MetroPlus Health

Policy and Procedure

Title: Adaptive Behavior Treatment (ABT) for Applied Behavior Analysis (ABA) Therapy	Division: Medical Management Department: Utilization Management
Approval Date: 3/28/2022	LOB: CHP, MetroPlus Gold, Marketplace, Essential, Medicaid
Effective Date: 3/28/2022	Policy Number: UM-MP333
Review Date: 10/20/2026	Cross Reference Number:
Retired Date:	Page 1 of 15

1. **POLICY DESCRIPTION:**
   This policy describes the conditions under which MetroPlus will cover Applied Behavior Analysis (ABA) for autism spectrum and related disorders.

2. **RESPONSIBLE PARTIES:**
   Behavioral Health Policy Subcommittee (BHPS)
   MetroPlus' Utilization Management Department
   Sr. Director of Children's Special Services
   Vice President of Behavioral Health

DEFINITIONS:

Applied behavior analysis (ABA): used interchangeably with the term adaptive behavior treatment (ABT) means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Comprehensive Evaluation: A comprehensive evaluation with regards to the clinical documents requested that resulted in the autism diagnosis, must meet the quality standards of care set forth by the American Academy of Pediatrics, and NYS Department of Health. A comprehensive diagnostic evaluation typically involves a multidisciplinary team of professionals. This comprehensive evaluation often involves a qualified provider, integrating results from a medical evaluation with evaluations from behavioral health, speech and language pathology, occupational therapy, physical therapy, and cognitive testing, as indicated by the nature of symptoms for the specific child. There may be other specialists involved in the diagnostic evaluation, depending on the needs of the child. This comprehensive diagnostic assessment should reflect the use of direct observation, structured parent interview, and a validated standardized testing instrument including ADOS-S, CARS, or ADI-R.

InterQual Criteria: InterQual is a single set of content that is evidence based and updated annually to assess admission, continued stay and discharge across the continuum of care. InterQual explicitly states the differential presentations / dimensions in each level of care. InterQual is updated annually and provides a full bibliography for its evidence base. MetroPlus will be using the InterQual review criteria for all clinical reviews for Adults and Children in Inpatient Mental Health and Partial Hospital Programs.

Telehealth: The use of approved telecommunication and web based methods to provide assessment, supervision, parent training, and consultation to a member across distance. This may include the use of synchronous (e.g., live face to face in real time) methods, allowing for interactive audio and visual communication between the qualified healthcare professional, staff and parent or member.

3. POLICY:

1. Criteria for Initial Assessment:

An assessment for applied behavior analysis (ABA) also known as adaptive behavior treatment, requires prior authorization, and is considered medically necessary when all the following criteria have been met:

1. Member has a diagnosis of autism spectrum disorder (ASD) or Rett syndrome, according to the DSM-5 (ICD-10-CM Diagnostic codes F84.0 & F84.2), following a comprehensive evaluation as defined by NYSDOH/AAP, made by a licensed medical professional, or other qualified healthcare professional (i.e., developmental/behavioral pediatrician, clinical psychologist, neurologist) as consistent with state licensing requirements. This comprehensive evaluation should include ASD DSM-5 specifiers and severity.

    a. The diagnosis is confirmed by a comprehensive evaluation, as defined by New York State Department of Health (NYSDOH) and the American Academy of Pediatrics (AAP). A comprehensive diagnostic evaluation typically involves a multidisciplinary team of professionals. This comprehensive evaluation often involves a qualified provider, integrating results from a current medical evaluation with evaluations from behavioral health, speech and language pathology, occupational therapy, physical therapy, and cognitive testing, as indicated by the nature of symptoms for the specific child. There may be other specialists involved in the diagnostic evaluation, depending on the needs of the child.

    b. Report of findings should be comprehensive, using a variety of direct and indirect evaluation techniques including the standardized assessment instrument used, such as the Autism Diagnostic and Observation Schedule (2nd edition) ADOS-2; Childhood Autism Rating Scale (CARS); Autism Diagnostic Interview- Revised (ADI-R); complete with scores, direct observational/interactional data, parent/caregiver interview, record review, and DSM-5 alignment.

