

AN EVALUATION *of*
**UTAH MEDICAID
APPLIED BEHAVIOR
ANALYSIS SERVICES**



**Inspector General of
Medicaid Services**

**EVALUATION
REPORT**

E2026-04
August 2026

TABLE OF CONTENTS

EVALUATION SCOPE AND OBJECTIVES	1
METHODOLOGY	1
INTRODUCTION	2
BACKGROUND.....	3
AUTISM SPECTRUM DISORDER	4
APPLIED BEHAVIOR ANALYSIS	5
PREVIOUS ABA SERVICE AUDIT AND INVESTIGATION FINDINGS.....	7
AN OVERVIEW OF THE UTAH MEDICAID PROVIDER MANUAL FOR ASD SERVICES	12
UTAH MEDICAID ABA SERVICES FOR ASD.....	13
ASD DIAGNOSTIC REQUIREMENTS.....	13
ADAPTIVE BEHAVIOR SERVICES	14
BEHAVIOR ANALYSIS ASSESSMENTS	16
ADAPTIVE BEHAVIOR TREATMENT	18
SERVICE DELIVERY SETTINGS	20
PROVIDER REQUIREMENTS	22
SCOPE OF PRACTICE	24
CASE SUPERVISION.....	24
DOCUMENTATION REQUIREMENTS	26
BILLING AND CODING REQUIREMENTS	27
SUMMARY.....	28
APPENDICES.....	29
APPENDIX A: ABA TREATMENT MODELS.....	30
APPENDIX B: EXAMPLES OF ABA TECHNIQUES	32
APPENDIX C: PROVIDER REQUIREMENTS.....	33
APPENDIX D: PROVIDER CODING CROSSWALK.....	34
APPENDIX E: ABA COMMON RED FLAGS	35
GLOSSARY OF TERMS	36
UOIG CONTACTS AND STAFF ACKNOWLEDGEMENT	41
ATTACHMENT A: UTAH MEDICAID ASD PROVIDER MANUAL - JANUARY 2026	42



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EVALUATION HIGHLIGHTS

E2026-04

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WHAT IS AUTISM SPECTRUM DISORDER?

Autism Spectrum Disorder (ASD) is a neurological and developmental disorder affecting how an individual interacts with others, learns, and behaves. ASD is characterized by some degree of difficulty with social interaction and communication, as well as by limited and repetitive behavior patterns. The symptoms of ASD can vary widely by individual. Early identification and treatment can reduce symptoms and enable the individual to learn and build new skills.

The Utah Office of Inspector General of Medicaid Services (UOIG) initiated this evaluation of Applied Behavior Analysis (ABA) services used in the treatment of ASD due to increased concerns regarding billing patterns and improper payments in several other states.

ABA treatment plans are designed by a qualified healthcare provider (QHP) and/or a Board-Certified Behavior Analyst (BCBA) and delivered by a Board-Certified Assistant Behavior Analyst (BCaBA), Behavior Analyst in Training (BAIT) or a certified Behavior Technician (BT).

Medicaid members are entitled to autism screenings starting at 18 months of age at no charge. If screening results indicate additional evaluation is needed, the member is referred to a qualified provider for diagnostic testing. Medicaid members diagnosed with ASD are eligible for medically necessary treatment, including ABA therapy, under Utah Medicaid's Fee-for-Service (FFS) model. ABA services are evidence-based therapeutic approaches intended to improve behaviors, including social, functional, and academic skills. Services also focus on providing support and coaching to caregivers and may include group behavior therapy.

ABA IS THERAPY BASED ON THE SCIENCE OF LEARNING AND BEHAVIOR

Applies an understanding of how behavior works to real situations	Increases helpful behaviors	Increases language and communication skills	Decreases problem behaviors	Improves attention, focus, social skills, memory, and academic performance
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COMMON ABA SERVICE AUDIT FINDINGS

- Authorized ABA services are missing the required approval documentation
- Missing or incomplete treatment plans
- Providers billing for ABA services without possessing the proper credentials or providing required supervision
- Providers billing for an unusually high number of hours or sessions
- Session notes are missing signatures or are signed prior to the end of the session
- Missing required documentation
- Billing for activities that do not qualify as ABA services (naptime, recreational activities, etc.)
- No medical necessity established
- Provided documentation conflicts with the medical record

**According to audits and investigations in Florida, Indiana, Massachusetts, Minnesota, Texas, and Wisconsin.*

EVALUATION SCOPE AND OBJECTIVES

The Utah Office of Inspector General of Medicaid Services (UOIG) initiated an evaluation of Applied Behavior Analysis (ABA) services used in the treatment of Autism Spectrum Disorder (ASD) due to increased findings of fraud related to ABA services in several other states.

SCOPE

The scope of the evaluation period includes dates from January 1st, 2023, through December 31st, 2025. The report covers the background and application of ABA services used to treat individuals with ASD; along with an explanation of current Utah Medicaid policies; federal and state regulations related to ABA service delivery; professional licensing requirements and standards; proper documentation; and billing requirements.

OBJECTIVES

1. Research and document Utah Medicaid ABA treatment guidelines including allowed service units, prior authorization (PA) requirements, qualified age ranges, billing modifiers, delivery modes, service settings, and documentation requirements for covered ABA services
2. Document allowable ABA provider types, license requirements, scopes of practice, and supervision requirements
3. Create a crosswalk of provider types to ABA billing codes using data collected through objective #2 to assist UOIG staff in determining if ABA services were rendered by a qualified provider

METHODOLOGY

UOIG accomplished the evaluation objectives by researching the scientific literature related to the use of ABA services in the treatment of ASD, followed by a review of the Utah Medicaid Provider and Autism Spectrum Disorder Services manuals, and applicable federal and state laws and regulations. UOIG also reviewed professional publications from ABA Provider organizations; The U.S. Dept. of Health and Human Services Office of Inspector General (HHS-OIG) ABA service audits completed in Indiana, Maine, and Wisconsin; and presentations related to recent fraud cases in Florida, Massachusetts, Minnesota, and Texas. UOIG auditors and investigators also communicated with Utah Medicaid policy analysts regarding common questions and challenges related to ABA providers and services.

INTRODUCTION

The Utah Department of Health and Human Services (DHHS) is the single state agency responsible for administering the state Medicaid program. Utah's Medicaid programs currently cover over 333,000 individuals throughout the state as of April 2026.¹ The federal government provides most of the funding for the State's Medicaid program provided through several funding formulas. The Federal Medical Assistance Percentage (FMAP), calculated based on the state's population and per capita income, makes up most of the federal dollars allocated to the state. In Federal Fiscal Year (FFY) 2025, Utah received a 64.36% match rate. The rate decreased in FFY 2026 to 62.46%.² In FFY 2027, Utah will receive a match rate of 61.95%.³ According to the latest available data, Utah Medicaid expenditures reached approximately \$5.3 Billion total in federal and state dollars, with the state funding \$1.7 billion of the total (SFY 2024).⁴

Due to its size and complexity, Medicaid is vulnerable to fraud, waste, and abuse. Recent scrutiny has centered on several services considered to be high-risk, including ABA therapies. ABA is an evidence-based therapeutic approach intended to improve behaviors in individuals diagnosed with ASD. The costs associated with ABA treatment have greatly increased across the country in recent years.

Our evaluation determined that Utah DHHS disbursed over \$235 million dollars in payments for ABA services during the evaluation time-period (January 1, 2023 – December 31, 2025), including \$55 million in 2023, \$75 million in 2024, and \$105 million in 2025. After expanding the time-period to include 2020, 2021, and 2022 data, we found payments amounting to \$18.7 million, \$24.5 million, and \$33.4 million respectively, bringing the total amount spent over those three years to \$76.5 million. The total sum of ABA payments between 2020 and 2025 was approximately \$311.7 million, indicating a 90.68% increase in payments during the time frame of our evaluation (2023-2025) and a 461.78% increase between 2020 and 2025.⁵

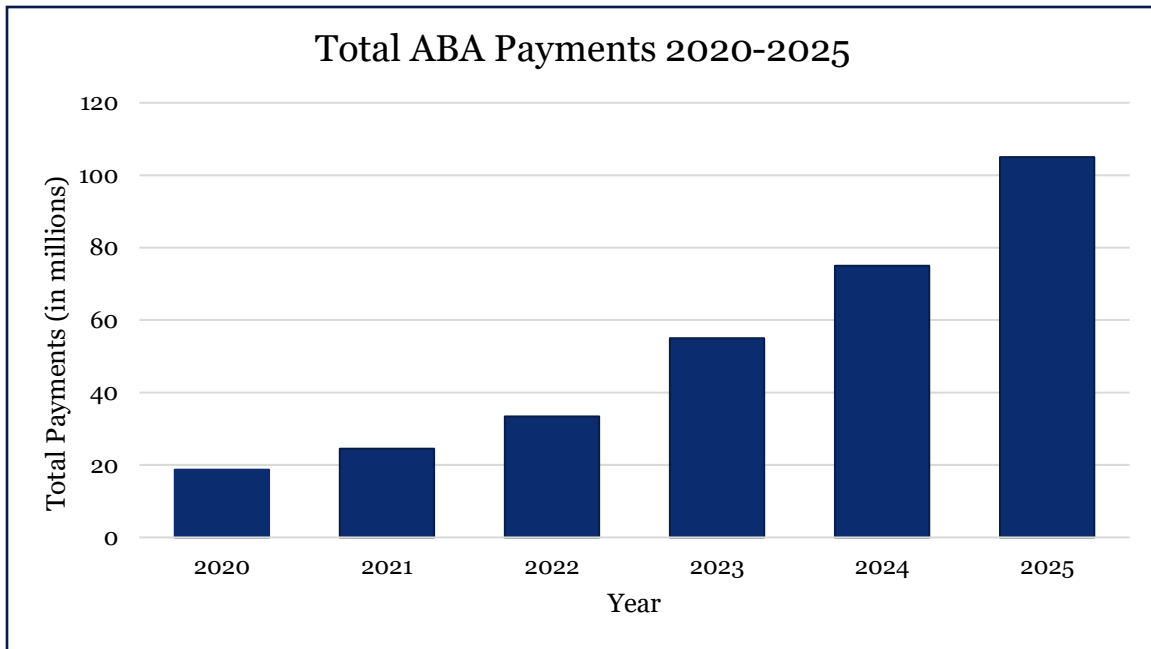
¹ "Utah Medicaid Enrollment Report dashboard", [medicaid.utah.gov](https://medicaid-documents.dhhs.utah.gov/Documents/enrollment/Medicaid-Enrollment-REPORT-Dashboard.html), (April 2026), accessed May 19, 2026, <https://medicaid-documents.dhhs.utah.gov/Documents/enrollment/Medicaid-Enrollment-REPORT-Dashboard.html> (Click on "Download Full Dataset (Excel)" at bottom of page to download current data)

² "Medicaid's Federal Medical Assistance Percentage (FMAP)", [Congress.gov](https://www.congress.gov/crs-product/R43847#_Ref292706755), accessed May 19, 2026, https://www.congress.gov/crs-product/R43847#_Ref292706755

³ Federal Register Vol. 90, No. 227, Friday, November 28, 2025/Notices, accessed May 19, 2026, <https://www.govinfo.gov/content/pkg/FR-2025-11-28/pdf/2025-21332.pdf>

⁴ Maddy Oritt and Natalie Roney, "Medicaid Funding 101", *Kem C. Gardner Policy Institute* (January 2025), accessed May 19, 2026, <https://d36oiwf74r1rap.cloudfront.net/wp-content/uploads/2025/02/Medicaid-Jan2025.pdf>

⁵ Data source: PRISM. Data analyzed using R/Posit software. Data between 2020-2022 may be incomplete due to major PRISM upgrades in 2023 and the COVID-19 Pandemic from 2020-2023. Dollars do not include recoveries.



