

Effective: January 1, 2025

<p><b>Prior Authorization Required</b> If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Notification Required</b> IF <u>REQUIRED</u>, concurrent review may apply</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**Applies to:**

**Commercial Products**

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409  
CareLink<sup>SM</sup> – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

**Public Plans Products**

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health One Care – A dual-eligible product; 857-304-6304

**Senior Products**

- Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

**Note:** While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

**Overview**

Applied Behavior Analysis (ABA) services are defined according to the Behavior Analyst Certification Board as the following:

“ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.”

Types of ABA interventions include, but are not limited to, discrete trial training, verbal behavior intervention, and pivotal response training. Caregiver/guardian involvement in the process and continued use of the strategies outside of the formal sessions is important for the success of the treatment in the long-term.

ABA services are delivered through a team-based approach composed of a Licensed Applied Behavior Analyst (LABA) and Behavior Technicians. Individual ABA treatment plans are developed by the LABA. One-on-one sessions are typically provided by Behavior Technicians, with services ranging in hours of Member contact per week based on the severity of symptoms and intensity of treatment. The Behavior Technicians are supervised by LABAs.

ABA services covered under a health benefit plan are delivered by a contracted and credentialed provider in a variety of settings, such as home or in the community. ABA services can occur in any number of settings, including home, communities and as appropriate, ABA provider sites. Members can receive services in emergency departments or on medical surgical floors as appropriate. Services provided in a school setting are distinct and separate from those covered by the health plan and are typically covered by the educational system's special education resources as part of an Individual Education Plan (IEP) pursuant to Public Law 94-142.

ABA is an intensive treatment program designed to address behavior as defined in the admission criteria below.

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## Clinical Guideline Coverage Criteria

### ADMISSION CRITERIA

The Plan considers admission for ABA Therapy as reasonable and medically necessary for ASD when **ALL** of the following criteria are met:

1. The Member has a diagnosis of Autism Spectrum Disorder (DSM 5) and is under the age of 21 years; **and**
2. The Member's Autism Spectrum Disorder diagnosis is made by a licensed physician (i.e. PCP, etc.), advanced practice registered nurse, physician's assistant, or psychologist experienced in the diagnosis and treatment of autism with developmental and child/adolescent expertise; **and**
3. The diagnosis is accompanied by documentation of the evidence used to make the diagnosis. The evidence may be gathered by a multidisciplinary team to assist in the diagnostic process; **and**
4. The Member exhibits behaviors related to their diagnosis of Autism Spectrum Disorder that significantly interfere with daily activities and successful functioning; **and**
5. The initial evaluation from a Licensed Applied Behavior Analyst supports the request for the ABA services; **and**
6. Required consent for admission is obtained from the Member's guardian.

### CONTINUING STAY CRITERIA

The Plan considers continuation of ABA Therapy as reasonable and medically necessary for ASD when **ALL** of the following are met:

1. The Member's condition continues to meet admission criteria for ABA, either due to the continuation of presenting problems or the appearance of new problem(s) or symptoms; **and**
2. A formal comprehensive evaluation is completed by the ABA team within the first 4-6 week assessment period and includes:
  - a. complete medical history to include pre- and perinatal, medical, developmental, family, and social elements;
  - b. record of physical examination obtained from a licensed physician or advanced practice provider (i.e. nurse practitioner or physician assistant) which may include items such as growth parameters, head circumference, and a neurologic examination;
  - c. detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of Autism Spectrum Disorder and its associated comorbidities. The evaluation must include direct and indirect observation and formal and informal assessments;
  - d. confirmation of medical screening(s) and test(s) to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated; and
  - e. complete Member document review to include collaboration with school, state agencies, physical health practitioners (i.e. PCPs and prescribing clinicians), any outpatient or home- or community-based behavioral health services, former treatment teams or other entities that may impact the Member's treatment; **and**
3. The treatment plan is individualized and appropriate to the Member's changing condition with realistic and specific goals and objectives stated; **and**
4. The treatment plan is updated on a regular frequency based on treatment progress as indicated in review of treatment plans and updated comprehensive assessments as necessary, including the addition of new target behaviors; **and**
5. The Member's progress is monitored regularly and appropriately documented by behavioral graphs, progress notes, and daily session notes. The Member's treatment plan is to be modified if there is no measurable progress toward decreasing the frequency, intensity and/or duration of the targeted behaviors or there is no measurable increase in skills for skill acquisition to achieve targeted goals and objective; **and**
6. There is reasonable expectation that the Member will benefit from the continuation of ABA services; **and**
7. There is documented skills transfer to the Member and treatment transition planning from the beginning of treatment; **and**
8. There is documented coordination of care with relevant providers/caretakers, etc., when appropriate and inclusive of community-based, prosocial, natural supports for Member and caregiver. If coordination is not successful, the reasons are documented; **and**