2. Members covered by Medicaid must meet the eligibility criteria above for adaptive behavior treatment, in addition to the following criteria:
    a. Be referred by a NYS-licensed and NYS Medicaid-enrolled physician, psychologist, psychiatric nurse practitioner, pediatric nurse practitioner, or physician assistant. This referral is to be updated every 2 years.
    b. Be under the age of 21 years of age.
    c. Applied Behavior Analysis (ABA) services are provided by New York State (NYS) Licensed Behavior Analysts (LBAs), Certified Behavior Analyst Assistants (CBAAs), and other qualified healthcare providers as approved by New York State Education Department (NYSED)
    d. Licensed LBA's and certified CBAA's must be enrolled to participate in the NYS Medicaid program.

    Effective 10/01/2025, there are additional supervision standards and requirements as per NYS Medicaid:

    Licensed Behavior Analysts must supervise "unlicensed technicians" for a minimum of 5% of the amount of time they spend providing Applied Behavior Analysis direct care services monthly
    a. This must include 2 face-to-face observations per month (i.e., supervision may not occur telephonically, via email or text messaging).
    b. The LBA must observe service delivery of the Applied Behavior Analysis service in at least 1 of the observations per month
        a. One of these observations may be provided in a small group meeting. These meetings must follow all applicable NYS Department of Health regulations and BACB guidelines.

    On-site supervision of unlicensed individuals/technicians is preferred; however, supervision may be conducted via a synchronous interactive audio and video telecommunication system, or similar means, consistent with NYS Medicaid FFS telehealth policy.

Please note: The five percent minimum supervision requirement may include the use of Current Procedural Terminology (CPT) code "97155" only when the LBA joins the patient and the unlicensed individual/technician during a treatment session to direct the unlicensed individual/technician in implementing a new or modified treatment protocol.

Documentation of supervision should be recorded in the member's record.

MetroPlusHealth adheres to NYS Medicaid Applied Behavior Analysis Policy Manual guidelines (October,1 2025), as published by the Department of Health.

2. Criteria for Initial Treatment

A. The individual has met the criteria above for an initial course of adaptive behavior assessment.

B. The treatment is provided by a QHP, and technician (as permitted by state law and plan requirements) for a number of hours proportionate to the level of impairment, and is supported by clinical rational (BACB, 2014). The number of direct hours requested should reflect the individual needs of the member, severity of impairment, and the number of goals addressed in the treatment plan.

1. Can be carried out in home, community, and clinic setting

2. Treatment plan goals must meet InterQual criteria for medical necessity, and address core characteristic deficits of ASD.

3. The person-centered Treatment Plan includes the following core components:
   A. Member identifying information:
      a. Name
      b. Parent/caregiver name
      c. DOB
      d. Age
      e. Phone Number
      f. Member Insurance ID #
      g. Employer/Benefits Plan

   B. Provider Information
      a. Provider organization name
      b. Service address
      c. Assessor name, title, and credentials
         1. A qualified healthcare professional may be:
            a. Licensed Behavior Analyst (LBA)

d. Date of assessment/date of report

C. Autism specific diagnostic information
   a. Diagnosis of ASD/symptom severity
   b. ASD Subscale/specifiers
   c. Date of diagnosis
   d. Name and Credentials of professional who diagnosed autism spectrum disorder.
   e. Contact information for diagnostician.
   f. Diagnostic/evaluative components (e.g., Standardized instrument (e.g., ADOS-2, ADI-R, CARS), parent interview, observation)

D. Biopsychosocial Information

   a. Family composition
   b. Primary language of the child, and language spoken in the home
   c. Primary concerns or problem areas specific to ASD diagnosis
   d. Member/family's support system, strengths, and barriers to treatment
   e. Medical history, including medication history (if applicable)
   f. Education and other related services (speech, OT, PT), inclusive of current and prior services
   g. Additional service providers or agencies the family is working with
   h. ABA treatment history
   i. Overall functioning in home and school settings

a. Skills Assessment report based on standardized assessment tools (i.e., VB-MAPP, FBA, ABBLS, AFLS) attach respective assessment grid/graphs. Summarize each domain assessed, identify strengths and weaknesses/barriers.

   a. Cognitive/pre-academic skills
   b. Communication and language (expressive and receptive)
   c. Interfering /stereotypic behaviors
   d. Severe behaviors (i.e., aggression, property destruction, self-injury)
   e. Safety skills
   f. Socialization/social skills
   g. Play and leisure skills

h. Independent living/self-helps skills
i. Community integration
j. Coping and frustration tolerance

E. Symptoms/behavioral concerns as they relate to ASD core deficits in social interaction, social communication, and repetitive and/or restrictive behaviors.

