Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines: **Applied Behavior Analysis (ABA) Including Early Intervention for Tufts Health RITogether**

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

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.

Overview

Applied behavioral analysis (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. "Involvement by parents [legal guardians] is considered essential to long-term treatment success; parents [legal guardians] are taught to continue behavioral modification training."[8]

Applied Behavioral Analysis (ABA) services are defined according to the Behavior Analyst Certification Board as the following:

"ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior."

Types of ABA include, but are not limited to, discrete trial training, verbal behavioral intervention, and pivot response training. Parental and caregiver involvement in the process and continued use of the strategies outside of the formal sessions is important for the success of the treatment in the long-term.

The individual ABA treatment plan is developed by a Licensed, Applied Behavior Analyst. The actual one-on-one sessions are typically provided by behavioral technicians or paraprofessionals with services ranging in hours of Member contact per

week based on the severity of symptoms and intensity of treatment. The technician is supervised by the Licensed, Applied Behavior Analyst.

Treatment may be provided in a variety of settings, such as at home and in the community. ABA services covered under a health benefit plan are typically delivered by a contracted and credentialed provider in a home or community setting. Services provided in a school setting are distinct and separate from those covered by the health plan and are typically covered by the educational system's special education resources as part of the Individual Education Plan (IEP) pursuant to Public Law 94-142.

ABA is typically an extremely intensive treatment program designed to address challenging behavior as defined in our admission criteria. It can occur in any number of settings, including, home, agencies, and hospitals.

Early intervention services are covered for members under age 3 years old. Early intervention services[1] means, but is not limited to, speech and language therapy, occupation therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices for dependents from birth to age three (3); who are certified by the Department of Human Services as eligible for services under Part C of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Section 1471 et seq.). Early intervention coverage is limited to a benefit of $5,000[2] per dependent child member per calendar year.

The Plan may authorize ABA therapy visits, for Members <15 years of age.

Clinical Guideline Coverage Criteria

After a comprehensive evaluation and a referral (as needed) when **ALL** of the following are met:

ADMISSION CRITERIA

The Plan considers admission for ABA Therapy as reasonable and medically necessary when **ALL** of the following criteria are met:

1. Member has received a comprehensive diagnostic and/or functional assessment (e.g., ABLLS-R, Vineland-II, ADI-R, ADOS-G, CARS2, VB-MAPP, or Autism Behavior Checklist), which include **ALL** of the following:
    a. Complete medical history includes pre-and perinatal, medical, developmental, family, and social elements; **and**
    b. Physical examination, which may include items such as growth parameters, head circumference, and a neurologic examination; **and**
    c. Detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of ASD and its associated comorbidities. A diagnostic evaluation must include the scores from the use of formal diagnostic tests and scales as well as observation and history of behaviors. Screening scales such as the MCHAT-R are not sufficient to make a diagnosis and will not be accepted as the only formal scale; **and**
    d. Medical screening and testing have been completed to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated; **and**
2. Member exhibits atypical or disruptive behavior that significantly interferes with daily functioning and activities or that poses a risk to Member or others related to aggression, self-injury, property destruction, etc.; **and**
3. Initial evaluation from a Licensed Applied Behavior Analyst supports the request for the ABA services; **and**
4. The diagnostic report clearly states the diagnosis and the evidence used to make that diagnosis; **and**
5. If early intervention: Member, <3 years of age, has a valid referral from their primary care physician to early intervention services and has been accepted by early intervention for intensive services.
    a. From initial evaluation through the entire course of treatment, all the requirements listed in the Rhode Island Executive Office of Health and Human Services early intervention certification standards policies and procedures must be met.[3]

CONTINUING STAY CRITERIA

The Plan considers continuation of ABA Therapy as reasonable and medically necessary for ASD when **ALL** of the following are met:

[1] Rhode Island General Laws, Chapter 27-41-68

[2] 100% of Early Intervention Services in excess of $5,000 will be paid at the current State-approved Medicaid rate.
[3] Rhode Island Executive Office of Health and Human Services Early Intervention Certification Standards, April, 2016.

1. Member's condition continues to meet admission criteria for ABA, either due to continuation of presenting problems, or appearance of new problems or symptoms; **and**
2. There is reasonable expectation that the individual will benefit from the continuation of ABA services. Treatment planning is individualized and appropriate to the Member's changing condition with realistic and specific goals and objectives stated. The treatment plan is updated based on treatment progress including the addition of new target behaviors; **and**
3. Initial assessment from a Licensed Behavior Analyst supports the request for ABA services; **and**
4. Member's progress is monitored regularly evidenced by behavioral graphs, progress notes, and daily session notes. The treatment plan is to be modified, if there is no measurable progress toward decreasing the frequency, intensity and/or duration of the targeted behaviors and/or increase in skills for skill acquisition to achieve targeted goals and objectives; **and**
5. There is documented skills transfer to Member and treatment transition planning from the beginning of treatment; **and**
6. There is a documented active attempt at coordination of care with relevant providers/caretakers, etc., when appropriate. If coordination is not successful, the reasons are documented; **and**
7. Parent(s) and/or guardian(s) involvement in the training of behavioral techniques must be documented in Member's medical record and is critical to the generalization of treatment goals to Member's environment; **and**
8. Services are not duplicative of services that are part of an Individual Educational Plan (IEP) or Individual Service Plan (ISP) when applicable.