BACKGROUND

Utah was one of the first states to offer ABA services for children diagnosed with ASD through the Medicaid waiver program. The Centers for Medicare and Medicaid Services (CMS) approved Utah’s Autism Waiver (1915(c)) in 2012. The waiver allowed a limited number of children aged 2-6 to receive autism therapy services, including ABA.⁶

In 2014, CMS released a bulletin clarifying that states are required to make sure the Early and Periodic Screening, Diagnostic, and Treatment benefit (EPSDT) covers preventive and diagnostic services. States are also required to ensure that families of enrolled children have access to a broad range of treatment services to meet the individual needs of each child.⁷ The bulletin specifically directed state Medicaid programs to cover screening for ASD under the EPSDT benefit. States are also required to refer children for further diagnostic testing and treatment when a screening in examination indicates the need for further evaluation. Utah Medicaid’s EPSDT benefit covers autism screening at ages 18 and 24 months as part of a well-child checkup at no cost to Medicaid members. The benefit also covers screening of older

⁶ Utah Division of Integrated Care, Office of Healthcare Policy and Authorization, email message to auditor, May 14, 2026

⁷ Cindy Mann, “CMCS Information Bulletin: Clarification of Medicaid Coverage of Services to Children with Autism”, [medicaid.gov](https://www.medicaid.gov/federal-policy-guidance/2020-01-10/56501), (July 7, 2014): 1-4, accessed January 15, 2026, <https://www.medicaid.gov/federal-policy-guidance/2020-01-10/56501>

children when medically indicated. If a screening indicates a child is at risk for ASD, the child is referred to a specialist for a formal diagnostic evaluation.⁸

The CMS bulletin also recommended treatment and services for children with ASD to improve physical and mental development, including ABA services.⁹ CMS further noted the positive relationship between ASD treatments and improvements in physical and mental development. Treatment modalities for ASD are generally grouped into four categories: 1) behavioral and communication approaches; 2) dietary approaches; 3) medications; and 4) complementary and alternative medicine. ABA therapy incorporates the first category through evidence-based treatment models focused on behavior modification and improving communication skills.

The goal of ABA is to improve outcomes among individuals diagnosed with ASD.¹⁰ Following the CMS bulletin, Utah started transitioning ASD services from the waiver to a defined state plan benefit. On July 1, 2015, Utah Medicaid officially transitioned ASD services to the EPSDT benefit as Fee-for-Service (FFS) and stopped accepting new enrollments. Children who were already receiving ASD treatment continued to receive services under the EPSDT benefit until the waiver expired in 2020. ASD treatment, including ABA services, are now a covered benefit under the state's FFS model.

AUTISM SPECTRUM DISORDER

ASD is a neurological and developmental disorder affecting how an individual interacts with others, learns, and behaves. ASD is characterized by some degree of difficulty with social interaction and communication. Individuals with ASD often engage in restricted and repetitive behavior patterns. Such behaviors include motor movements such as hand flapping, limited use of objects such as lining up toys, and/or stereotypic speech such as echolalia.¹¹ Other areas of impairment include difficulty in initiating and maintaining relationships.¹²

⁸ Division of Integrated Health, "Utah Medicaid Provider Manual: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services", *DHHS*, (January 2026):19, accessed January 26, 2026, <https://medicaid-documents.dhhs.utah.gov/Documents%2Fmanuals%2Fpdfs%2FMedicaid+Provider+Manuals%2FEPSDT+%28Formerly+Child+Health+Evaluation+And+Care+%28CHEC%29%29%2FEPSDT%28CHEC%297-26.pdf>

⁹ Cindy Mann, "CMCS Information Bulletin: Clarification of Medicaid Coverage of Services to Children with Autism", *medicaid.gov*, (July 7, 2014): 1, accessed January 15, 2026, <https://www.medicaid.gov/federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>

¹⁰ *Ibid.*, 1

¹¹ Henry S. Roane, et al., "Applied Behavior Analysis as Treatment for Autism Spectrum Disorder", *Journal of Pediatrics*, (August 2016): 1, accessed February 10, 2026, [https://www.jpeds.com/article/S0022-3476\(16\)30071-3/fulltext](https://www.jpeds.com/article/S0022-3476(16)30071-3/fulltext)

¹² *Ibid.*, 1

ASD is typically a lifelong diagnosis with symptoms that vary widely by individual.¹³ Early identification and treatment can reduce symptoms and enable the individual to learn and build new skills.¹⁴ Autism related services are available to help develop, maintain, or restore functioning of individuals diagnosed with ASD. Services include speech, occupational and physical therapy, as well as behavior modification therapies such as ABA.¹⁵

APPLIED BEHAVIOR ANALYSIS

ABA focuses on how an individual's behavior interacts with environmental events. It has theoretical, experimental, and applied branches.¹⁶ The applied branch of the discipline involves using scientific principles and procedures discovered through basic and applied research to improve socially significant behavior to a meaningful degree.¹⁷

ABA services are evidence-based therapeutic approaches intended to improve behaviors, including social, functional, and academic skills. ABA services may also focus on adaptive learning skills; such as, fine motor dexterity, hygiene, grooming, domestic capabilities, punctuality, and job competence. ABA techniques guide clients in creating new behaviors and document the progress of each client according to a personalized treatment plan. Many studies published in peer-reviewed scientific journals have demonstrated the efficacy of ABA to help individuals with ASD build skills and reduce maladaptive behaviors.¹⁸

ABA therapy programs also focus on teaching linguistic and social skills. They are often highly structured and saturated with rewards and occasional punishments. ABA is widely accepted in clinical settings due to its evidence-based approach including procedures of careful documentation and measurement. The American Psychological Association (APA) has affirmed that ABA therapy, also referred to as behavior modification and learning theory, is an evidence-based practice and appropriately established within the scope of psychology.¹⁹

ABA interventions are based on scientific research and the direct observation and measurement of behavior and environment. ABA includes the design, implementation, and

¹³ Council of Autism Service Providers, "Applied behavior analysis practice guidelines for the treatment of Autism Spectrum Disorder: Guidance for healthcare funders, regulatory bodies, service providers, and consumers" [Clinical practice guidelines], *CASP*, (2024): 9, accessed January 27, 2026, <https://www.casproviders.org/asd-guidelines>

¹⁴ *Ibid.*, 39

¹⁵ Division of Integrated Healthcare, "Accessing Medicaid Autism Related Services: Frequently Asked Questions from Parents and Families", *Utah DHHS*, (2024): 1, accessed January 15, 2026, <https://medicaid-documents.dhhs.utah.gov/Documents/pdfs/Accessing%20ASD%20Services%20FAX%20V2.%207-15-24.pdf>

¹⁶ Association of Professional Behavior Analysts, "About Behavior Analysis", (2026): 1, *APBA*, accessed January 29, 2026, <https://www.apbahome.net/about-behavior-analysis>

¹⁷ *Ibid.*, 1

¹⁸ *Ibid.*, 1

¹⁹ American Psychological Association, "APA Policy: Applied Behavior Analysis", *APA*, (February 2017): 1, accessed February 10, 2026, <https://www.apa.org/about/policy/applied-behavior-analysis>

evaluation of instructional and environmental modifications by a Board-Certified Behavior Analyst (BCBA).²⁰

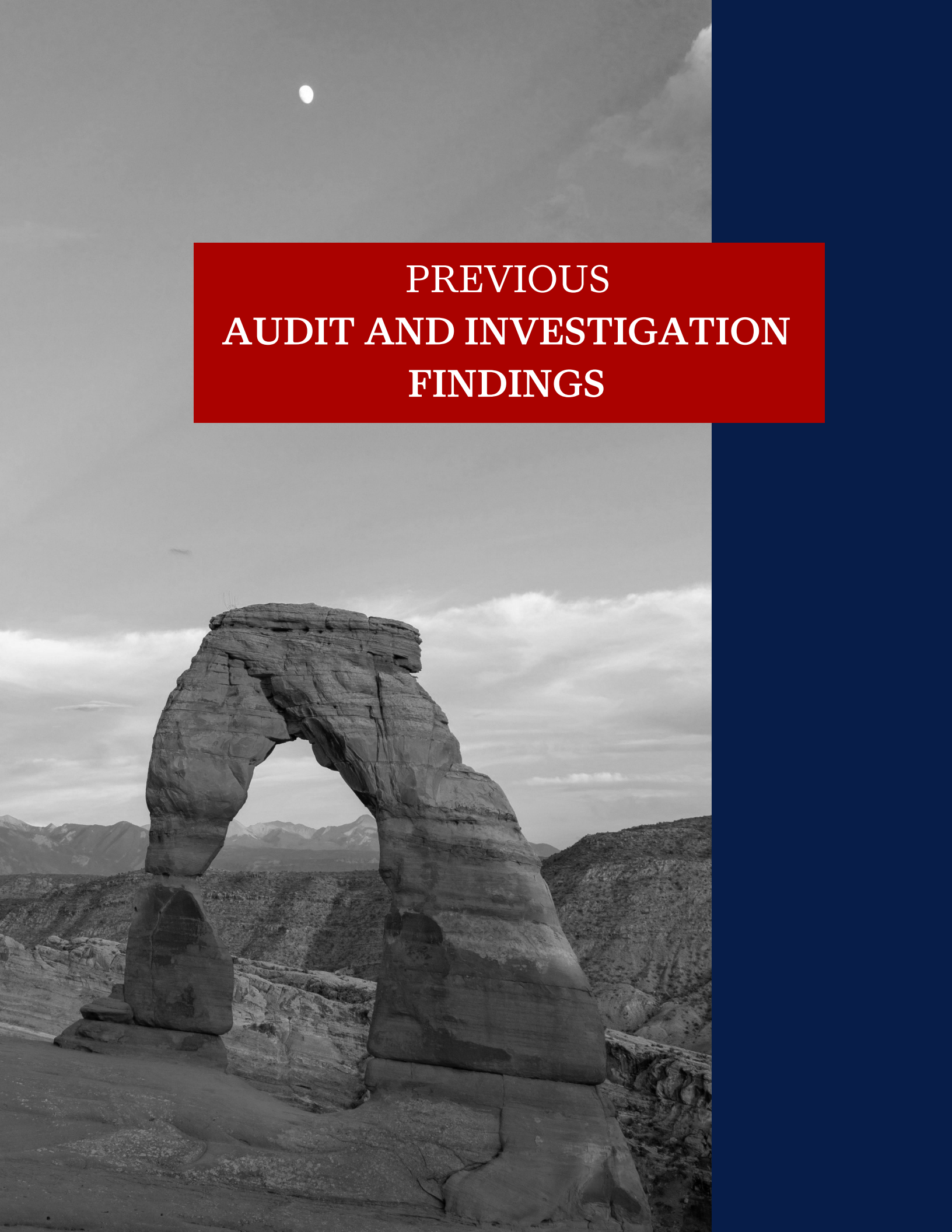
ABA providers use functional assessments and analyses to evaluate how separate environmental events impact and influence behavior.²¹ The intent is to find solutions for behavioral challenges and incorporate them into the treatment plan. The focus of ABA is on empowering autistic individuals to develop the necessary skills needed for independence and self-sufficiency.²² Providers who practice ABA therapy follow established quality controls governing the provision of ABA services. These controls include ethical codes of conduct, established training curricula, supervised practice, certification, licensure, and accreditation.²³

²⁰Association of Professional Behavior Analysts, “About Behavior Analysis”, (2026): 1

²¹ *Ibid.*, 1

²² Council of Autism Service Providers [CASP], “Facts about ABA for Healthcare Professionals”, 2

²³ *Ibid.*, 2

A black and white photograph of a natural rock arch, known as Nature's Window, in a desert landscape. The arch is made of layered sandstone and frames a view of distant, snow-capped mountains. The sky is cloudy, and a small white circle, possibly the moon, is visible in the upper left. A solid dark blue vertical bar runs along the right edge of the image.