F. Specific Goals to address skill deficits per domain, with appropriate data collection procedures in place, to be made available upon request
   a. Identify each skill to be taught by domain
   b. Describe each skill in observable and measurable terms
   c. Describe data collection procedures
   d. Include baseline
   e. Present level of performance
   f. Mastery criteria
   g. Target date for mastery

NOTE- Objectives should neither be academic in nature or overlap with IEP objectives and must address core characteristics of ASD. Each skill taught should be developmentally appropriate, and attainable within the given authorization period. Each skill taught should be individualized to the specific needs of the member.

G. Direct observation of member and the data collected can reflect any number of methods
   a. Complete ABA data recording
   b. Record functional behavioral assessment data
   c. Verbal Behavior Milestone Assessment & Placement Program
   d. Assessment of Basic Language & Learning Skills-Revised
   e. Other- specify other methods used to systematically evaluate activities

I. Indirect data collection may include any combination of methods
   a. Interview parents/caregiver
   b. Record review (e.g., psychological testing, IEP/progress notes, reports from other providers)
   c. Functional Assessment Screening Tool (FAST)

d. Questionnaire About Behavior Function (QABF)
e. Other indirect measures- please specify

J. Functional Behavior Assessment (FBA) as appropriate, if not conducted provide rational
   a. Description of the problem behavior(s) or presenting problem
   b. Describe topography, intensity, and severity of the behavior
   c. What is the history of the problem behavior?
   d. Antecedent analysis specific to setting, people, events, activities that directly proceed the behavior
   e. Consequence analysis specific to what occurs following the behavior
   f. Hypothesis statement regarding the hypothesized function of the behavior. Reflect use of a standardized instrument (i.e., Functional Assessment Screening Tool (FAST) or (Questions About Behavioral Function (QABF)

K. Behavior Intervention Plan as appropriate
   a. Define each behavior in observable and measurable terms
   b. Define instructional method(s) to be used for each target behavior
      For Example:
      - Discrete trial teaching
      - Natural environmental teaching
      - Pivotal response training
   c. Behavioral methods to be used to address each target behavior
      For Example:
      - Differential Reinforcement (DRO, DRA, DRI)
      - Response cost
      - Extinction
   d. Define behaviors to increase
   e. Identify functionally equivalent replacement behaviors to be taught to replace problem behavior.
   f. Individualized preference assessment, use the most appropriate method for the member
      For Example:
      - Direct observation
      - Survey or checklist

- Forced-choice rank order

L. Coordination of care with other providers, doctors, school connection, and related service providers
   a. Have you coordinated with the members primary care physician? If not, then why?
   b. Have you been in communication with the member's prescriber of psychotropic medications (if applicable)? If not, then why?
   c. Have you been in contact with other behavioral health providers? If not, why?
   d. Documentation of coordination. If not, then why?
   e. Documentation of unsuccessful attempts to coordinate, document a minimum of 3 attempts per authorization period.

M. Parent/caregiver training, specific goals, and strategies with goal of transferring care
   a. Observable and measurable goals
   b. Specific methods for teaching parent/caregiver
      For Example:
      - Model
      - Interview
      - Written notes
   c. Data collection methods must be in place to track progress, and be made available for review upon request
      For Example:
      - Fidelity checks
      - Observation in natural environment
      - Homework assignment (i.e., ABC, frequency, or anecdotal data collection)
   d. Plan for reinforcing and generalizing mastered skills learned in ABA
   e. Identify barriers to parental participation, and devise a plan to address

N. Supervision Plan
   a. Describe how direct supervision will be delivered
   b. Describe the method for technician performance feedback

c. Documentation of all supervision contact

O. Crisis plan
Describe the crisis plan to address medical, behavioral, or weather emergencies.
a. Provide names and contact information for parents, supervisors, and administrators

