MEDICAL REVIEW GUIDELINE

Applied Behavioral Analysis (ABA) Services

Adopted by Medical Care Management Committee on June 23, 2026
MCMC Approval Date: June 18, 2026

COMMUNITY HEALTH CHOICE
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Applied Behavioral Analysis Services

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures and therapy. This Guideline does not specifically address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

APPLIES TO

☒ STAR
☒ Health Insurance Marketplace
☐ STAR+PLUS
☐ CHIP/CHIP-P
☐ Medicare Advantage (i.e. D-SNP)

PURPOSE

The overall purpose is to define medical necessity for the following services: This Guideline is intended to facilitate the utilization management process by providing an overview of how Community appropriately determines medical necessity for Applied Behavioral Analysis (ABA) Services.

This Guideline is intended to facilitate the utilization management process by providing an overview of how Community appropriately determines medical necessity. The goal of Community in adopting this guideline is not to disrupt the physician-patient relationship nor to diminish physician autonomy. Instead, it is to promote patient safety and improved clinical outcomes through the adherence to evidence-based practices. Community has developed this Guideline via an ongoing process that includes a review of the most current evidence-based literature and input from clinical and program staff, and often from external clinical experts. Deeming a particular service or supply medically necessary, does not guarantee that the service or supply is covered and will be paid by Community for a particular member.

HCPCS 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
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

GUIDELINE

Community, respective of the member's plan coverage, follows the criteria and benefits set forth in the Texas Medicaid Provider Procedure Manual or the Marketplace Evidence of Coverage. This Guideline represents the minimum requirements to determine medical necessity for ABA services. ABA services for CHIP are not a covered benefit.

Definitions:

Autism Spectrum Disorder (ASD): A neurodevelopmental condition characterized by persistent differences in social communication and social interaction across multiple contexts, along with restricted, repetitive patterns of behavior, interests, or activities. Symptoms are present from early development, may vary in presentation and severity, and result in clinically significant impairment in social, occupational/educational, or other important areas of functioning. The diagnosis is made by a comprehensive diagnostic evaluation (see criteria).

Severity Level (DSM-5-TR): In autism spectrum disorder, DSM-5-TR assigns a severity level (Level 1, 2, or 3) to describe the amount of support needed for the core symptoms in each of two domains: (1) social communication and (2) restricted, repetitive behaviors. Level 1 indicates "requiring support," Level 2 "requiring substantial support," and Level 3 "requiring very substantial support." The severity level is required along with the diagnosis of autism spectrum disorder for the determination of medical necessity of ABA.

Applied Behavior Analysis (ABA): Applied Behavior Analysis (ABA) therapy, when provided as medically necessary treatment for autism spectrum disorder (ASD), is an evidence-based, individualized behavioral health intervention that uses principles of learning to increase functional skills (e.g., communication, social, adaptive, and safety skills) and decrease clinically significant maladaptive behaviors that interfere with health, safety, or

independence. ABA is typically delivered under the direction of a qualified clinician (e.g., a BCBA) and is guided by a comprehensive assessment and treatment plan with measurable goals, ongoing data collection, and periodic review to demonstrate meaningful progress across settings.

Board Certified Behavior Analyst (BCBA): A Board Certified Behavior Analyst (BCBA), often referred to as the Licensed Behavior Analyst (LBA) is a master's- or doctoral-level professional who holds certification from the Behavior Analyst Certification Board (BACB) and is qualified to conduct ABA assessments, develop and update behavior-analytic treatment plans, provide clinical oversight, and supervise other ABA staff. The BCBA supervises Board Certified Assistant Behavior Analysts (BCaBA) and Behavioral Technicians (BT). The BCBA is solely responsible for the delivery of ABA.

ABA therapy includes the following elements when the treatment is considered medically necessary:

- **Comprehensive assessment** (e.g., functional behavior assessment; standardized skill/adaptive measures as applicable)
- **Individualized treatment plan** with **functional, measurable goals** (often SMART goals)
- **Target behaviors and skill domains** (skill acquisition plus reduction of clinically significant maladaptive behaviors)
- **Behavior intervention procedures** (e.g., reinforcement-based strategies, prompting, shaping, chaining, antecedent strategies)
- **Data collection and measurement** during sessions
- **Ongoing analysis and program modification** based on data (treatment fidelity and responsiveness)
- **BCBA/qualified clinician supervision and direction**; defined roles for technicians/therapists
- **Caregiver/parent training** to support generalization and maintenance
- **Generalization and maintenance planning** across settings (home, community, school-related transitions as appropriate)
- **Progress reviews and re-authorizations/reevaluations** at required intervals
- **Transition/discharge planning** with objective criteria

ABA Provider Requirements

Services must be provided by or supervised by a BCBA that has a current, unrestricted Texas license. The BCBA is the direct supervisor of:

- BCaBA-must have a current, unrestricted Texas license. The BCaBA implements the behavior interventions designed or approved by a BCBA, provides direct ABA services as delegated by the BCBA, and converts BCBA-developed goals into teaching procedures. The BCaBA assists with data collection

and analysis for routine or periodic assessments and monitor member progress. The BCBA must develop the treatment plan. The BCaBA may supervise the BT if acting under the BCBA's supervision.