PREVIOUS AUDIT AND INVESTIGATION FINDINGS

ABA SERVICE AUDIT & INVESTIGATION FINDINGS

In recent years, federal and state agencies have identified questionable billing patterns by some ABA providers in addition to evidence of state agencies disbursing improper payments to providers for unallowable services.²⁴

MASSACHUSETTS ABA FRAUD INVESTIGATIONS

In February of 2025, the Massachusetts Attorney General (AG) announced the conviction of an ABA service provider who billed the State's Medicaid program for ABA services that were never provided.²⁵ The evidence suggested that the provider pocketed at least \$33,000 in Medicaid funding. The AG indicted another provider on one count of Medicaid false claims and one count of larceny in May 2025 for billing more than \$1 million on services that were never rendered.²⁶

The Massachusetts AG's office noted several warning signs of ABA service fraud, including providers billing for PA amounts but not providing services, a lack of supervision of Behavior Technicians (BT), billing for BCBA services that were provided by a BT, missing required documentation, and billing for services up to the authorized amount, rather than for the amount of the actual services provided. The office used several investigative steps to determine fraud in ABA billing and emphasizes the importance of witness interviews, record reviews, and claims analysis.²⁷

HHS-OIG ABA AUDIT FINDINGS

The HHS-OIG published the results of ABA audits conducted in Indiana, Maine, and Wisconsin, over the last two years. Findings from each audit are summarized on the following pages:

²⁴ HHS-OIG. "Indiana Made at Least \$56 Million in Improper Fee-for-Service Medicaid Payments for Applied Behavior Analysis Provided to Children Diagnosed with Autism" (A-09-22-02002, December 2024): 2, accessed February 4, 2026, <https://oig.hhs.gov/reports/all/2024/indiana-made-at-least-56-million-in-improper-fee-for-service-medicaid-payments-for-applied-behavior-analysis-provided-to-children-diagnosed-with-autism/>

²⁵ Massachusetts AG, "Essex County Man Convicted Sentenced After Trial for Submitting False MassHealth Claims," Office of the Attorney General, (February 25, 2025), accessed January 15, 2026, <https://www.mass.gov/news/essex-county-man-convicted-sentenced-after-trial-for-submitting-false-masshealth-claims-for-autism-behavioral-health-treatment>

²⁶ Office of the Attorney General, "AG's Office Secures Indictments Against Randolph Autism Service Provider for Allegedly Submitting More than 1 Million in False Claims", (June 10, 2025), accessed January 15, 2026, <https://www.mass.gov/news/ags-office-secures-indictments-against-randolph-autism-service-provider-for-allegedly-submitting-more-than-1-million-in-false-claims>

²⁷ Presentation from the Massachusetts Attorney General's office, "Industry-Wide Enforcement Approaches to Applied Behavioral Analysis" (2025)

INDIANA

Indiana FFS payments for ABA increased from \$14.4 million in 2017 to \$101.8 million in 2020. As a result, HHS-OIG conducted an audit to determine if Medicaid FFS ABA payments in 2019 and 2020 complied with federal and state requirements.²⁸ HHS-OIG noted the following specific findings leading to improper payments:²⁹

- ✓ Session notes describing the type of ABA provided did not meet documentation requirements, or did not support the Current Procedural Terminology (CPT) code paid
- ✓ ABA was provided by staff who did not have the appropriate credentials
- ✓ ABA was provided to children who did not receive the appropriate diagnostic evaluations or treatment referrals required to receive ABA services

In many cases, the documentation was unreliable or did not contain enough details. Session notes often did not fully disclose the extent of services or the duration of those services and included potential non-therapy time. Some session notes also referred to non-covered activities.³⁰ Others referred to group activities even though payments were made for individual ABA services.³¹ The State agency also paid for ABA services even when the session notes did not include valid provider signatures or were signed by someone other than the rendering provider.³²

The audit also found the State agency paid for more units of ABA than the number of units supported by the session notes, including:

- ✓ Units of ABA that exceeded the overall time shown in the session notes
- ✓ Units billed for ABA services occurring during the same time other services were documented as occurring for a child (e.g., speech therapy)
- ✓ Units paid for children during their documented nap time
- ✓ Units paid for services that two BTs delivered to the same enrollee during the same timeframe as one another

In some cases, electronic notes were signed before the end of an ABA session or before a session even started.³³

HHS-OIG also found that the State agency did not provide effective oversight of FFS ABA payments or sufficient guidance to ABA facilities. The agency also did not perform post-

²⁸ HHS-OIG, “Indiana Made at Least \$56 Million in Improper Fee-for-Service Medicaid Payments for Applied Behavior Analysis Provided to Children Diagnosed with Autism”, 2

²⁹ *Ibid.*, 11

³⁰ For more information on Utah Medicaid non-covered services and activities, please see Utah Medicaid Provider Manual for Autism Spectrum Disorder Services (January 2026)

³¹ HHS-OIG, “Indiana Made at Least \$56 Million in Improper Fee-for-Service Medicaid Payments for Applied Behavior Analysis Provided to Children Diagnosed with Autism”, 12

³² *Ibid.*, 15

³³ *Ibid.*, 16

payment reviews of payments to verify if facilities complied with federal and state requirements related to documentation or provider credentials. Finally, the State's oversight of its PA contractor was also not sufficient to ensure that PAs were only approved for children with the required diagnostic evaluations and referrals to receive ABA services.³⁴

Based upon the results of the sample, HHS-OIG estimated improper payments of at least \$56.5 million (including \$39.4 million of the federal share) were disbursed, along with another \$76.7 million (including \$53.2 million of the federal share) of potential improper payments.³⁵

MAINE

Maine's state Medicaid agency, Office of MaineCare Services (OMS), administers MaineCare, the state's Medicaid program. At the time of the audit, ABA services were provided by a third-party agency, RCS Services.³⁶

Specifically, the HHS-OIG audit found that ABA services were provided to children who did not receive comprehensive assessments. In other cases, the documentation for assessments did not include signatures of the staff who conducted the assessments nor did it include caregiver signatures. HHS-OIG also noted several non-compliance issues with session notes including incomplete notes, missing provider credentials, inadequate service descriptions, billing for non-therapy time, or referring to unallowable recreational or academic activities as billable services.³⁷

The HHS-OIG audit estimated Maine made improper payments of at least \$45 million, including over \$28 million in federal dollars.³⁸ The HHS-OIG also found the State did not provide sufficient guidance to providers regarding documentation requirements for services and suggested that post-payment reviews by the State agency may have prevented improper payments from occurring.³⁹

³⁴ HHS-OIG, "Indiana Made at Least \$56 Million in Improper Fee-for-Service Medicaid Payments for Applied Behavior Analysis Provided to Children Diagnosed with Autism", 19-20

³⁵ *Ibid.*, 25

³⁶ HHS-OIG, "Maine Made at Least \$45.6 Million in Improper Fee-for-Service Medicaid Payments for Rehabilitative and Community Support Services provided to Children Diagnosed with Autism", (January 2026): 2, accessed February 4, 2026, <https://oig.hhs.gov/reports/all/2026/maine-made-at-least-456-million-in-improper-fee-for-service-medicaid-payments-for-rehabilitative-and-community-support-services-provided-to-children-diagnosed-with-autism/>

³⁷ *Ibid.*, 10-11

³⁸ *Ibid.*, 2

³⁹ *Ibid.*, 16-18

WISCONSIN

The State agency in Wisconsin began covering ABA for ASD in 2016.⁴⁰ The State offers two treatment models, a comprehensive treatment model and a focused treatment model through its ForwardHealth programs. Comprehensive treatment is a high-intensity early intervention model and typically lasts for one year or more. The goal of the model is for the member to develop a broad base of skills with an emphasis on “closing the developmental gap” between the member and their same-age peers. Focused treatment is time-limited and concentrates on specific behaviors or deficits at a decreased level of intensity over a 12-month timeline.

The HHS-OIG audit found several issues leading to improper payments, including:⁴¹

- ✓ Session notes that did not support the CPT code billed
- ✓ Session notes that did not support the number of units billed
- ✓ Session notes that did not support the dates of service billed
- ✓ Session notes that did not include the signatures of rendering providers

The HHS-OIG concluded that the improper payments occurred because the State agency did not require providers to document changes to existing treatment protocol or Plan of Care (POC) when providing treatment that included modification. Another factor noted by HHS-OIG was the absence of post-payment review of payments to ABA facilities to verify compliance. The audit findings estimated that approximately \$94.3 million (\$62.3 million of the federal share) in potentially improper payments related to session notes were paid for ABA services, including:⁴²

- ✓ Session notes that did not contain a full description of services provided or did not include the goals addressed and data collected
- ✓ Session notes that referred to recreational activities that may not have been allowable ABA activities
- ✓ Session notes that included potential non-therapy time
- ✓ Sessions billed with an incorrect rendering provider

⁴⁰ HHS-OIG “Wisconsin Made at Least \$18.5 Million in Improper Fee-for-Service Medicaid Payments for Applied Behavior Analysis Provided to Children Diagnosed with Autism” (July 2025): 7, accessed February 4, 2026, <https://oig.hhs.gov/reports/all/2025/wisconsin-made-at-least-185-million-in-improper-fee-for-service-medicaid-payments-for-applied-behavior-analysis-provided-to-children-diagnosed-with-autism/>

⁴¹ *Ibid.*, 14

⁴² HHS-OIG, “Wisconsin Made at Least \$18.5 Million in Improper Fee-for-Service Medicaid Payments for Applied Behavior Analysis Provided to Children Diagnosed with Autism”, 13

OVERVIEW



UTAH MEDICAID PROVIDER MANUAL AUTISM SPECTRUM DISORDER SERVICES

UTAH MEDICAID ABA SERVICES FOR ASD

The Division of Integrated Healthcare (DIH) within DHHS publishes several manuals to guide providers in decision-making. This report gives an overview of the Medicaid Provider Manual for Autism Spectrum Disorders. The manual should be used in conjunction with the Utah Medicaid Provider Manual Section I: General Information. Both manuals are updated regularly and are available as publications on the Utah Medicaid website, [Medicaid.utah.gov](https://medicaid.utah.gov). The manual is intended for FFS providers and outlines eligibility, coverage, billing, and documentation requirements for delivering and receiving payment for covered services.