P. Summary and Recommendations
a. Provide a justification for treatment recommendations.
b. Identify which CPT codes are being requested (e.g., 97155), and place of service.
c. Units requested must reflect time needed to address skills being taught and severity of ASD diagnosis.
d. Identify the description of services requested and provider type (e.g., Adaptive Behavior Protocol provided by LBA)

Q. What is the proposed schedule for services?
For example: Monday through Friday 4:00pm-6:00pm

R. Where are services to take place? Home, Community, Clinic

S. Print Name of QHP, Signature, Credentials, and date

C. Criteria for Concurrent Treatment

1. The individual has met the criteria above for an initial course of adaptive behavior treatment.

2. Concurrent treatment plan submitted as per above referenced treatment plan components with added progress updates, inclusive of graph depictions, plans to address barriers to progress, and generalize acquired skills to the natural environment, next steps, and titration plan.

D. Discharge Criteria
Discharge from a course of Adaptive Behavior Treatment using Applied Behavior Analysis may be considered appropriate when:
a. Titration has occurred and treatment plan goals have been mastered.

b. The member can be safely transitioned to a lower level of care (i.e., mental health counseling, community support), or requires 2 hours or less of direct care service per week.
c. The parent/guardian declines to continue services.
d. There has been no clinically significant measurable progress in mastering initial treatment plan goals for 2 consecutive authorization periods despite modification to intervention strategies, the member has plateaued or is not empirically demonstrating response to treatment.

E. For all Adaptive Treatment Requests

1. Requests for authorization for BH Outpatient Applied Behavior Analysis (ABA) Adaptive Behavior Treatment *Concurrent treatment*, must be accompanied by clinical documents that are no older than 30-days.

2. The requested start date for BH Outpatient Applied Behavior Analysis (ABA) Adaptive Behavior Treatment must be within 30-days of the submission for the request of services.

3. Continuation of Care requests must meet the above criteria for an initiation of adaptive behavior treatment and provide verifiable documentation that the member was in active treatment within the most recent 30-days prior to the request for services. Acceptable documents include session notes or treatment plan with accompanying data, and prior paid claims.
    i. Gaps in service greater than 30-day no longer meet the consideration of a Continuation of Care and will be processed as a new initiation, subject to the requirements of a new request.

4. Concurrent stay requests will require treatment plan updates be submitted for review at a minimum of every 6 months, except in the following instances where the member meets the criteria below:
    A. Members over 13 years of age will be reviewed every 3 months
    B. Members being treated for self-injurious or other clinically significant behavior that may pose safety concern will be reviewed every three months until stabilization is observed.
    C. All members for whom over 20 hours per week of direct care (CPT code 97153) is being requested will be reviewed every three months.
        a. These authorization requests will require supervision session notes

be submitted at the time of each concurrent request

5. Medical Necessity determination for review of Continuation of Care requests from Out-of-Network providers will include eligibility criteria listed above.

6. InterQual Criteria is applied to Outpatient Programs/Applied Behavior analysis for mental health treatment services and levels of care for initial assessment, initial treatment, and concurrent reviews. The number of units approved for behavioral health adaptive behavior treatment will be commensurate to the treatment needs of the member, unless not clinically appropriate.

7. Best practices dictate in-person services are preferred to telehealth services. Requests for synchronous telehealth will be reviewed for medical necessity on a case by case basis. We expect that providers to provide these services in a manner consistent with BACB ethical standards, and DOH telehealth guidelines. We reserve the right to retrospective review of services delivered using telehealth.

8. Retrospective review requests may be conducted on behalf of the insured as far back as the most recent 6-months, providing appropriate clinical documentation (i.e., treatment plan with session data) has been provided. MetroPlus will use MNC guidelines approved by the State to determine appropriateness of new and ongoing services related to the member's transition. New York State supports a family-driven, youth-guided, person-centered approach to care in which each enrollee's needs, preferences, and strengths are considered in the development of a treatment plan. MetroPlus will view each request for authorization for a specific service level within the larger context of the child's needs.