- BT-refers to a high school graduate-level paraprofessional. The BT must be certified (RBT, BCAT, or ABAT). BTs may not change the treatment plan. The BT may not conduct the ABA assessment.

PROCESS FOR REVIEW

1. Criteria for ABA Initial Assessment (97151) to Receive ABA Services

A referral for an ABA assessment must include all the following documentation:

- A signed and dated referral from a physician or allowed practitioner. The referral may come from the primary care provider or the diagnosing provider. The order must be submitted on the Texas Standard Prior Authorization Form (TSPA).
- For Medicaid requests, the Comprehensive Care Program (CCP) form signed by the ordering practitioner must also be submitted along with the TSPA form.
- A copy of the full diagnostic evaluation is required, including the field or specialty of the evaluating professional, the date of diagnosis, and the standardized diagnostic assessment tool or combination of tools used. These should be the most current editions, selected as appropriate for age and clinical needs, for example, the Autism Diagnostic Observation Schedule [ADOS], the Autism Diagnostic Interview-Revised (ADI-R), the Childhood Autism Rating Scale, 2nd edition [CARS-2], or another validated tool when clinically appropriate. The diagnosis or re-evaluation of the diagnosis of autism spectrum disorder and severity level must be made within the last 3 years.
- The member has a confirmed diagnosis of autism spectrum disorder (ASD) based on the criteria in the DSM-5-TR by a healthcare professional who is licensed to practice independently*. Documentation of diagnosis must include:
    - The clinical diagnostic evaluation including diagnostic tool(s) used in making the diagnosis
    - Documentation of the date or year of the initial ASD diagnosis
    - The diagnosis must include the severity level as outlined in the DSM-5-TR.
    - The diagnosis must include the name and credentials of the practitioner making the diagnosis and the date on which the diagnosis is made or confirmed.

*MEDICAID: The diagnosis of autism must be made by a Qualified Healthcare Provider:

- A developmental pediatrician
- Neurologist
- Psychiatrist
- Licensed psychologist
- An interdisciplinary diagnostic team may be composed of a physician or allowed diagnosing provider who may coordinate with providers specializing in autism for consultation as listed under the Interdisciplinary Diagnostic Team. Providers of the interdisciplinary diagnostic team must be qualified child specialists and have expertise in autism. The prescribing provider may use the documented results of a reliable, valid, standardized diagnostic assessment tool or combination of tools from the following disciplines:

- Any provider listed above
- Licensed clinical social worker
- Licensed professional counselor
- Licensed psychological associate
- Licensed specialist in school psychology
- Occupational therapist (OT)
- Speech-language pathologist (SLP)

- Assessments (97151) for Medicaid enrollees are not to exceed 6 hours. Assessments for Health Insurance Marketplace members require documentation with clear rationale of medical necessity that must support the number of hours/units requested.

2. ABA Assessment and Treatment Plan

The ABA Assessment and Treatment Plan (initial and re-evaluation) is considered **COMPLETE** when the following essential elements are included:

- The ASD diagnosis with severity level according to DSM-5-TR including date of diagnosis
- If the member is at least 6 years old, documentation of the member's school enrollment status (school level, part-time/full-time, home schooled) or documentation of exemption from compulsory school attendance. The number of hours the member attends school should be documented. If the member is home schooled, the documentation will state who is performing the education. The member's parent or caregiver signature on the ABA assessment attests to the home-schooled status.
- Documentation of the member's ABA history with start of care date, including therapy with other providers and/or gaps in treatment
- Validated, scored assessments of cognitive abilities and adaptive behaviors (e.g., Vineland Adaptive Behavior Scales, the Adaptive Behavior Assessment Scale (ABAS), VB-MAPP or ABLLS) and a functional behavior assessment
- Therapy goals that are functional: specific to the member, objectively measurable, attainable by the member, relevant to the member's core symptoms of ASD, and limited in a specified time frame (S.M.A.R.T.)
- The planned frequency and duration of the member's therapy
- Parent or caregiver goals that pertain to the basic principles of the member specific ABA treatment and the application of the behavioral intervention in the home and community
- The planned frequency and duration of the parent or caregiver training
- ABA therapy transition plan and specific to included measurable discharge criteria. Plans for transition to school should be included if member is home schooled
- Signed and dated by the BCBA
- Signed and dated by the parent or caregiver

