



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Applied Behavior Analysis (ABA)

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Policy Number: 091

BCBSA Reference Number: N/A

NCD/LCD: N/A

Related Policies

None

Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Subscriber Certificate

Applied behavior analysis (ABA) services are a core standard benefit from Blue Cross Blue Shield Massachusetts (BCBSMA). Self-insured employer groups may choose to exclude ABA services. Consult the individual subscriber certificate in effect at the time the service is rendered. As with any benefit, members and providers are expected to check subscriber certificates (Explanation of Benefits) to determine benefits.

Overview of Covered Services

BCBSMA covers medically necessary ABA services for the treatment of autism spectrum disorders (ASD) when furnished or supervised by an appropriately trained, licensed psychologist or a licensed applied behavior analyst (LABA). This coverage may include medically necessary ABA services provided by an appropriately trained, licensed psychologist or LABA who accompanies the child for treatment in certain community settings, such as the home, center (office), daycare, preschool, or camp.

BCBSMA's definition and coverage of ABA services is consistent with Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism in the state of Massachusetts and is in accordance with national standards of applied behavior analysis societies (Association for Behavior Analysis International, Association of Professional Behavior Analysts, and Council of Autism Service Providers).

Behavior Identification Assessment (CPT code 97151)

Behavior identification assessment includes face-to-face, standardized and non-standardized assessments, and direct behavior observations to assess skills across various domains (e.g., social skills, behavior, daily living skills, communication). Assessment results are used to develop a treatment plan which includes goals and objectives for skill acquisition and behavior reduction. The appropriately trained, licensed psychologist/LABA must have conducted both the face-to-face and non-face-to-face activities to report this service.

Behavior identification assessment services may be considered [MEDICALLY NECESSARY](#) for the following scenarios:

- For individuals with a diagnosis of autism spectrum disorder, **AND**
- When completed by the appropriately trained, licensed psychologist/LABA.

Any additional scenarios not meeting the above criteria are considered [INVESTIGATIONAL](#).

Note: Behavior identification assessment services are not clinically indicated for ongoing treatment planning and case management (e.g., preparation of materials, review of research, writing treatment protocols, charting data or plotting graphs, coordination with other service providers).

Behavior Identification Supporting Assessment (CPT code 97152)

Behavior identification supporting assessment includes face-to-face, standardized and non-standardized assessments, and direct behavior observations to assess skills across various domains (e.g., social skills, behavior, daily living skills, communication).

Behavior identification supporting assessment may be considered [MEDICALLY NECESSARY](#) for the following scenarios:

- For individuals with a diagnosis of autism spectrum disorder, **AND**
- When administered face-to-face, **AND**
- When completed by the behavior technician or appropriately trained, licensed psychologist/LABA.

Any additional scenarios not meeting the above criteria are considered [INVESTIGATIONAL](#).

Note: Behavior identification supporting assessment services are not clinically indicated for ongoing treatment planning and case management (e.g., preparation of materials, review of research, writing treatment protocols, charting data or plotting graphs, coordination with other service providers).

Adaptive Behavior Treatment by Protocol (CPT code 97153 or 97154)

Adaptive behavior treatment by protocol must be administered face-to-face with implementation of treatment protocols and data collection related to each treatment goal implemented during the session. Multiple opportunities to practice skills within sessions should be provided. Services may be provided individually or within a group of at least two but no more than eight patients.

Adaptive behavior treatment by protocol may be considered [MEDICALLY NECESSARY](#) for the following scenarios:

- For individuals with a diagnosis of autism spectrum disorder, **AND**
- When administered face-to-face, **AND**
- When completed by the behavior technician or appropriately trained, licensed psychologist/LABA, **AND**
- When implementing treatment protocols and data collection related to each treatment goal, **AND**
- When progress on individual treatment goals is documented.

Any additional scenarios not meeting the above criteria are considered [INVESTIGATIONAL](#).

Note: Adaptive behavior treatment by protocol services are not clinically indicated when there is evidence of regression or there is not demonstration of progress on goals for successive authorization periods.