Utah Medicaid covers ABA services for members who have received a valid ASD diagnosis by a clinician authorized under their scope of licensure and trained in the use and interpretation of ASD assessment tools. A referral from a Qualified Healthcare Professional (QHP) is necessary before a member may receive medically necessary ASD services including:⁴³

- ✓ Diagnostic assessments and evaluations
- ✓ Physical, occupational, speech and other therapies
- ✓ ABA therapy

See section 1-1: Autism Spectrum Disorder related services

Medicaid members may choose a Medicaid enrolled ABA service provider once they receive an ASD diagnosis and a referral from the diagnosing provider with a written prescription for ABA services. The ABA service provider will obtain the required documentation, including a behavior identification assessment and a developmental treatment plan, before submitting a PA request to Utah Medicaid for ABA services. Currently, ABA services are covered under Utah Medicaid from birth through adulthood.⁴⁴

See section 8: Programs and Coverage

See Section 10: Prior Authorization

ASD DIAGNOSTIC REQUIREMENTS

Utah Medicaid covers diagnostic testing for ASD when medically indicated. The ASD diagnosis must be made by a QHP. For Utah Medicaid purposes, a QHP is a physician, psychologist or

⁴³ Division of Integrated Healthcare, "Utah Medicaid Provider Manual: Autism Spectrum Disorder Services" DHHS, (January 2026): 4, accessed February 11, 2026, <https://medicaid-documents.dhhs.utah.gov/Documents%2Fmanuals%2Fpdfs%2FMedicaid+Provider+Manuals%2FAutism+Spectrum+Disorder+Services%2FAutismSpectrumDisorder.pdf>

⁴⁴ *Ibid.*, 17

other licensed clinician with specialized diagnostic training.⁴⁵ Only clinicians authorized under the scope of their licensure and trained in the use and interpretation of approved assessment tools may render an ASD diagnosis.⁴⁶ The ASD diagnostic evaluation process includes:⁴⁷

- ✓ Health, developmental, socioemotional, and behavioral histories
- ✓ Developmental, adaptive, and/or cognitive evaluations to determine the member's overall level of functioning
- ✓ Determination of the presence of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria required for ASD diagnosis based on evidence and standardized measures.

Utah Accountable Care Organizations (ACOs) do not pay for ASD services. However, If the member is enrolled with an ACO, they may receive diagnostic services from any willing provider on the ACO panel of providers. The provider must still be a Utah Medicaid enrolled provider and willing to bill Medicaid directly for diagnostic services. Utah Medicaid also allows members who are not enrolled with an ACO to seek diagnostic services from a QHP who is authorized to render the diagnosis. The QHP must be enrolled as a provider with Utah Medicaid and must be willing to bill Medicaid directly under the FFS model. A member may also contact the Local Mental Health Authority (LMHA) in their area and select a willing provider to provide services and bill Medicaid directly under the FFS model.⁴⁸

A copy of records, including a written ASD diagnosis by a QHP authorized under the scope of their licensure to render a diagnosis, must be submitted with the initial PA request for ASD services.⁴⁹

[See section 8: Programs and Coverage](#)

ADAPTIVE BEHAVIOR SERVICES

Most ABA services are created, provided, and overseen by a BCBA or a Licensed Psychologist specializing in behavior analysis and delivered by a Board-Certified Assistant Behavior Analyst (BCaBA), BT, or Behavior Analyst in Training (BAIT). ABA providers use evidence-based practices, including positive reinforcement to teach new skills and improve behaviors that

⁴⁵ Utah Division of Integrated Care, Office of Healthcare Policy and Authorization, email message to auditor, January 29, 2026

⁴⁶ Division of Integrated Healthcare, "Utah Medicaid Provider Manual: Autism Spectrum Disorder Services", 6

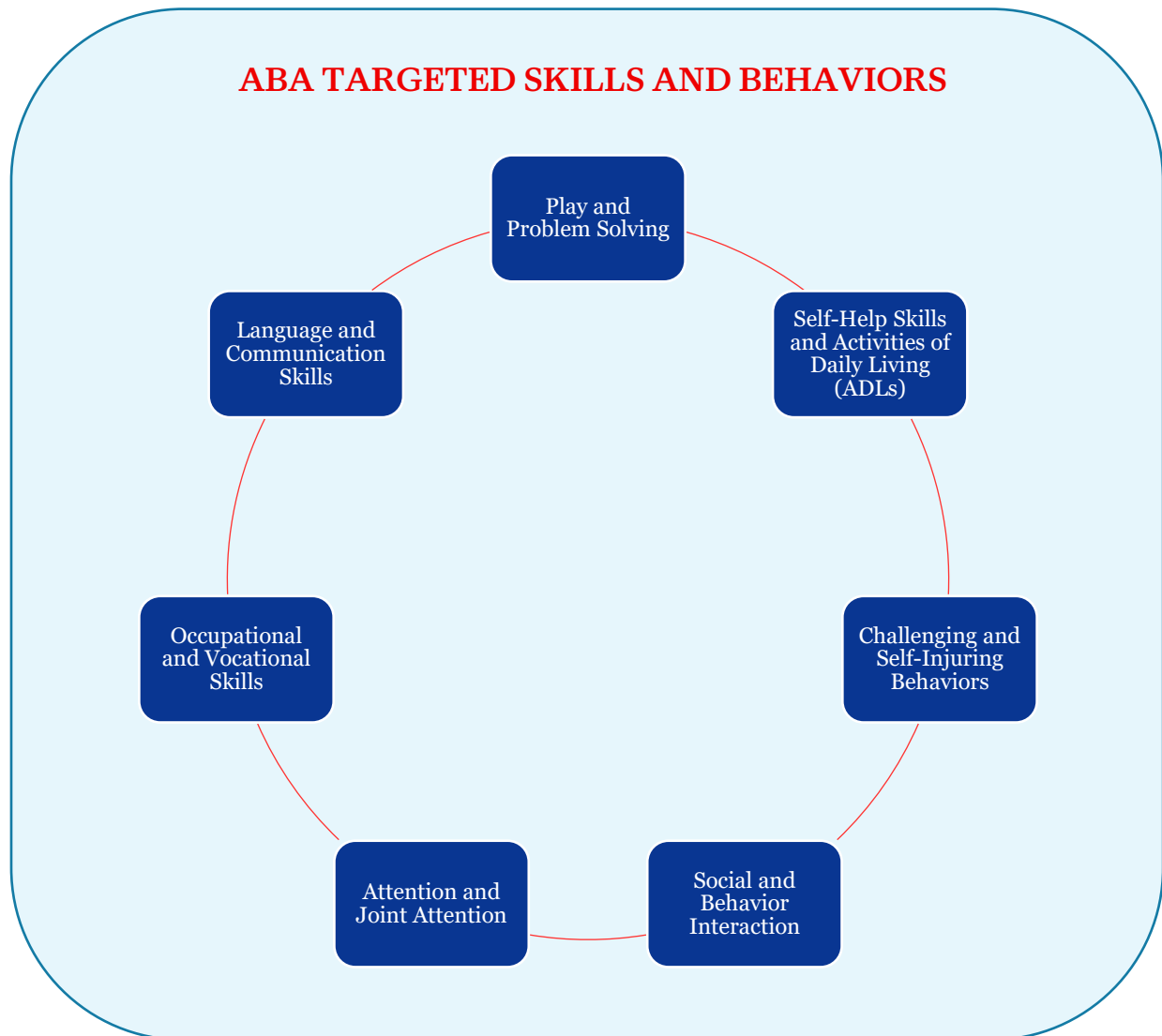
⁴⁷ *Ibid.*, 6

⁴⁸ Division of Integrated Healthcare, "Accessing Autism Related Services: Frequently Asked Questions from Parents and Families", 1

⁴⁹ *Ibid.*, 1-2

interfere with an individual's quality of life. ABA services may also include both individual and group therapy.

Parent training and family sessions are also covered. When individuals with ASD and their families are included in the planning of ABA treatment as part of a collaborative, interdisciplinary team, they are more likely to experience an increase in the quality of life than individuals who are not given the chance to participate in treatment planning.



Source: [Autism Society of America \(2023\), "ABA: Making Informed Decisions"](#)

BEHAVIOR ANALYSIS ASSESSMENTS

ABA assessments must be conducted by a QHP upon initiation of services and every 6 months thereafter. If a member needs a revision to their treatment plan or if they require a change in providers, Utah Medicaid will permit the reporting of an additional assessment, subject to post-payment review.⁵⁰

See section 8-2.2: Adaptive behavior analysis assessments

BEHAVIOR IDENTIFICATION ASSESSMENT

A behavior identification assessment is conducted by a QHP and can include identifying and documenting the following in addition to focused interviews with the primary caregiver(s):^{51, 52}

BEHAVIOR IDENTIFICATION ASSESSMENT	
☒	Analysis of pertinent past data (including medical diagnoses)
☒	A detailed behavioral history
☒	Patient observation
☒	Maladaptive behaviors
☒	Other impaired functioning secondary to deficient adaptive or maladaptive behaviors
☒	Impaired social skills
☒	Communication deficits
☒	Destructive behaviors
☒	Any additional functional limitations resulting from noted maladaptive behaviors

Other assessments include:

Functional Behavior Assessment (FBA): Descriptive assessment procedures designed to identify environmental events that occur just before and just after occurrences of potential target behaviors and that may influence those behaviors. The information may be gathered through interviews, checklists, rating scales, questionnaires and/or observation.⁵³

⁵⁰ Division of Integrated Healthcare, "Utah Medicaid Provider Manual: Autism Spectrum Disorder Services", 9

⁵¹ *Ibid.*, 9

⁵² *Ibid.*, 7

⁵³ *Ibid.*, 7

Functional Analysis (FA): An assessment for evaluating the separate effects of each of several environmental events on a target behavior by systematically presenting and withdrawing each event to a patient multiple times and observing and measuring occurrences of behavior in response to those events.⁵⁴

Standardized Instruments and Procedures: Behavior checklists, rating scales, and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way across all patients.⁵⁵

Non-Standardized Instruments and Procedures: Curriculum referenced assessments, stimulus preference assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to individual patient behaviors.⁵⁶

[See section 8-1: Definitions](#)

Behavior Identification assessments may be repeated on different days as necessary until complete. Examples of documentation include:⁵⁷

- ✓ A detailed history related to the patient's behavior
- ✓ Observations of behaviors
- ✓ Administration of standardized and non-standardized testing
- ✓ Focused interviews with the primary guardian or caregiver
- ✓ Non-face-to-face time reviewing and analyzing the information
- ✓ Scoring and interpreting the test results
- ✓ Discussing findings and recommendations with the primary caregiver(s)
- ✓ Preparation of the report
- ✓ Development of the POC

[See section 8-2.2: Adaptive behavior analysis assessments](#)

The treatment plan should outline the provider's POC and should document patient gains and progress, as well as any modifications to the plan. The medical record documentation must also include the total time spent on assessment activities and the start and end times when delivered over multiple days or sessions.⁵⁸

⁵⁴ Division of Integrated Healthcare, "Utah Medicaid Provider Manual: Autism Spectrum Disorder Services", 7

⁵⁵ *Ibid.*, 8

⁵⁶ *Ibid.*, 8

⁵⁷ *Ibid.*, 9

⁵⁸ *Ibid.*, 10

OUTCOME ASSESSMENTS

Outcome assessments must be completed by a QHP. They may be conducted utilizing standardized evidence-based tools or non-standardized assessment tools, including:⁵⁹

- ✓ A detailed behavioral history
- ✓ Patient observation
- ✓ Caregiver interview(s)
- ✓ Interpretation of results
- ✓ Discussion of findings and recommendations with the primary caregiver(s)
- ✓ Preparation of the report

See section 8-3.2: Assessments for measuring outcomes

ADAPTIVE BEHAVIOR TREATMENT

ABA services focus on setting treatment goals and targets established from a prior adaptive behavior assessment and include continuing assessments and adjustments of targets, goals, and protocols. Some of the objectives of this type of treatment include minimizing recurrent and/or other maladaptive behaviors and boosting communication, social skills, personal safety, and other adaptive functioning.

