacificSource requirements (see Documentation Requirements for Health Practitioners policy), which include, but are not limited to the following: complete member identification and contact information, treatment participants (providers/family), active problem list and treatment notes, assessment of progress in observable and 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 is initiated, reviewed, and updated by a BCBA when 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 by a licensed practitioner as outlined in OAR 410-172-0760.
- Prior Authorization (PA) is not required for initial assessment for ABA services if CPT code 97151 is billed for 32 or fewer units (8 hours).
- 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.
- Requests for over 40 hours per week of treatment require MD review and specific documentation supporting intensity/ frequency of services.
- PCS follows Guideline Notes 75 and 126 of the OHP Prioritized List of Health Services and OARs 410-172-0760 and 410-172-0770 for coverage of Applied Behavioral Analysis.

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.

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

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 Behavior Analysts® (BCaBAs®) or Registered Behavior Technicians® (RBTs®).

Board Certified 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

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

Council of Autism Service Providers (CASP). (2020). Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, second edition.

https://assets-002.noviams.com/novi-file-uploads/casp/pdfs-and-documents/ASD_Guidelines/ABA-ASD-Practice-Guidelines.pdf

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>

Guideline Notes 75 and 126 of the OHP Prioritized List of Health Services.

<https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Searchable-List.aspx?wp4501=se:%2275%22>

MCG 27th edition 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. Oregon Health Plan. OHP Fee-for-service Fee Schedule. October 30, 2020. 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. (01/01/2022), Exhibit B, Part 3, b #6.

Oregon Revised Statutes (ORS): 676.802(2) (a-h), 413.042, 414.025, 414.065, 430.640, 430.705, 430.715. <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: 12/1/2024

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 410-172-0760 to 0770, 824-010-0005, 824-030-0010, 824-030-0020, and 824-030-0040, WAC 182-531A.

Commercial OPs: 3/2024

Government OPs: 2/2024