Adaptive Behavior Treatment with Protocol Modification (CPT Code 97155)

Adaptive behavior treatment with protocol modification includes face-to-face clinical direction and modification of treatment procedures related to treatment goals and objectives outlined within the treatment plan by the appropriately trained, licensed psychologist/LABA. This may include observation of the behavior technician implementing treatment protocols or direct work with the member to help in designing a treatment protocol.

Adaptive behavior treatment with protocol modification may be considered [MEDICALLY NECESSARY](#) for the following scenarios:

- For individuals with a diagnosis of autism spectrum disorder, **AND**
- When administered face-to-face, **AND**
- When completed by the appropriately trained, licensed psychologist/LABA, **AND**
- When modifying treatment protocols and data collection related to each treatment goal.

Any additional scenarios not meeting the above criteria are considered [INVESTIGATIONAL](#).

Note: Adaptive behavior treatment with protocol modification services include a general standard of care of two hours of adaptive behavior treatment with protocol modification for every 10 hours of adaptive behavior treatment protocol.

Group Adaptive Behavior Treatment with Protocol Modification (CPT Code 97158)

Group adaptive behavior treatment with protocol modification includes face-to-face clinical direction and modification of treatment procedures related to social and behavioral treatment goals and objectives outlined within the treatment plan by the appropriately trained, licensed psychologist/LABA. Services are provided within a group of at least two but no more than eight patients.

Adaptive behavior treatment with protocol modification may be considered [MEDICALLY NECESSARY](#) for the following scenarios:

- For individuals with a diagnosis of autism spectrum disorder, **AND**
- When administered face-to-face, **AND**
- When completed by the appropriately trained, licensed psychologist/LABA, **AND**
- When modifying treatment protocols and data collection related to social and/or behavioral treatment goals.

Any additional scenarios not meeting the above criteria are considered [INVESTIGATIONAL](#).

Parent/Caregiver Adaptive Behavior Treatment Guidance (CPT code 97156 and 97157)

Parent/caregiver adaptive behavior treatment guidance includes face-to-face clinical direction, modeling, and modification of treatment procedures related to treatment goals and objectives outlined within the treatment plan by the appropriately trained, licensed psychologist/LABA. This may include modeling of treatment protocols and observation of parent/caregiver implementation of treatment protocols. Services may be provided to more than one family member/caregiver of a patient. Services may also be provided to multiple families of different patients at the same time. Multiple members of the same patient are considered one family/caregiver group. When providing group adaptive behavior treatment guidance, services are provided within a group of at least two but no more than eight patient families/caregivers.

Parent/Caregiver adaptive behavior treatment guidance may be considered [MEDICALLY NECESSARY](#) for the following scenarios:

- For individuals with a diagnosis of autism spectrum disorder, **AND**
- When administered face-to-face, **AND**
- When completed by the appropriately trained, licensed psychologist/LABA.

Any additional scenarios not meeting the above criteria are considered [INVESTIGATIONAL](#).

Adaptive Behavior Treatment or Assessment by more than one Behavioral Technician with an Appropriately Trained, Licensed Psychologist/LABA Present (CPT Code 0362T and 0373T)

Adaptive behavior treatment or assessment by more than one behavior technician with an appropriately trained, licensed psychologist/LABA present includes face-to-face implementation of treatment protocols and data collection as well as clinical direction and modification of treatment procedures outlined within the treatment plan by the appropriately trained, licensed psychologist/LABA. The appropriately trained,

licensed psychologist/LABA must be on site and able to join treatment as needed. Treatment is related to significant behavioral disruption such as self-injurious behavior and intense aggression.

Adaptive behavior treatment or assessment by more than one behavioral technician, may be considered **MEDICALLY NECESSARY** for the following scenarios:

- For individuals with a diagnosis of autism spectrum disorder, **AND**
- When administered face-to-face, **AND**
- Administered by the appropriately trained, licensed psychologist/LABA, who is on site **AND**
- With the assistance of two or more technicians, **AND**
- For a patient who exhibits destructive behavior, **AND**
- Completed in an environment that is customized to the patient's behavior.