Techniques involve breaking down a larger category of adaptive skills into smaller, easy-to-measure units so the patient can focus on practicing a skill repeatedly until it becomes routine.⁶⁰ A detailed table of common techniques can be found in Appendix A.

See section 8-2.3: Adaptive behavior treatment

ABA TREATMENT MODELS

The foundational treatment model of ABA is the ABC model: Antecedents, Behavior, and Consequences. The model involves manipulating the antecedents and consequences of behavior with the intention of increasing, decreasing, or modifying the targeted behavior.⁶¹ Other common models include the Early and Intensive Behavioral Intervention (EIBI) and the Early Start Denver Model (ESDM). See Appendix A for detailed explanations of both models.

⁵⁹ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 12

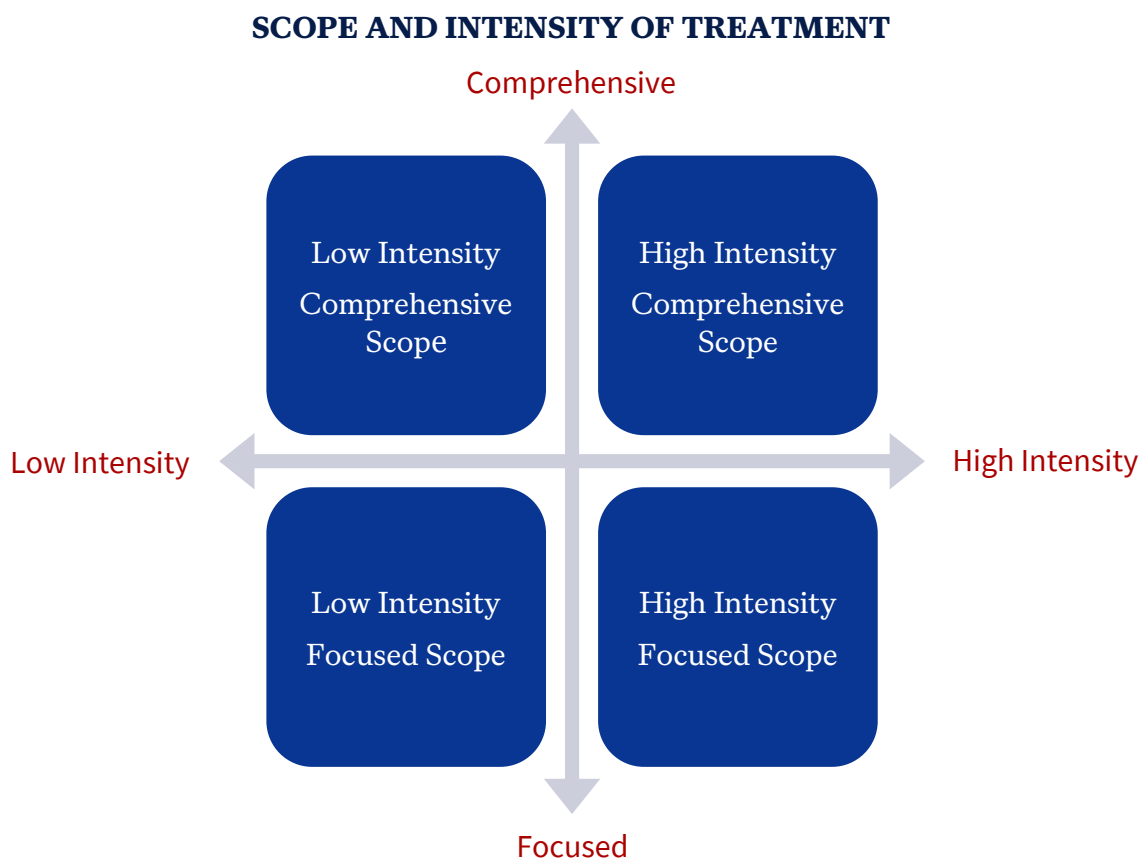
⁶⁰ *Ibid.*, 10-11

⁶¹ Mojgan Gitimoghaddam, et al., “Applied Behavior Analysis in Children and Youth with Autism Spectrum Disorders: A Scoping Review” *Perspectives on Behavior Science*, no. 45 (2022): 3, accessed February 11, 2026, <https://link.springer.com/article/10.1007/s40614-022-00338-x>

TREATMENT SCOPE AND INTENSITY

Providers determine the appropriate treatment scope based on the individual patient's needs and response to treatment. A comprehensive scope of treatment includes multiple goals across multiple domains, while a focused approach is narrower in scope and concentrated on one or two goals and domains.⁶²

Treatment intensity is based on the number of hours of direct services a patient receives each week. Focused ABA treatment generally ranges from 10-25 hours per week. Comprehensive treatment often requires 30-40 hours of treatment per week to address the greater number of targeted behaviors and goals. Both scope and intensity are delivered on a continuum of care based on what is medically necessary for the patient. Individuals with ASD improve with individualized treatment plans of varying degrees of intensity and scope. High-intensity comprehensive ABA treatment is associated with greater improvements intellectual, communication, and adaptive skills.



⁶² Council of Autism Service Providers, “Applied behavior analysis practice guidelines for the treatment of Autism Spectrum Disorder: Guidance for healthcare funders, regulatory bodies, service providers, and consumers”, 37-41

SERVICE DELIVERY SETTINGS

ABA services can be delivered in multiple settings on the same day in a variety of relevant naturally occurring settings in the home and community. Services may also be delivered in a clinic or center-based settings where the environment can be more easily controlled for specific interventions or coordination with other therapies, including group-based services.⁶³

Common examples of ABA behavioral health supports include activities intended to:

- ✓ Improve social skills
- ✓ Develop both receptive and expressive communication and language skills
- ✓ Reduce problematic or challenging behaviors; including, tantrums, aggression, self-injury, elopement, refusal, and property destruction
- ✓ Promote independence in daily routines such as dressing, eating, hygiene, and toileting
- ✓ Improve attention, focus, memory, and participation in learning activities
- ✓ Develop both fine and gross motor skills
- ✓ Teach skills necessary for independent living, such as managing money, cooking, and cleaning
- ✓ Build skills like self-monitoring, self-regulation, impulse control, and coping mechanisms

Pursuant to [UCA 63J-1-212](#) ASD services provided in any physical location, program, or setting (e.g., schools, specialized centers, residential programs, day treatment programs) already funded by state or federal financial assistance (including grants, appropriations or other monetary support) for the treatment of ASD associated behaviors must be reimbursed exclusively through their designated appropriations.⁶⁴

FACILITIES RECEIVING STATE OR FEDERAL FUNDING ARE RESPONSIBLE FOR:

- ✓ Informing third-party ABA providers of their funding sources and the scope of services covered by those funds
- ✓ Clear internal policies and procedures that prevent an overlap in the provision and billing of services that are already covered by state and/or federal funding

Utah Medicaid Autism Services Provider Manual, January 2026

⁶³ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 14

⁶⁴ *Ibid.*, 14

ABA PROVIDERS ARE RESPONSIBLE FOR:

- ✓ Verifying that the facility where services are provided is not receiving federal or state funding that would result in duplicate funding
- ✓ Proactively inquiring with facilities regarding their funding sources and the scope of services covered by those funds
- ✓ Submitting documented evidence of their due diligence in verifying funding status when requesting prior authorization
- ✓ Maintaining documentation in the member record

Utah Medicaid Autism Services Provider Manual, January 2026

See section 8-4: Service delivery settings

TELEHEALTH

Some ABA services, including assessments and supervision of a BCaBA or BT, may be provided through Telehealth. Documentation substantiating the clinical appropriateness of the Telehealth service must be submitted for approval.⁶⁵

The provider rendering Telehealth services may deliver services or supervise only one member or one group per session. Services must also be delivered synchronously, using real-time audio and video conferencing.⁶⁶

Telehealth does not cover:⁶⁷

- ✓ Adaptive behavior treatment administered by a technician
- ✓ Group adaptive behavior treatment administered by a technician
- ✓ Group adaptive behavior treatment with protocol modification administered by a QHP

Parent training services are covered when clinically appropriate per [Utah Admin. Code R414-42](#).

See section 8-3.4: Telehealth

⁶⁵ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 13

⁶⁶ *Ibid.*, 13

⁶⁷ *Ibid.*, 13

PROVIDER REQUIREMENTS

Each ABA provider must enroll as a Medicaid provider by signing a provider agreement. Medicaid enrolled providers delivering ABA services must follow the requirements in the provider enrollment agreement. Providers are also required to act within their scope of license and training as required per Utah Code, Title 58, Chapter 61, Part 1-6 [Psychologist Licensing Act](#), Part 7 [Behavior Analyst Licensing Act](#) and Utah Admin. Code R156-61 [Psychologist Licensing Act Rule](#) and R156-61a [Behavior Analyst Licensing Rule](#).

Utah Medicaid generally defines a QHP as an individual who by way of education, training, and licensure performs a professional service within their scope of practice and independently reports that professional service. In ABA therapy, a QHP may include a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), BCBA, or Licensed Psychologist. A QHP can hold a dual role as a BCBA, but they cannot bill a QHP-level evaluation code and a BCBA-level treatment code for the same patient during the same unit of time. They also need to separately enroll for each role under different Provider Allowable Codes (PAC) in the Provider Reimbursement Information System for Medicaid (PRISM) to bill as both a BCBA and QHP.⁶⁸

A BCBA or board-certified Behavior Analyst-Doctorate (BCBA-D) is responsible for planning and overseeing the patient's POC. BCBAs and BCBA-Ds also supervise BTs delivering services both directly and indirectly.

Utah Medicaid uses the term Behavior Technician to describe all BTs qualified to perform ABA services under the supervision of a BCBA. BTs must hold a certification that meets the approval of the National Commission for Certifying Agencies (NCCA). The certification must be submitted to Utah Medicaid as part of the provider enrollment process.⁶⁹ Utah Medicaid does not allow BTs to deliver services prior to sending in proof of certification.⁷⁰

BTs may also be referred to as Registered Behavior Technicians (RBTs). RBTs are certified by the Behavior Analyst Certification Board (BACB). The Qualified Applied Behavior Analyst Credentialing Board (QABA) issues certifications for Advanced Behavior Analyst Technicians (ABATs). Likewise, Utah Medicaid also accepts the Board-Certified Autism Technician (CBAT) issued by the Behavioral Intervention Certification Council (BICC). Utah Medicaid categorizes all individuals with approved certifications as BTs for billing purposes.