9. Caregiver(s) and/or guardian(s) involvement in the training of behavioral techniques must be documented in the Member's medical record and is critical to the generalization of treatment goals to the Member's environment. This includes demonstration of how operational control is being transferred to caregivers; **and**
10. Services are not duplicative of services that are part of an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) when applicable; **and**
11. Treatment intensity does not exceed the Member's functional ability to participate; **and**
12. Treatment occurs in the setting(s) where target behaviors and skill deficits are occurring and/or where treatment is likely to have an impact on target behaviors; **and**
13. Hours per week requested are not more than what is required to achieve the goals listed in the treatment plan and reflect the Member's, caregiver's, and provider's ability to participate in treatment unless documented as such.

## DISCHARGE CRITERIA

The Plan considers discharge from ABA Therapy as reasonable and medically necessary when **Any** of the following is met:

1. A Member's individual treatment plan and goals have been met; **or**.
2. The Member has achieved adequate stabilization of behavior(s) as defined in the admission criteria, and less intensive modes of treatment are appropriate and indicated; **or**
3. The Member no longer meets admission criteria, or the Member meets criteria for less intensive or more intensive services; **or**
4. The Member and caregiver/guardian are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe; **or**
5. The Member is placed in a skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or a community setting with community-based supports; **or**
6. Required consent for treatment is withdrawn; **or**
7. Treatment is making the symptoms persistently worse.
8. The Member is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement or stabilization of behavior(s) as defined in the admission criteria, and there is no reasonable expectation of progress.

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## Limitations/Exclusions

The Plan considers ABA therapy as not medically necessary for **any** of the following :

1. Required consent from the Member's guardian is not obtained.
2. The Member is placed in a skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or a community setting with community-based supports.
3. The Member is receiving ongoing In-Home Behavioral Services or services similar to ABA.
4. The ABA services are primarily for school or educational purposes.

The following services are not included within the ABA treatment process:

1. Vocational rehabilitation;
2. Supportive respite care;
3. Recreational therapy;
4. Respite care; and
5. When not part of the Member's documented treatment plan addressing specific behavioral goals:
  - a. Accompanying the Member to appointments or activities outside of the home (e.g. recreational activities, eating out, play activities); or
  - b. Transporting the Member in lieu of caregiver/guardian.

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## Codes

The Member must have one of the following ICD-10 diagnoses to be considered for coverage. Please refer to the [Autism Professional Payment Policy](#) for information regarding billing instructions for these services.

**Table 1: ICD-10 Codes**

Code	Description
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

**Table 2: CPT/HCPCS Codes**

The following code(s) require prior authorization:

Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's 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
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care 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 health care 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 health care 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 health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
H0031	Mental health assessment, by non-physician - Assessment and treatment planning by a BCBA

**References:**

1. MassHealth Medical Necessity Criteria “Applied Behavioral Analysis (ABA)” published August 23, 2016
2. MassHealth Medical Necessity Criteria “Applied Behavioral Analysis (ABA)” updated September 9, 2024.

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## Approval And Revision History

September 9, 2015: Reviewed by the Medical Policy Approval Committee (MPAC) effective October 1, 2015.

Subsequent endorsement date(s) and changes made:

- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 4, 2020: Fax number for Unify updated
- November 18, 2020: Reviewed by IMPAC. Addition of code 97156 effective 8/1/2020, revised code description to H2012.
- September 15, 2021: Reviewed by IMPAC, renewed without changes
- April 4, 2022: Template updated
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- April 19, 2023: Reviewed by Medical Policy Approval Committee (MPAC) with the following approved: Removal of codes H0032, H2012 and H2019. Addition of codes 97151, 97153, 97154, 97155, and 97157 which are effective October 1, 2022.
- August 16, 2023: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes, template updated effective November 1, 2023
- October 24, 2023: Template updated
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- September 19, 2024: Reviewed by MPAC, Renewed with no changes.
- October 17, 2024: Reviewed by MPAC. MNG and criteria updated to reflect revisions to MassHealth Criteria for ABA for September 6, 2024. Name of MNG updated from Applied Behavior Analysis (ABA) Therapy for Autism Spectrum Disorder for MassHealth Members to Applied Behavior Analysis (ABA) Therapy for Autism Spectrum Disorder for Tufts Health Together. Changes effective January 1, 2025.

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## Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.