Any additional scenarios not meeting the above criteria are considered **INVESTIGATIONAL**.

Additional Non-Covered Services

Non-covered tests/procedures include but are not limited to the following:

- Applied behavior analysis for diagnoses other than autism spectrum disorder
- Preparation of materials, review of research, writing treatment protocols, charting data or plotting graphs
- Supervision/training of behavior technician/paraprofessionals
- More than one appropriately trained, licensed psychologist/LABA delivering services to a member at any one time
- Accompanying members to appointments or activities outside of the home (e.g., recreational activities, eating out, shopping, play activities, medical appointments), when not part of members documented treatment plan addressing goals related to social and/or behavioral functioning
- Transporting the member in lieu of parent/caregiver, when not part of members documented treatment plan addressing goals related to social and/or behavioral functioning
- Assisting the member with academic work or functioning as a tutor, except when done as part of documented treatment plan addressing goals related to social and/or behavioral functioning
- Providing services that are part of an IEP or functioning as an educational aid in the school setting
- Provider doing housework or chores, or assisting the member with housework or chores, except when done as part of documented treatment plan addressing goals related to social and/or behavioral functioning
- Provider travel time
- Providing respite services (behavior technician support when not actively working on treatment plan) for a patient
- Provider residing in the member's home and functioning as live-in help
- Billing services when members are sleeping
- Indirect work to meet with providers or educational staff
- Fees or tuition for day or overnight camps, residential, educational, vocational, or recreational. programs or other fees for services that are not medically necessary ABA services
- Services provided simultaneously with other medical services such as occupational therapy, speech and language therapy, physical therapy, and psychotherapy
- Non-evidenced based treatment that is not ABA, including but not limited to Relationship Development Intervention and Floor Time.

Note: The medical record must be made available to the payer upon request. The medical record includes documentation of individual services provided, session notes, treatment plans, and assessment results.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO and Indemnity	Prior authorization is required .

***Prior Authorization Request Form: [MP 144 Applied Behavior Analysis Service Request Form for Initial Assessment and Treatment](#)**

This form must be completed and faxed to:

- Behavioral Health: 1-617-246-4281
- For BCBSMA employees and dependent, fax to 1-888-608-3693

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

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
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care 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 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
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
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the

	assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
F84.0	Autism Spectrum Disorder

Description

Applied Behavior Analysis (ABA) services include “the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvements in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.” (Chapter 207 of the Acts of 2010).

ABA is a therapeutic treatment provided by a licensed applied behavior analyst (LABA) or appropriately trained, licensed psychologist. ABA is standardly used for the treatment of social, communication, behavioral, and adaptive skills to treat autism spectrum disorder and in some cases other neurodevelopmental disorders. ABA is recognized as an evidence-based standard of care (National Research Council, 2001, American Academy of Pediatrics, 2001, National Standards Project, 2009).

Summary

The purpose of this medical policy is to describe covered/non-covered applied behavior analysis services. The procedure protocols are based on published research, society guidelines and expert opinion and are designed to promote safe and effective treatments for autism spectrum disorder. ABA protocols may focus on skill acquisition or behavior reduction and are developed following a behavioral assessment, development of a treatment plan and written treatment protocols. ABA services allow for multiple practice opportunities within sessions and must include a protocol for generalization of skills and behaviors across people and settings as well as training families and caregivers to provide environmental supports that allow for skill maintenance. ABA services may be provided across age and severity levels. ABA services should be provided in consideration of symptom severity and the benefit of other therapeutic services should be considered when engaging in treatment planning. ABA services should be individualized and provided with a high degree of fidelity.

Policy History

Date	Action
3/1/2022	New policy describing medically necessary indications and prior authorization information. Reorganized and clarified InterQual criteria into policy #091. Effective 3/1/2022.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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Endnotes

¹ Based on expert opinion