Claims submitted to Medicaid for services provided by a BAIT are covered when services are provided under the supervision of a licensed psychologist or BCBA and delivered in

⁶⁸ Utah Division of Integrated Care, Office of Healthcare Policy and Authorization, email message to auditor, January 29, 2026

⁶⁹ *Ibid.*, 1-2

⁷⁰ Utah Medicaid clarified its policy requiring BTs to hold certification prior to providing services in a letter dated December 19, 2025. The agency granted a 90 day "grace period" for providers to comply with the policy which ended on March 19, 2026.

accordance with Utah Code, Title 58, Chapter 61, Part 1-6 [Psychologist Licensing Act](#), Part 7 [Behavior Analyst Licensing Act](#) and Utah Admin. Code R156-61 [Psychologist Licensing Act Rule](#) and R156-61a [Behavior Analyst Licensing Rule](#).

Utah Medicaid maps professional titles of providers as defined in the Medicaid manual to the terminology used in the Behavior Licensing Act and Rule.⁷¹ A matrix is provided below:⁷²

MEDICAID MANUAL PROFESSIONAL TITLE	STATE CODE/RULE EQUIVALENT TITLE	NOTES
Board-Certified Behavior Analyst (BCBA)	Licensed Behavior Analyst (LBA)	Equivalent for Medicaid billing
Board-Certified Assistant Behavior Analyst (BCaBA)	Licensed Assistant Behavior Analyst (LaBA)	Must work under the supervision of an LBA
Behavior Technician (BT)	Certification Required Unlicensed	Often refers to Registered Behavior Technicians (RBT) certified by the national board (BACB) but can apply to any behavior technician certified in the provision of ABA therapy
Behavior Analyst in Training (BAIT)	Supervisee/Candidate	An individual in a master's program gaining supervised field hours

Prior to the 2015 Utah licensing act, Utah Medicaid also used the term Registered Behavior Specialist (RBS). These roles were specific to state divisions, such as the Utah Division of Child and Family Services (DCFS) and Juvenile Justice and Youth Services (JJYS).⁷³

Appendix B contains a detailed table of credential requirements for each provider type.

See section 3-1: Provider Credentials

⁷¹ Division of Integrated Healthcare, "Utah Medicaid Provider Manual: Autism Spectrum Disorder Services", 5

⁷² Utah Division of Integrated Care, Office of Healthcare Policy and Authorization, email message to auditor, January 29, 2026.

⁷³ *Ibid.*, 1-2

SCOPE OF PRACTICE

ABA services generally fall into the scope of practice for the following providers:⁷⁴

- ✓ Licensed Psychologists with a specialty in ABA therapy
- ✓ Behavior Analysts (BCBA or BCBA-D)
- ✓ Assistant Behavior Analysts (BCaBA)
- ✓ Behavior Analysts in training (BAIT)
- ✓ Behavior technicians (BT)

According to [UCA 58-61-702](#), the scope of the practice of behavior analysis is limited to:⁷⁵

- ✓ The design and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior
- ✓ Empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis
- ✓ Interventions based on scientific research and direct observation and measurement of behavior and environment
- ✓ Utilization of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions

CASE SUPERVISION

ABA treatment programs must be designed and supervised by a QHP and/or BCBA and are usually delivered by a BCaBA, BAIT or BT. The QHP/BCBA is responsible for all aspects of clinical direction, supervision, and case management, including activities of the BCaBA, BAIT or BT. Under the supervision of a QHP or BCBA, the BCaBA may:⁷⁶

- ✓ Perform clinical and case management support
- ✓ Assist in oversight of technicians
- ✓ Provide direct intervention

The QHP must have knowledge of each treatment team members ability to effectively carry out clinical activities before assigning them. They must also observe the BT implementing the plan, regardless of whether there is clinical support provided by a BCaBA or BAIT.⁷⁷

⁷⁴ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 1-2

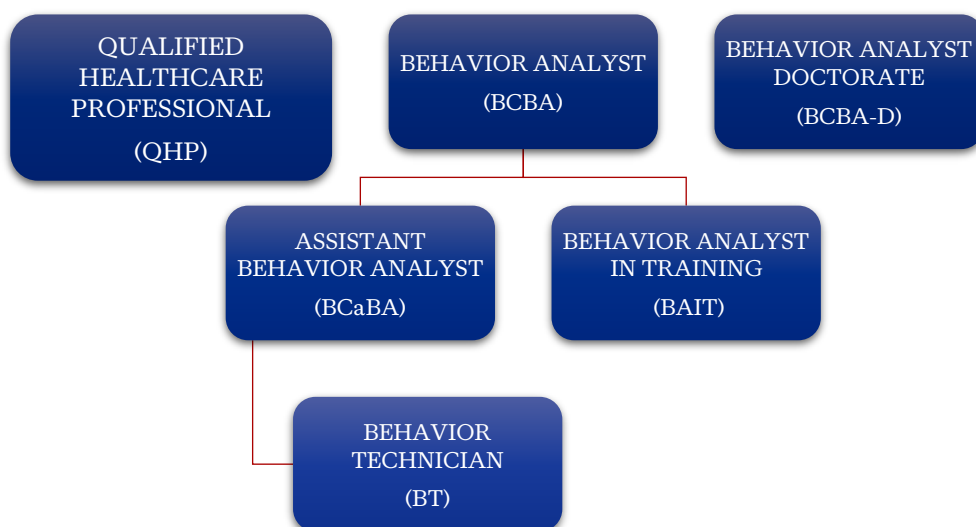
⁷⁵ Behavior Licensing Act, enacted 2015 G.S., accessed January 15, 2026, <https://le.utah.gov/xcode/Title58/Chapter61/58-61-S702.html>

⁷⁶ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 12-13

⁷⁷ *Ibid.*, 13

ABA individual treatment for ASD includes both direct and indirect supervision.⁷⁸ The provider is responsible for keeping record of direct and indirect supervision time. The QHP/BCBA is required to supervise a minimum of 10 percent of the time a member is receiving services. At least 50% of that supervision time must be direct supervision. Requests for additional 10% of direct supervision may be requested through the PA process. The QHP/BCBA must submit documentation supporting medical necessity with the PA request. The additional time must only be used for direct supervision.⁷⁹

ABA TIERED- SERVICE DELIVERY MODEL



[See section 8-3: Service Delivery Specifications](#)

Direct Supervision: A Licensed Psychologist and/or BCBA are either engaged directly with the member or directing a BT in implementing a modified protocol with the member.⁸⁰

Indirect Supervision: Activities involved in the ongoing monitoring of member progress and revising protocols, preparing for assessments or treatment sessions, scoring assessments, reviewing and analyzing data, and writing progress notes.⁸¹

[See section 8-2.3: Adaptive behavior treatment](#)

⁷⁸ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 10

⁷⁹ *Ibid.*, 13

⁸⁰ *Ibid.*, 10

⁸¹ *Ibid.*, 10

DOCUMENTATION REQUIREMENTS

Utah Medicaid may require additional documentation in addition to the examples below:⁸²

- ✓ Proof of license or certification from an accredited organization for each Utah Medicaid enrolled provider delivering ABA services
- ✓ A copy of the medical records that include the ASD diagnosis and the screening or evaluation instruments used (submitted with the initial PA request)
- ✓ Diagnostic assessment results used in the diagnosis of ASD
- ✓ The assessment's total time or the start and stop times of each session if the assessment is administered across multiple sessions
- ✓ The interpretation of the results and development of a treatment plan
- ✓ Written prescription/referral for ABA services from a QHP
- ✓ Successive progress review treatment plan gains and any modifications to the treatment plan with descriptions of progress and explanations for modifications to the treatment plan
- ✓ Session notes documenting treatment time and activities
- ✓ The length of time the BCBA spent engaged in direct and indirect supervision responsibilities
- ✓ The signature of the authorized BCBA providing services or supervising ABA services provided by a BCaBA, BAIT, or BT
- ✓ The provider billing for ABA services must be the provider who signs the session notes
- ✓ The signature must be for the correct date of service
- ✓ The appropriate credentials of the staff member delivering ABA services must be noted on the session notes and in the medical record
- ✓ Any supervision or training that occurred during the session

⁸² Division of Integrated Healthcare, "Utah Medicaid Provider Manual: Autism Spectrum Disorder Services", 1-28

**For more information, please see: the Utah Medicaid Autism Spectrum Disorder Provider Manual, Section I: General information (Ch. 4-6: Signature requirements), Medicaid billing policy (section 1, Ch. 11), federal Medicaid rule 42 CFR § 455.2, standard medical recordkeeping policy, Utah Department of Licensing rules (Utah Admin. Code R156-61a), AMA CPT coding standards and Utah Medicaid coverage policy*

BILLING AND CODING REQUIREMENTS

ABA is billed in units of 15 minutes with 1 unit equivalent to 15 minutes of direct or indirect service depending on the CPT code. The provider crosswalk located in Appendix D contains details regarding the number of allowable units under each CPT code. Services may also have a time unit limit under a specified time frame of days, weeks, or months. Providers cannot go over the number of units authorized in the specified time frame.⁸³

It is the responsibility of the provider to track utilization to ensure that they do not exceed the number of approved units over the authorization period. Providers are also responsible for reporting the appropriate billing codes. Providers can request more service units than the ABA limitations if they complete and submit a PA request form along with documentation to the PA Unit at the DIH.⁸⁴

When a BCBA or BCaBA provides direct intervention under CPT codes 97153 or 97154, the provider (QHP and/or BCBA) must not bill for BCBA level services.⁸⁵

CODING MODIFIERS

Utah Medicaid requires providers to report the following modifiers with ABA service CPT codes when applicable:

INDIVIDUAL THERAPY CODES⁸⁶

Direct and indirect case supervision services must be reported with the corresponding modifier to indicate the credentials of the supervising clinician. The supervision modifiers are listed below:

- ✓ HP – Psychologist or BCBA-D
- ✓ HO – BCBA
- ✓ HN – BCaBA or BAIT

⁸³ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 22-28

⁸⁴ *Ibid.*, 22-28

⁸⁵ *Ibid.*, 23

⁸⁶ *Ibid.*, 23

GROUP TREATMENT CODES⁸⁷

Services provided in a group setting must be reported with the corresponding modifier for group size:

- ✓ UN – 2 individuals
- ✓ UP – 3 individuals
- ✓ UQ – 4 individuals
- ✓ UR – 5 Individuals
- ✓ US – 6 or more individuals

TELEHEALTH⁸⁸

- ✓ “Service location 02” must be entered on the claim to indicate services that were provided by Telehealth. Telehealth services can only be billed for codes 97151, 97155, and 97156 and 97157.

SUMMARY

Research has demonstrated that ABA therapies have been successful in treating developmental, social, and functional deficits in individuals diagnosed with ASD. ABA providers use evidence-based practices, including positive reinforcement to teach new skills and improve behaviors that interfere with an individual’s quality of life.

