

Applied Behavior Analysis Medical Necessity Criteria

Last Updated: 10/19/2023

Service Type:

0094 EPSDT Outpatient Psychiatric Services

Procedure Code:

97153, 97154, 97155, 97156, 97157, 97158, 0373T

Admission Criteria

All of the following criteria must be met:

- The youth must have a current psychiatric diagnosis as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or have a provisional psychiatric diagnosis as developed by an LMHP when no definitive diagnosis has been made.
- The youth must meet at least two of the following criteria on a continuing or intermittent basis:
 - Non-verbal or limited functional communication and pragmatic language, unintelligible or echolalic speech, impairment in receptive and/or expressive language;
 - Severe impairment in social interaction /social reasoning /social reciprocity/ and interpersonal relatedness;
 - Frequent intense behavioral outbursts that are self-injurious or aggressive towards others;
 - Disruptive obsessive, repetitive, or ritualized behaviors; or
 - Difficulty with sensory integration;
 - There is a family/caregiver available to participate in this intensive service.

Continued Stay Criteria

Within the past thirty (30) calendar days, the youth has continued to meet the admission criteria for ABA as evidenced by at least one of the following:

- The youth's symptoms/behaviors and functional impairment persist at a level of severity adequate to meet admission criteria;
- The youth has manifested new symptoms that meet admission criteria and those have been documented in the ISP;
- Progress toward identified ISP goal(s) is evident and has been documented based upon the objectives defined for each goal, but not all of the treatment goal(s) have been achieved. To consider approval for continued stay requests, documentation will be reviewed and should demonstrate active treatment and care coordination through all of the following:
 - An individualized ISP with evaluation and treatment objectives appropriate for this level of care and type of intervention;
 - Progress toward objectives is being monitored as evidenced in the 30-calendar day ISP review documentation;
 - The youth and family/caregiver are actively involved in treatment, or the provider has documented active, persistent efforts that are appropriate to improve engagement;

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- The type, frequency and intensity of interventions are consistent with the ISP;
- The provider has developed an individualized discharge plan that includes specific plans for appropriate follow-up care. If youth does not meet criteria for continued treatment, ABA may still be authorized for up to an additional 10 calendar days under any of the following circumstances:
 - There is no less intensive level of care in which the objectives can be safely accomplished; or
 - The youth can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the youth to be discharged directly to a less intensive community service rather than to a more restrictive setting; or
 - The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available.

Discharge Criteria

The provider must terminate ABA if the service is no longer medically necessary. The service is no longer deemed medically necessary if one of the following criteria is met within a 30-day time period:

1. No meaningful or measurable improvement has been documented in the youth's behavior(s) despite receiving services according to the ISP; there is reasonable expectation that the family and /or caregiver are adequately trained and able to manage the youth's behavior; and termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment.
2. Treatment is making the symptoms persistently worse or youth is not medically stable for ABA to be effective;
3. The youth has achieved adequate stabilization of the challenging behavior and less intensive modes of therapy are appropriate;
4. The youth demonstrates an inability to maintain long-term gains from the proposed ISP; or
5. The family and/or caregiver refuses or is unable to participate meaningfully in the behavior treatment plan.

If there is a lapse in service for more than 30 consecutive calendar days, the provider must discharge the youth from services and notify the FFS Contractor or MCO. If services resume after a break of more than 30 consecutive calendar days, a new service authorization request including a new assessment and ISP must be submitted to the FFS Contractor or MCO.