3. Initial Treatment of ABA Therapy (97153, 97154, 97155, 97156, 97158)

Initial treatment for ABA therapy will be authorized for

- 180 days for Health Insurance Marketplace Plan members.
- 90 days for Medicaid members and may be extended for an additional 90 days upon submission of required documentation.

Initial treatment of ABA therapy is considered medically necessary when all the following criteria are met:

- A signed and dated referral from a physician or allowed practitioner is included with the request.
- A COMPLETE ABA assessment (see above criteria) performed within 60 days of the requested start of therapy date

3a. MEDICAID: 90-day Extension of Initial ABA Authorization

An Additional 90 days may be authorized when all the following elements are submitted with the request:

- Attendance log that includes the percentage of scheduled sessions that were completed for both the member treatment session and parent or caregiver training sessions. Attendance logs include all recorded sessions AND a summary of the percent of sessions completed.
    - Members and parents or caregivers are expected to attend at least 85% of scheduled sessions. If attendance is below this level, the ABA therapist must include additional documentation to explain why the attendance was lower than expected and what measures have been implemented to return attendance to the expected level.
- Progress summary in the form of a treatment note signed and added by the BCBA and the parent or caregiver

4. Recertification for Continued Treatment with ABA (97153, 97154, 97155, 97156, 97158)

Continuation of ABA treatment for an additional 180 days will be considered medically necessary when all the following documentation requirements are met:

- A signed and dated referral from a physician or allowed practitioner is included with the request. in the form of the Texas Standard Prior Authorization Form
- For Medicaid the CCP form signed by the ordering practitioner must also be submitted along with the TSPA form.
- A **COMPLETE** ABA Assessment and Treatment Plan (see above) is updated to include:
    - Baseline and current data for all validated scored standardized assessments of cognitive abilities and adaptive behaviors to show the degree of progress
    - Progress made in the member's treatment plan to note the measured progress toward functional goals for addressing targeted behaviors and skill acquisition
    - Documentation that surmises whether the member's behavior and skills have improved in a meaningful way in at least 2 settings

- Updated transition and discharge plan to include progress toward that plan

- Attendance log that includes the percentage of scheduled sessions that were completed for both the member treatment session and parent or caregiver training sessions. Attendance logs include all recorded sessions AND a summary of percent of sessions completed.
  - Members and parents or caregivers are expected to attend at least 85% of scheduled sessions. If attendance is below this level, the ABA therapist must include additional documentation to explain why the attendance was less than expected and what measures have been implemented to return attendance to the expected level to be reviewed for medical necessity.

5. Frequency and Duration of ABA Services

The frequency of ABA therapy must be commensurate with the member's needs and disability level. The frequency and duration of therapy should be based upon the functional goals of treatment, specific needs of the member, and the member response to treatment.

ABA therapy should begin in early childhood, ideally by the age of 2-3, and typically lasts 3-4 years depending on the member's response to treatment.

The hours per week determined to be medically necessary include the sum of direct therapy by a technician (97153) and supervised therapy for intervention or protocol modification (97155). Typically, supervised therapy is provided for 1-2 hours per 10 hours of direct treatment.

MEDICAID: Direct treatment for the member is limited to a total of 8 hours per day, inclusive of procedure codes 97153, 97154, 97155, and 97158.

The total hours of medically necessary ABA per week are determined on an individual basis and are a function of the member's symptom severity of:

1) maladaptive behaviors
2) social/communication deficits
3) impairment of self-care support skills

ABA should be provided at the lowest level of intensity (frequency) that is appropriate to the member's needs and treatment goals.