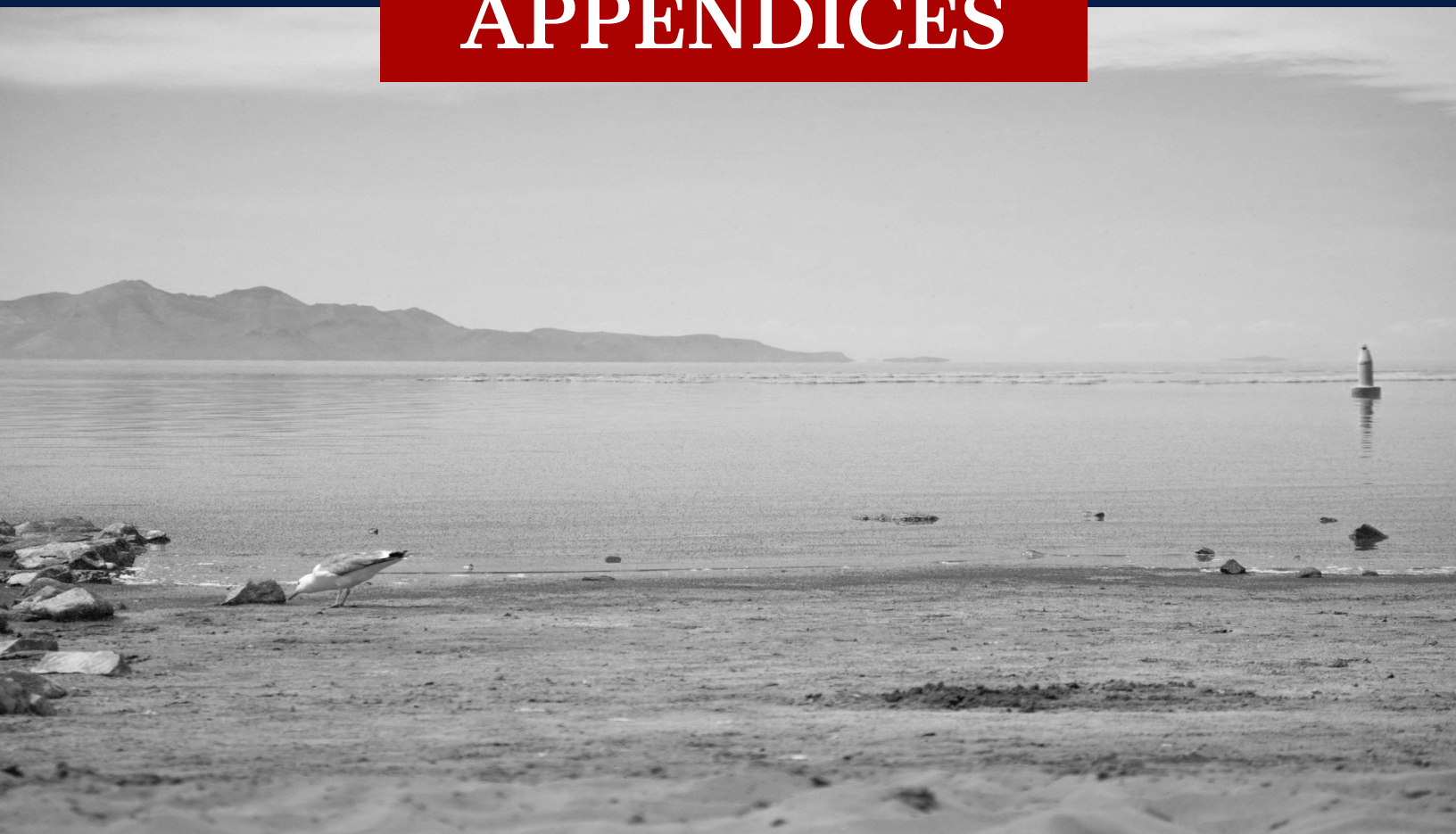
The UOIG is planning on continuing work aimed at addressing possible fraud, waste, and abuse related to ABA service delivery and billing practices.⁸⁹

⁸⁷ Division of Integrated Healthcare, “Utah Medicaid Provider Manual: Autism Spectrum Disorder Services”, 26

⁸⁸ *Ibid.*, 26

⁸⁹ *Possible future work may include investigations regarding the presence of pervasive industry conflicts of interest (COIs) in ABA research, and the tendency of reported intervention gains to decrease—or completely disappear—when evaluated by independent, blinded assessors.*

APPENDICES



APPENDIX A: ABA TREATMENT MODELS

EARLY AND INTENSIVE BEHAVIORAL INTERVENTION (EIBI)

EIBI is a comprehensive treatment model for young children diagnosed with ASD. Sessions are often 5-7 days per week and 20-40 hours per week over multiple consecutive years. The treatment begins with a one-to-one format that is focused on eliminating atypical behavior and establishing learning skills.⁹⁰ It often uses Discrete Trial Training (DTT). DTT is a more intense form of ABA, with providers delivering treatment for approximately 25 hours per week. As the member progresses, treatment hours drop down to approximately 15 hours per week or less.

Less structured approaches, such as Natural Environment Training (NET) target all aspects of functioning, including independent living skills, social skills, motor skills, pre-academic and academic skills, and language.⁹¹

The intensity of an intervention is an important predictor of outcomes across all EIBI modalities. High-intensity comprehensive ABA treatment is associated with greater improvements in intellectual, communication, and adaptive skills. ABA researchers have reported that measurements of ABA therapy progress differ between age groups.⁹² Over time, treatment may become more group-oriented and less structured, with a focus on more complex cognitive and social skills.⁹³

AGE	PROGRESS MEASUREMENTS BY AGE GROUP
0-5	Outcomes of cognition, language skills, and social skills
6-12	Changes in behavior and language skills
13-18	Changes in adaptive behavior and cognitive outcomes

⁹⁰ Henry S. Roane, et al., “Applied Behavior Analysis as Treatment for Autism Spectrum Disorder”, 2

⁹¹ Mojgan Gitimoghaddam, et al., “Applied Behavior Analysis in Children and Youth with Autism Spectrum Disorders: A Scoping Review”, 3

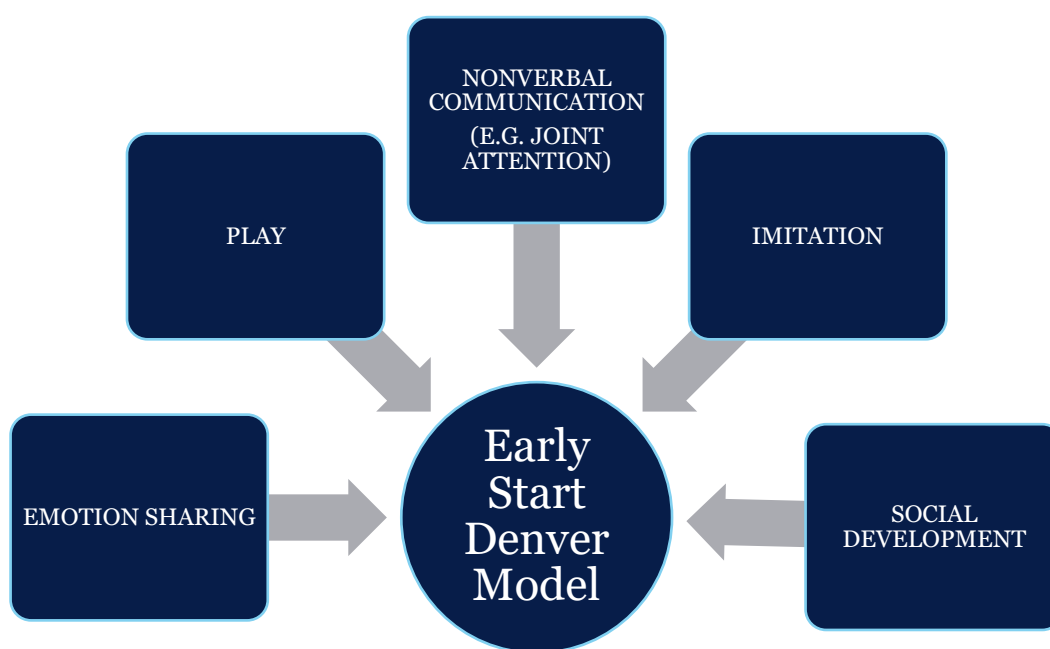
⁹² *Ibid.*, 21

⁹³ Henry S. Roane, et al., “Applied Behavior Analysis as Treatment for Autism Spectrum Disorder”, 2

EARLY START DENVER MODEL (ESDM)

The ESDM follows a developmental progression where specific goals are connected to the developmental skills of early childhood, including social interaction and joint attention.⁹⁴ ESDM is appropriate for toddlers as young as 12 months old up to 5 years old. The model builds on naturalistic teaching methods and provides a comprehensive, developmental, and relationship-based behavioral intervention for children in early development.⁹⁵

ESDM has the strongest evidence for use with very young ASD patients. Sessions are typically 25 hours per week of one-on-one therapy over a period of approximately 2 years.⁹⁶ There is a strong emphasis on sharing control of materials, interactions and activities during therapy sessions. Research demonstrates Intensive ESDM has considerably better treatment outcomes than the less intensive, parent-mediated ESDM approach. The ESDM curriculum is implemented by an interdisciplinary team and includes 5 essential components:



⁹⁴ Henry S. Roane, et al., “Applied Behavior Analysis as Treatment for Autism Spectrum Disorder”, 3

⁹⁵ Mojgan Gitimoghaddam, et al., “Applied Behavior Analysis in Children and Youth with Autism Spectrum Disorders: A Scoping Review”, 3

⁹⁶ Henry S. Roane, et al., “Applied Behavior Analysis as Treatment for Autism Spectrum Disorder”, 3

APPENDIX B: EXAMPLES OF ABA TECHNIQUES

TECHNIQUE	METHOD
Discrete Trial Teaching/Training (DTT)	Breaks skills into small units to teach one by one in a brief and repeated way with discrete instructions. Correct responses are praised. ⁹⁷
Functional Communication Training (FCT)	Reduces problem behaviors by replacing them with more appropriate communicative responses. ⁹⁸
Modeling	Presents an example of a desired behavior for the child to imitate. ⁹⁹
Natural Language Paradigm (NLP)	Implemented in a natural, play-based context. The therapist delivers reinforcements for all verbal attempts. ¹⁰⁰
Picture Exchange Communication System (PECS)	Focuses on teaching nonverbal children to request preferred activities by presenting specific picture cards to others. ¹⁰¹
Pivotal Response Training (PRT)	Targets pivotal areas, including the motivation to interact, self-management, self-initiation, and responsiveness to multiple cues. ¹⁰²
Verbal Behavior Training (VBT)	Encourages people with ASD to learn language by connecting words with their purposes. ¹⁰³
Visual Supported Instruction (VSI)	Pictures, lists, or timers that can serve as reminders of a pending transition or certain activity in the daily routine. ¹⁰⁴

⁹⁷ Mojgan Gitimoghaddam, et al., “Applied Behavior Analysis in Children and Youth with Autism Spectrum Disorders: A Scoping Review”, 4

⁹⁸ *Ibid.*, 4

⁹⁹ HHS-OIG. “Indiana Made at Least \$56 Million in Improper Fee-for-Service Medicaid Payments for Applied Behavior Analysis Provided to Children Diagnosed with Autism”, 6