8. Medical necessity decisions will include a thorough review of the member's case file, submitted treatment plan and clinical data, including prior peer reviews that may have resulted in a recommended level of care.

9. In addition to evaluation for medical necessity, BH UM Clinicians will assist providers with treatment, titration, and discharge planning by providing treatment history which includes Medical and Behavioral health history, family and related provider contact information and potential resources to enhance member's connectivity to supportive services in the community. Care Coordination encompasses care management activity meant to guide the provider towards best practices including, but not limited to, review of:

i. Use of Evidence Based Practices (EBP)
ii. Crisis plan development.
iii. Use of natural supports
iv. Use of community supports; and
v. Access to Medical care, monitoring for common comorbid conditions (e.g., Seizure disorders, G.I. disorders, feeding/nutrition), and specialists (e.g., OT, PT, Speech Therapy, Counseling).

LIMITATIONS/ EXCLUSIONS:
Applied Behavior Analysis (ABA) services are limited to those possessing a diagnosis of autism spectrum and related disorders as per DSM-V, and may not substitute an educational or vocational program, or respite services. Services provided in the school setting are the fiscal responsibility of the school and will not be authorized.

A member may be excluded from this level of care:
1. If they have a comorbid condition that may interfere with their ability to benefit from service utilization.
2. If they are hospitalized
3. If the treatment is investigational, experimental, or unproven (i.e., facilitated communication, hippotherapy)

APPLICABLE PROCEDURE CODES: The codes listed below require prior authorization and are taken directly from the ABA Coding Coalition

(2021) (https://abacodes.org/sitemap). CPT	Description	CHP, MKT, Essential, M+ Gold,	Medicaid
97151	Behavior identification assessment, administered by physician or other qualified healthcare professional, each 15-minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardians/caregiver, administering assessments, and discussing findings and recommendations, and non-face to face	√	√

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 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 patient's, each 15-minutes	√	√
97155	Adaptive behavior treatment with protocol modification administered by physician or other qualified healthcare 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 patient present), face-to-face with guardians/caregivers, each 15 minutes	√	√
97157	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes	√	√
97158	Group adaptive behavior treatment with protocol modification by physician or other qualified healthcare professional face-to-face with multiple patients, each 15 minutes	√	√

1. **APPLICABLE DIAGNOSIS CODES:**

CODE	Description
F84.0	Autistic Disorder
F84.2	Rett Syndrome

2. **REFERENCES:**
   - NYS Medicaid Applied Behavior Analysis Policy Manual (October 1, 2025)
   - NYS DOH Clinical Practice Guidelines on Autism Spectrum Disorder (2017)

- NYS DOH Medicaid Managed Care Plan Updates- COVID-19 & Applied Behavior Analysis Policy Updates (February 2023)
- American Academy of Pediatrics: Identification, Evaluation, and Management of Children with Autism Spectrum Disorder (January 2020)
- N.Y. Ins. Law §§ 3216(i)(25), 3221(l)(17), and 4303(ee)
- Social Services Law (SSL) section 365-a(3)(b
- Social Services Law (SSL), Section 505.39:
- Medicare CMS guidelines
- New York State Office of the Professions: Applied Behavior Analysis Article 167

REVISION LOG:

REVISIONS	DATE
Creation date	10/01/2021
Medicaid carve-in revisions	11/01/2022
Medicaid code expansion	04/01/2023
Limitation/Exclusion revisions	09/01/2023
Updates to policy	12/27/2023
Review period and Discharge Criteria revisions	01/01/2024
Annual Review	12/18/2024
Medicaid Supervision requirement revisions	10/28/2025
Concurrent review period revised	08/28/2026
Annual Review	10/20/2026

Approved:	Date:	Approved:	Date:
Jennifer Singarayer Digitally signed by Jennifer Singarayer Date: 2026.11.06 11:45:08 -05'00'		Sanjiv Shah MD Digitally signed by Sanjiv Shah MD Date: 2026.11.06 13:43:50 -05'00'	
Jennifer Singarayer, MD **Children's Behavioral Health** **Medical Director**		**Sanjiv Shah, MD** **Chief Medical Officer**	

Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating qualified healthcare provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication. MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.