



## 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 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.

PacificSource covers ABA therapy when the member has an established diagnosis of Autism Spectrum Disorder or Stereotypic Movement Disorder with Self-Injurious Behavior due to a Neurological Dysfunction.

### Criteria

#### Commercial

- ABA treatment must be supervised and managed by a Board Certified Behavior Analysts (BCBA).
- No prior authorization is required for the following allowed amounts of treatment:
  - 64 units (16 hours) of CPT code 97151
  - 8,320 combined units (average of 40 hours of treatment per week) of all other treatment codes. See coding information below for a full list of eligible treatment codes.
- **Prior authorization is required** for additional treatment beyond the above specified code limits. Requests for additional treatment must meet all of the following criteria:

- A reasonable expectation exists that the individual will benefit from the intensity 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 six (6) months. Assessment can include Vineland, language measures, behavior checklists (CBCL, ABC), and autistic symptoms measures (SRS, ABAS, ADI-R).

## Medicaid

### Prior Authorization is required for ABA services

#### A. Initial Assessment for ABA Services

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

- ABA services must be 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.
- 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.

## Coding Information

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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).

## References

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

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 26<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. <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 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>

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

## Appendix

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**Policy Number:**

**Effective:** 12/1/2020

**Next review:** 12/1/2023

**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.

**Commercial OPs:** 11/2022

**Government OPs:** 11/2022