

## Applied behavior analysis services FAQ for members and providers

### Effective October 1, 2021: Applied behavior analysis (ABA) services

#### 1. What are ABA services?

ABA is 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.

ABA is a therapeutic approach in understanding the relationship between learning how behavior works and real situations in the environment. Behavioral analysis helps us to understand:

- How behavior works.
- How behavior is affected by the environment.
- How learning takes place.

#### 2. What is the goal of ABA?

The goal of ABA services is increase behaviors that are useful and decrease behaviors that are harmful and affect learning.

#### 3. Who is eligible to receive services?

- Enrollees may be eligible for ABA if they are under the age of 21 and have received a diagnosis of autism spectrum disorder and/or Rett syndrome as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- The enrollee must be referred by a New York State (NYS) licensed and NYS Medicaid enrolled physician (including psychiatrists and developmental/behavioral pediatricians), psychologist, or psychiatric nurse practitioner.
- Referring providers should follow the criteria for diagnosing autism spectrum disorder found in the *DSM-5* and also outlined in the *Clinical Practice Guideline on Assessment and Intervention Services for Young Children with Autism Spectrum Disorders (ASD)*.

#### 4. Where can ABA services take place?

ABA services can be delivered in a private practice, settings where patients/clients reside full-time or part-time, clinics, hospitals, residences, and community settings.

#### 5. How does a member access ABA services?

Parents reach out to a participating ABA provider (we can provide referrals). The provider will ask some questions to determine appropriateness of request/referral and will request authorization from the health plan.

#### 6. ABA provider requirements:

- ABA services are provided by licensed behavior analyst (LBA), certified behavior analyst assistant (CBAA) working under the supervision of LBAs, or other individuals specified under Article 167 of NYS education law: <http://www.op.nysed.gov/prof/aba/abafaq.htm>.
- CBAAAs must be supervised by an LBA. LBAs bill for services of CBAAs under their supervision and can supervise up to six CBAAs.

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- LBAs may form a group practice. CBAAAs may work in a group practice but cannot own a group practice.
- The New York State Education Department (NYSED) recognizes *unlicensed aides* as individuals who can provide certain services and/or activities under the supervision of a *multi-disciplinary* team providing ABA services.
- LBAs and CBAAAs may work in any setting that may legally provide ABA services. Examples of such settings may include: private practice, settings where patients/clients reside full-time or part-time, clinics, hospitals, residences, and community settings.
- LBAs and CBAAAs must enroll in the NYS Medicaid program.
- Provider enrollment and maintenance information can be found at the following link:  
<https://www.emedny.org/info/ProviderEnrollment/index.aspx>:
  - LBAs can enroll as billing or ordering/prescribing/referring/attending (OPRA) non-billing provider (OPRA enrollment for Medicaid Managed Care [MMC] participation for providers not servicing fee for services [FFS] recipients).
  - CBAAAs enroll as an OPRA non-billing provider (CBAAAs cannot bill).
  - *Unlicensed aides* cannot enroll as a provider.

**7. Are authorizations required?**

Yes, authorizations are needed.

**8. Billing for ABA services:**

- Providers should bill on a professional claim.
- The plan will not reimburse providers for ABA services billed for less than 60 minutes (four units) per date of service. Reimbursement for ABA services in increments of 15 minutes can be billed once this date of service minimum has been met.
- Allowable CPT® codes for MMC:

Service description	Units	CPT codes	Authorization required
Behavior identification assessment	15 minutes of the physician’s or other qualified healthcare professional’s time face-to-face with patient 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.	97151	Yes
Behavior identification-supporting assessment	15 minutes face-to-face with patient.	97152	Yes
Adaptive behavior treatment by protocol	15 minutes face-to-face with patient.	97153	Yes
Adaptive behavior treatment with protocol modification	15 minutes face-to-face with patient.	97155	Yes

- **Note — Medicaid does not cover CPT codes 97154, 97156-97158**