High Frequency (more than 20 hours per week) may be considered when member meets 2 or more of the following criteria:

- 6 years of age or younger
- ASD Severity Level 2 or 3
- Goals related to maladaptive behaviors (elopement, aggression, or self-injury) that are severely impairing
- Member is within 2 years of initiating ABA

Moderate Frequency (6-20 hours per week) may be considered when member meets 2 or more of the following criteria:

- 12 years of age or younger
- ASD Severity Level 2 or 3
- Goals related to maladaptive behaviors (elopement, aggression, or self-injury) that are severely impairing
- Member is within 4 years of initiating ABA

Targeted/Focused (5 hours per week/20 hours per month any distribution) may be considered when the member meets 2 or more of the following criteria:

- Age 1-20 years
- ASD diagnosis, any severity level
- Goals related to integration of specific skills into daily activities

Maintenance level (2-4 hours per week or less) may be considered when the member meets all the following criteria:

- Age 1-20 years
- ASD diagnosis, any severity level
- Goals related to the integration of specific skills into daily functioning
- Documentation shows a risk of regression after completion of more intensive ABA intervention

6. Criteria for the Reduction or Discontinuation of ABA

As the member's skills and behaviors improve based on progress toward goals and standardized testing, it is expected that the transition plan is followed and services are expected to be reduced or transferred to a lower level of care. Titration and/or discontinuation of ABA therapy should occur when the following conditions are met (not an all-inclusive list):

- Poor or sporadic attendance may negatively impact the effectiveness and outcomes of ABA. Consistent attendance below 85% without documentation to explain the attendance and support for the medical need for continuation of ABA. ABA hours may be reduced or discontinued.
- The member has made significant progress and met ABA treatment plan goals and no longer needs the requested hours or is no longer in need of ABA services.
- The member has not made clinically significant progress toward treatment goals or maximum benefit has been reached after successive review periods despite modification to the treatment plan.
- Inability of the member to participate in ABA services due to medical or social reasons
- ABA assessment shows ABA treatment plan progress that is not durable and applicable in the community setting despite modifications to the treatment plan over multiple review periods.

7. Exclusions

The following services are excluded for ABA services (not a benefit according to plan or considered not medically necessary):

- ABA addressing academic goals or educational content that is part of school enrollment
- Treatment goals addressing ADL skill acquisition
- ABA addressing goals only related to performative social norms that do not contribute to the member's health, safety, or independence
- ABA delivered by a behavioral therapist in a school setting. ABA is not for shadowing, para-professional, or companion services in any setting
- ABA services that do not conform to the accepted standards of practice for effective treatment of ASD or are considered experimental or investigational (examples include, but are not limited to DIR Floortime, TEACCH, RDI, and Floortime—non-ABA interventions)
- Treatment solely for the benefit of the family, caregiver, or therapist or for symptoms/behaviors not part of core symptoms of ASD

REFERENCES

1. Texas Medicaid Provider Procedure Manual, Children's Services Handbook, Section 2. ABA Services. Available from: https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2026/2026-04-april/2_04_childrens_services.pdf [Accessed 2026 Apr 3]

2. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022

3. American Psychological Association [Internet]. APA Policy: Applied behavior analysis. 2017 [accessed 2026 Apr 3]. Available from: https://www.apa.org/about/policy/applied-behavior-analysis

4. Council of Autism Service Providers [Internet]. Applied behavior analysis practice guidelines for the treatment of autism spectrum disorder. Guidance for healthcare funders, regulatory bodies, service providers, and consumers. Third Edition. 2024 [accessed 2026 Apr 3]. Available from: https://www.casproviders.org/asd-guidelines

5. Hyman SL, et al.; Council On Children With Disabilities, Section On Developmental And Behavioral Pediatrics. Identification, evaluation, and management of children with autism spectrum disorder. Pediatrics. 2020 Jan;145(1):e20193447. Epub 2019 Dec 16.

6. American Psychological Association [Internet]. Diagnosing and managing autism spectrum disorder. 2024 May 1 [accessed 2026 April 3]. Available from: https://www.apa.org/topics/autism-spectrumdisorder/diagnosing

7. Samelson D, Pfingston B, Sneed L. Dosage in Applied Behavior Analysis: Effect on Adaptive Behavior, Goal Attainment, and Dangerous Behavior. J Autism Dev Disord. 2026 Jan 9. doi: 10.1007/s10803-025-07203-1. Epub ahead of print. PMID: 41511730.

8. Sandbank M, Pustejovsky JE, Bottema-Beutel K, et al. Determining Associations Between Intervention Amount and Outcomes for Young Autistic Children: A Meta-Analysis. JAMA Pediatr. 2024;178(8):763–773. doi:10.1001/jamapediatrics.2024.1832

9. Texas Insurance Code: Title 8: Health Insurance and Other Health Coverages: Subtitle E: Benefits Payable Under Health Coverages: Chapter 1355: Benefits for Certain Mental Disorders: Subchapter A: Group Health Benefit Plan Coverage

This Guideline is reviewed annually and is approved by the Medical Care Management Committee.

POLICY HISTORY (reviews and revisions)	Date	Approval Date
Policy developed	May 2026	