Applied Behavioral Analysis ABA

State(s):  
- Idaho  
- Montana  
- Oregon  
- Washington  
- Other:  

LOB(s):  
- Commercial  
- Medicare  
- Medicaid

Commercial 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 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 determination 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 behaviors for individuals diagnosed with Autism Spectrum Disorder. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

STATE REQUIREMENTS:
- ORGEON: state bill 365 requires coverage of 25 hours per week minimum
- Montana: state bill 234 requires coverage but does not specify minimum
- Idaho: bulletin NO.18-02 requires coverage under essential health benefits, no dollar or visit limits
- Washington: no mandate but coverage required

Criteria

- **Preauthorization is required** for all ABA services.
- Preauthorization requests can be made in increments up to six months
- Authorization limit of 32 units for cpt 97151 (Behavior identification assessment) per authorization
- Requests over 32 units for cpt 97151 (Behavior identification assessment) per authorization require MD review and specific documentation supporting medical necessity for increased time increments
- Requests over 40 hours per week require MD review and specific documentation supporting intensity/ frequency of treatment

All of the following must be met:
• An established diagnosis of Autism Spectrum Disorder (DSM-5 299.0; ICD-10 F84.0) as
determined by a licensed physician or licensed psychologist who has experience and training in
the diagnosis of Autism Spectrum Disorder. A well-accepted diagnostic tool (e.g. ADOS) should
be used as part of the assessment.
• Treatment is supervised and managed by a Behavior Analyst
• Significant maladaptive behaviors or skill-deficits have been identified and are judged to be
within treatment domain of ABA treatments (eg, self-injury, aggression, or deficits in language,
self-care, and socialization).
• Treatment plan will be individualized to include specific targeted skills/behaviors, measurable
goals and parent or caregiver participation as needed in a setting appropriate to patients needs
• Treatment plan includes regular interval assessments of patient progress (or lack of progress) as
measured by identified goals.
• Documentation that supports the hours requested are supported by the medical evidence and
are not primarily for the convenience of the family, care givers, or others.
• Documentation must conform to all requirements of the PacificSource Behavioral Health
Documentation Policy, including the following: complete member identification and contact
information, treatment participants (providers/family), active problem list and exam notes,
assessment of progress in observable and measurable terms, treatment or education provided in
sessions, treatment planning and/or instruction for follow up.

Continued Treatment Criteria:

All of the following must be met:
• A reasonable expectation exists that the individual will benefit from the continuation of ABA
services
• The treatment plan, including coordination of care with all providers and parent/ caregiver, is
updated on a frequent basis.
• Progress demonstrated by use of a standardized, multimodal assessment at least every 6
months. Assessment can include Vineland, language measures, behavior checklists (CBCL,
ABC), and autistic symptoms measures (SRS, ABAS, ADI-R)

Transition/Discharge Criteria:

At least one of the following:
• The individual has achieved adequate stabilization of the deficits and behaviors and can be
managed with less intensive treatment.
• The individual would be better treated with a different service, or would be better served by a
different system (e.g., Developmental Disabilities Services)

References

American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. Fifth

Idaho Bulletin NO. 18-02

MCG 23rd Edition: Guidelines for Applied Behavioral Analysis, ORG: B-806-T (BHG)
Montana legislative bill [SB 234]

Oregon Health Authority, Health Systems Division, Fee-for-service implementation of new ABA codes effective January 1, 2019
https://www.oregon.gov/oha/HSD/OHP/Announcements/Fee-for-service%20implementation%20of%20new%20ABA%20codes%20effective%20January%201,%202019.pdf

Oregon’s Health Evidence Review Commission, ABA guidelines

Appendix

Policy Number: [Policy Number]

Effective: 2/1/2020  Next review: 2/1/2021

Policy type: Commercial

Authors:

Applicable regulations: N/A

External entities affected: N/A