



## Applied Behavioral Analysis (ABA)

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| State(s):<br><input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: | LOB(s):<br><input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid |
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### 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, PacificSource Community 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 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 human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

ABA therapy is covered when there is an established diagnosis of Autism Spectrum Disorder. For Medicaid line of business ABA is also covered with an established diagnosis of Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction.

### Commercial Criteria

#### Prior Authorization 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 40 hours per week of treatment require MD review and specific documentation supporting intensity/frequency of services

#### Initial Treatment: All of the following must be met:

- An established diagnosis of Autism Spectrum Disorder 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 Board Certified Behavior Analyst (BCBA).
- Significant maladaptive behaviors or skill-deficits have been identified and are judged to be within treatment domain of ABA treatments (e.g., self-injury, aggression, or deficits in language, self-care, and socialization).

- Individualized treatment plan includes specific targeted skills/behaviors, measurable goals and parent or caregiver participation as needed in a setting appropriate to patient's needs.
- Treatment plan includes regular interval assessments of patient progress and challenges 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, caregivers, 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 all of the following must be met:**

- A reasonable expectation exists that the individual will benefit from the continuation of ABA services.
- Frequently updated treatment plan, including coordination of care with all providers and parent/caregiver.
- 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).

## Medicaid Criteria

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**Prior Authorization is required for all ABA services**

**Initial Assessment for ABA Services**

- ABA services shall be recommended by a licensed practitioner as outlined in OAR 410-172-0760.
- Prior Authorization is not required for initial assessment for ABA services if CPT code 97151 is billed for 32 or fewer units. Request for over 32 units require prior authorization and MD review.
- Initial assessment authorization requests require 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 a an appropriately licensed provider as detailed in OAR 410-172-0760.

**Prior Authorization for initial and on-going treatment:**

- Preauthorization requests can be made in increments up to six months.
- Authorization limit of 32 units for CPT code 97151 (behavior identification assessment) per authorization.
- Requests over 40 hours per week of treatment require MD review and specific documentation supporting intensity/ frequency of services.
- Documentation submitted must meet requirements per OAR 410-172-0770 and 410-172-0760.

- Provider must meet requirements per OAR 410-172-0760 and be enrolled with the state Medicaid program (Oregon Health Plan).

## Coding Information

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**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 technician 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

## References

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American Psychiatric Association. (2013) Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition, DC: Author

ICD-10 codes - CM Expert for Physicians: The Complete Official Code Set, Optum360, LLC (2015)

Line 193 and Guideline Notes 75 and 126 of the OHP Prioritized List of Health Services

MCG 24<sup>th</sup> 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(10).

Oregon Health Authority, Health Systems Division, Fee-for-service implementation of new ABA codes effective January 1, 2019, November 14, 2020  
<https://www.oregon.gov/oha/HSD/OHP/Announcements/Fee-for-service%20implementation%20of%20new%20ABA%20codes%20effective%20January%201,%202019.pdf>

Oregon Revised Statutes (ORS): 676.802(2)(a-h), 430.640, 413.042, 414.025, 414.065, 430.705, 430.715

## Appendix

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