Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Applied Behavioral Analysis (ABA) for Commercial Products and Tufts Health Direct

Effective: July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☒ No ☐
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).

For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

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.

For Harvard Pilgrim Health Care Members:

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation – via HPHConnect Clinical Upload or secure fax (800-232-0816)

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Researched and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions here). Members may access materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742

For Tufts Health Plan Members:

To obtain InterQual® SmartSheets™"

- **Tufts Health Plan Commercial Plan products:** If you are a registered Tufts Health Plan provider click here to access the Provider Website. If you are not a Tufts Health Plan provider, please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888-884-2404
- **Tufts Health Public Plans products:** InterQual® SmartSheet(s) available as part of the prior authorization process

Tufts Health Plan requires the use of current InterQual® Smartsheet(s) to obtain prior authorization.

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual® SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number indicated above, according to Plan

Overview

The Plan covers Applied Behavioral Analysis (ABA) Therapy for Members with a definitive diagnosis of an Autism Spectrum Disorder (ASD) and/or Down Syndrome for applicable plans in Massachusetts, when it is medically necessary and the benefit is part of Member's plan.

ABA includes 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. Involvement by parents [legal guardians] is considered essential to long-term treatment success; parents [legal guardians] are taught to continue behavioral modification training.

Clinical Guideline Coverage Criteria

The Plan requires the use of the following InterQual® Subsets or SmartSheets to obtain prior authorization for Applied Behavioral Analysis:

- Initial Applied Behavior Analysis Assessment
- Applied Behavior Analysis (ABA) Program-Applied Behavior Analysis Assessment
- Applied Behavior Analysis (ABA) Program-Applied Behavior Analysis Consultation with other providers or agencies or school personnel
- Applied Behavior Analysis (ABA) Program-Applied Behavior Analysis Parent or Caregiver Training
- Applied Behavior Analysis (ABA) Program-Applied Behavior Analysis Supervision
- Applied Behavior Analysis (ABA) Program-Applied Behavior Analysis Treatment

Modification to InterQual Criteria:

- ABA criteria will include Down Syndrome as an additional qualifying diagnosis (in applicable States) when requirements are met. Please see diagnosis code list.
- For ABA Requests for ages 13–20, the Plan will not use the age-related “Limited Evidence”. Age alone will not initiate secondary review. Standard InterQual criteria apply.

For Massachusetts Commercial and Direct Plans please use the following form:
Massachusetts Standard Form For Applied Behavioral Analysis Services Prior Authorization Request

For all other States please use the following form:

Autism Spectrum Disorder Services Prior Authorization Request Form

Limitations

The Plan considers ABA therapy for Autism Spectrum Disorder as not medically necessary for the following:

1. Services that are primarily educational in nature
2. “Services related to autism spectrum disorder provided by school personnel pursuant to an individual education program are not subject to reimbursement” [1]
3. Treatment that is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, Higashi (Daily Life Therapy)
4. Personal training or life coaching

Codes

The Member must have one of the following ICD-10 diagnoses to be considered for coverage

Please refer to the Applied Behavioral Analysis (ABA) Services Payment Policy for information regarding billing of these services

Table 1: ICD-10 Codes

Code	Description
F84.0	Autistic disorder

[1] Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism

Code	Description
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: ICD-10 Codes

***In addition to the above, the following codes are applicable to Massachusetts Products only**

Code	Description
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified

Table 3: CPT/HCPCS Codes-The following code(s) require prior authorization

Please note that the following codes apply to **Harvard Pilgrim Health Care and Tufts Health Plan Commercial** Products

^Codes are Applicable to Harvard Pilgrim Health Care Commercial Products Only

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
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
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.
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

Code	Description
	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

*Please note that the following codes apply to **Tufts Health Direct** only

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

References:

1. Maine State Legislature. Title 24-A, §2768: Coverage for diagnosis and treatment of autism spectrum disorders. Maine Revised Statutes. Updated 2025. Accessed June 17, 2025. https://legislature.maine.gov/statutes/24-A/title24-Asec2768.html
2. Massachusetts General Court. Chapter 207 of the Acts of 2010: An Act Relative to Insurance Coverage for Autism. *Session Laws*. Approved August 3, 2010. Accessed June 17, 2025. https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter207
3. Massachusetts General Court. General Laws, Chapter 32A, Section 25: Insurance coverage for diagnosis and treatment of autism spectrum disorder. *Massachusetts General Laws*. Updated 2025. Accessed June 17, 2025. https://malegislature.gov/Laws/GeneralLaws/PartI/TitleIV/Chapter32A/Section25
4. Massachusetts General Court. Chapter 388 of the Acts of 2024: An Act Relative to Applied Behavioral Analysis Therapy. Approved January 9, 2025. Available at: https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter388. Accessed September 11, 2025.
5. New Hampshire General Court. Chapter 328, Laws of 2010: An Act Relative to Insurance Coverage for Autism Spectrum Disorders. *New Hampshire Session Laws*. Approved July 23, 2010. Accessed June 17, 2025. https://www.gencourt.state.nh.us/legislation/2010/HB569.html
6. Rhode Island General Assembly. Title 27, Chapter 20.11: Autism Spectrum Disorders. Rhode Island General Laws. Updated 2025. Accessed June 17, 2025. https://webserver.rilegislature.gov/Statutes/TITLE27/27-20.11/INDEX.HTM

Approval And Revision History

June 18, 2025: Reviewed by the Medical Policy Approval Committee (MPAC)
Subsequent endorsement date(s) and changes made:

- August 20, 2025: Reviewed by MPAC. Addition of Coverage for ABA for Down Syndrome in accordance with Mass. General Laws c.176G § 4V-1/2 | Mass.gov effective 1/1/26. H0031 and H0032 removed from list of applicable codes for HPHC Commercial.
- December 2025: Administrative updates effective January 1, 2026
- January 21, 2026: Reviewed by MPAC, added note regarding modification to InterQual criteria for ABA requests for members ages 13-21; effective March 1, 2026
- May 20, 2026: Reviewed by MPAC for 2026 InterQual Update, effective July 1, 2026

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.