DISCHARGE CRITERIA

The Plan considers discharge from ABA Therapy as reasonable and medically necessary when **ONE** of the following is met:

1. Member's individual treatment plan and goals have been met; **or**
2. Member has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated; **or**
3. Member no longer meets admission criteria, or meets criteria for a less or more intensive services; **or**
4. Treatment is making the symptoms persistently worse; **or**
5. Member is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement or stabilization of challenging behavior and there is no reasonable expectation of progress; **or**
6. Home environment presents safety risks to staff[9]; **or**
7. Parent/guardian is not successfully following program rules[10]

Limitations

The Plan considers ABA therapy as not medically necessary for the following conditions**:**

1. Member has medical conditions or impairments that would prevent beneficial utilization of services.
2. Member requires the 24-hour medical/nursing monitoring or procedures provided in a hospital setting.
3. The services are primarily for school or educational purposes.
4. The treatment is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, and Higashi (Daily Life Therapy).

Codes

Table 1: CPT/HCPCS Codes

The following code(s) are associated with this service

Codes	Description
H2014	Specialized treatment consultation – occupational therapist, per 15 minutes
H2014-HO	Treatment consultation (master level clinician)
H2014-HP	Treatment consultation (doctoral level clinician)
H0046	Lead Therapy
H0046-HO	Clinical supervision – master level clinician. Behavioral health services, not otherwise specified
H0046-HP	Clinical supervision – doctoral level clinician. Behavioral health services, not otherwise specified
S9446	Patient Education – Social Skills Group

Codes	Description
T1013	Sign language or oral interpreter services, (up to 8 hours per month, 4 for supervision and 4 for parent training, not to be used with direct service)
T1016	Treatment Coordination
T1024	Home Based Therapy – Specialized Treatment/Treatment Support

References:

1. State of Rhode Island Executive Office of Health and Human Services, Certification Standards, Providers of HBTS (Inclusive of ABA), January 2016 accessed January 4, 2024
2. State of Rhode Island, EOHHS Applied Behavior Analysis (ABA) Therapy Fact Sheet, Rev. 3/1/2016.
3. Contract between State of Rhode Island and Providence Plantations EOHHS and Tufts Health Public Plans, Inc., for Medicaid Managed Care Services, March 1, 2017, Attachment O: Mental Health, Substance Use and Developmental Disabilities Services for Children.
4. Rhode Island Executive Office of Health and Human Services Early Intervention Certification Standards, April 2016.
5. The Executive Office of Health and Human Services, State of Rhode Island, Provider Manuals & Guidelines, CEDAR Family Centers, Certification Standards Providers of Home-Based Therapeutic Services: Accessed at eohhs.ri.gov/providers-partners/provider-directories/cedarr-services; on August 2, 2021
6. Comparative Effectiveness Review of Intensive Behavioral Intervention for Treatment of Autism Spectrum Disorder, Comparative Effectiveness Review Mar 13, 2019, Annual Review: Jun 5, 2020. Available at hayesinc.com. Last accessed August 24, 2021.
7. Geller, 1972; Lovaas, 1987; Smith et al, 2000; Butler et al., 2003; Shea, 2004 quoted in Hayes, Inc., Intensive Behavioral Intervention Therapy for Autism., 2012; page 7
8. EOHHS, State of Rhode Island, Applied Behavior Analysis (ABA) Therapy Fact Sheet, rev. January 2016

Approval And Revision History

August 18, 2021: Reviewed by the Medical Policy Approval Committee (MPAC), removal of codes H0031, H0032, H2012, H2019, S9128, S9129, and S9131. Addition of codes H0046, S9446, T1013, T1016, and T1024.

Subsequent endorsement date(s) and changes made:

- September 15, 2021: Reviewed by IMPAC, renewed without changes
- April 5, 2022: Template updated
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- October 24, 2023: Template updated
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- December 20, 2023:Reviewed by MPAC. Removal of PA for ABA with EI service, Removal of Table diagnosis code of Autism requirement for ABA as directed by RI EOHHS. Document will be maintained as a coverage guideline effective February 1, 2024.
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 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.