¹⁰⁰ Henry S. Roane, et al., “Applied Behavior Analysis as Treatment for Autism Spectrum Disorder”, 2

¹⁰¹ *Ibid.*, 3

¹⁰² *Ibid.*, 3

¹⁰³ Autismspeaks.org, “Verbal Behavior Therapy”, accessed February 11, 2026,

<https://www.autismspeaks.org/verbal-behavior-therapy>

¹⁰⁴ Autismspeaks.org, “Visual Instruction”, accessed February 11, 2026, <https://docs.autismspeaks.org/evidence-based-practices/visual-supports>

APPENDIX C: PROVIDER REQUIREMENTS

PROVIDER TYPE	REQUIREMENTS
Qualified Healthcare Professional (QHP)	• Qualified by education, training, licensure and regulation • Performs a professional medical service within their scope of practice • Enrolled with Medicaid as a provider
Board-Certified Behavior Analyst (BCBA)	• License required • Graduate-level independent practitioner • Provides behavior analytic services • May supervise BcaBAs, BTs, and BAITs
Board-Certified Behavior Analyst-Doctorate (BCBA-D)	• License required • Doctoral prepared independent practitioner • Provides behavior analytic services • May supervise BcaBAs, BTs and BAITs
Board-Certified Assistant Behavior Analyst (BCaBA)	• License required • Undergraduate-level certification in behavior analysis • Must practice under supervision of a QHP and/or a BCBA or BCBA-D
Behavior Technician (BT)	• Certification required prior to performing ABA services¹⁰⁵ • Practices under the direct supervision of a QHP, who is responsible for all work performed • Paraprofessional • Assists in delivering behavior analysis services
Behavior Analyst in Training (BAIT)	• Enrolled in a behavior analysis course sequence approved by the Behavior Analyst Certification Board at an accredited institution of higher education • Participates in a defined program of study or professional training per UCA 58-61-707(10-12) • Provides services under the supervision of a psychologist or behavior analyst in accordance with UCA 58-61-707(10-12)

¹⁰⁵ Certification must be issued from an accredited organization recognized by the National Commission for Certifying Agencies (NCCA), including the Behavior Analyst Certification Board (BACB), Qualified Applied Behavior Analysis Credentialing Board (QABA) and Behavioral Intervention Certification Council (BICC). Must be certified prior to performing services for Medicaid members and submit certification as part of the enrollment process.

APPENDIX D: PROVIDER CODING CROSSWALK

**Adapted from the Utah Medicaid ASD Services Provider Manual*

CPT CODE	AUTHORIZED PROVIDER	SERVICE	APPROVED UNITS	DESCRIPTION
97151	QHP, BCBA	Behavior Identification Assessment	- 24 units - 1 assessment per 26 weeks	- Each 15 minute unit administering assessments, discussing findings and recommendations face-to-face with child and/or caregivers - Each 15 minute unit of non-face-to-face time analyzing data, scoring/interpreting assessment, and preparing the report and accompanying treatment plan.
97153	QHP, BT	Adaptive Behavior Treatment by Protocol	- 3,120 units (780 hrs.) - Per 26 weeks	- Administered by a BT under the direction of a QHP (face-to-face)
97154	QHP, BT	Group Adaptive Behavior Treatment by Protocol	- Up to 4 units per episode - 52 episodes per 26 weeks	- Administered by a BT under the direction of a QHP, face-to-face with two or more patients, each 15 minute unit
97155	QHP, BT	Adaptive Behavior Treatment with Protocol Modification	- 336 units (84 hrs.) - Per 26 weeks - May be requested combined for codes 97155 and H0032	- Direct case supervision. - Administered by a QHP (may include simultaneous direction of a BT), face-to-face with one patient each 15 minute unit - At least 50 percent of supervision must be direct supervision
H0032	QHP	Mental health service plan development by non-physician	- 336 units (84 hrs.) - Per 26 weeks - May be requested combined for codes 97155 and H0032	- Indirect case supervision (scoring and interpreting assessments, treatment planning, etc.)
97156	QHP	Family adaptive behavior treatment guidance, face-to-face with guardian(s) /caregiver(s), each 15 minutes	QHP with parent(s)/caregiver(s) Member may or may not be present	- Recommended minimal requirement for parent training 3 episodes per 26 weeks (up to 4 units per episode) See Chapter 8-2.3: Adaptive behavior treatment
97157	QHP	Multiple Family Adaptive Behavior Treatment Guidance	- 3 episodes per 26 weeks - Up to 4 units per episode (60 min.)	- Administered by a QHP, face-to-face with multiple sets of caregivers for each 15 minute unit
97158	QHP	Adaptive Behavior Treatment Social Skills Group	- 26 episodes per 26 weeks - Up to 4 units per episode (60 min.)	- Administered by QHP face-to-face with multiple patients for each 15 minute unit

APPENDIX E: COMMON ABA RED FLAGS

POSSIBLE INDICATIONS OF ABA WASTE, FRAUD, OR ABUSE	
	Insufficient documentation to establish medical necessity
	No diagnosis or treatment referral
	No provider credentials or inappropriate provider credentials
	Incorrect or ineligible rendering provider
	Comprehensive assessments that are missing or do not include signatures
	Non-contemporaneous records and assessments
	No documentation or incomplete documentation
	Provided documentation that conflicts with records
	Treatment plans that do not include signatures or are missing
	Missing or inadequate Electronic Visit Verification (EVV) documentation
	Session notes do not meet documentation requirements
	Session notes without complete descriptions
	Session notes do not support CPT code paid
	Session notes do not support the number of units paid
	Session notes do not support dates of service paid
	Session notes do not include rendering provider's signature
	Missing session notes for behavior assessments
	Services rendered to toddlers all day
	Potential non-therapy time billed
	Unallowable recreational or academic activities
	Unallowable group activities

**Compiled from Mass. AG's Office Presentation "Industry-Wide Enforcement Approaches to Applied Behavioral Analysis" (2025) and NAMPI "Unmasking Medicaid Autism Services: A Deep Dive into Prevention and Oversight" (2025). Slide decks received via chat from UOIG Audit Manager, Rachel Buchi on February 10, 2026.*

GLOSSARY OF TERMS

ACRONYMS

ABA	Applied Behavior Analysis
ABAT	Advanced Behavior Analysis Technician
ACO	Accountable Care Organization
ADL	Activities of Daily Living
AG	Attorney General
APA	American Psychological Association
ASD	Autism Spectrum Disorder
BACB	Behavior Analyst Certification Board
BAIT	Behavior Analyst in Training
BCaBA	Board-Certified Assistant Behavior Analyst
BCAT	Board-Certified Autism Technician
BCBA	Board-Certified Behavior Analyst
BCBA-D	Board-Certified Behavior Analyst-Doctorate
BICC	Behavioral Intervention Certification Council
BT	Behavior Technician
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology (often referred to as the procedure code)
DCFS	Division of Child and Family Services
DHHS	Utah Department of Health and Human Services
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5 th Edition

DO	Doctor of Osteopathic Medicine
DTT	Discrete Trial Training or Discrete Trial Teaching
EIBI	Early and Intensive Behavioral Intervention
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ESDM	Early Start Denver Model
FA	Functional Analysis
FBA	Functional Behavior Assessment
FCT	Functional Communication Training
FFS	Fee-for-Service
FMAP	Federal Medical Assistance Percentage
HHS-OIG	U.S. Dept. of Health and Human Services Office of Inspector General
JJYS	Juvenile Justice and Youth Services
LaBA	Licensed Assistant Behavior Analyst
LBA	Licensed Behavior Analyst
LMHA	Local Mental Health Authority
MD	Medical Doctor
NCCA	National Commission for Certifying Agencies
NET	Natural Environment Training
NLP	Natural Language Paradigm
OMS	Office of MaineCare Services
PA	Prior Authorization
PAC	Provider Allowable Codes
PECS	Picture Exchange Communication System

POC	Plan of Care
PRISM	Provider Reimbursement Information System for Medicaid
PRT	Pivotal Response Training
QABA	Qualified Applied Behavior Analysis Credentialing Board
QHP	Qualified Healthcare Professional
RBS	Registered Behavior Specialist
RBT	Registered Behavior Technician
UOIG	Utah Office of Inspector General
VBТ	Verbal Behavior Training
VSI	Visual Supported Instruction

MEDICAID DEFINITIONS

Applied Behavior Analysis (ABA): 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.

Behavior Analyst in Training (BAIT): An individual who is enrolled in a behavior analysis course sequence approved by the Behavior Analyst Certification Board (BACB) at an accredited institution of higher education and whose activities are part of a defined program of study or professional training as defined by [Utah Code 58-61-707](#)(10-12).

Behavior Technician (BT): A paraprofessional certified in behavior analysis that assists in delivering behavior analysis services and practices under the direct supervision of a Qualified Healthcare Professional (QHP), who is responsible for all work performed.

Board-Certified Assistant Behavior Analyst (BCaBA): An individual who holds an undergraduate-level certification in behavior analysis and is licensed to engage in the practice of behavior analysis under the supervision of a qualified supervisor, as defined by [Utah Code 58-61](#), Part 1-6.

Board-Certified Behavior Analyst (BCBA): A graduate-level independent practitioner in behavior analysis who provides behavior-analytic services and may supervise the work of BCaBAs, BTs, and other professionals who implement behavior-analytic services and is licensed in the State of Utah per [Utah Code 58-61, Part 7](#).

Board-Certified Behavior Analyst-Doctorate (BCBA-D): A doctoral prepared independent practitioner in behavior analysis who provides behavior-analytic services and may supervise the work of BCaBAs, BTs, and other professionals who implement behavior-analytic services and is licensed in the State of Utah per [Utah Code 58-61](#).

Functional Analysis (FA): An assessment for evaluating the separate effects of each of several environmental events on a targeted behavior by systematically presenting and withdrawing each event to a patient multiple times and observing and measuring occurrences of the behavior in response to those events.

Functional Behavior Assessment (FBA): Comprises descriptive assessment procedures designed to identify environmental events that occur just before and just after occurrences of potential target behaviors and that may influence those behaviors. The information may be gathered by interviewing the patient's caregivers, having caregivers complete checklists, rating scales, or questionnaires and/or observing and recording occurrences of target behaviors and environmental events in everyday situations.

Member: An individual eligible for assistance under the Utah Medicaid program.

Non-standardized instruments and procedures: Include, but are not limited to, curriculum-referenced assessments, stimulus preference assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the member's behaviors.

Onsite: The clinician is to be immediately available and able to be interrupted as needed to assist and provide direction throughout the entire procedure. However, the clinician is not required to be physically present in the room for the procedure.

Prior Authorization (PA): The required approval for provision of a service that the provider must obtain from the Department (DHHS) before providing the service. Details can be found in section I of the Utah Medicaid Provider Manual.

Provider: Any person, individual, corporation, institution, or organization that provides medical, behavioral, or dental care services under the Utah Medicaid program and who has entered into a written contract with the Utah Medicaid program.

Psychologist: A licensed or registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who was tested in applied behavior analysis and is licensed in Utah as per [Utah Code 58-61](#).

Qualified Healthcare Professional (QHP): An individual who is qualified by education, training, licensure, and regulation who performs a professional medical service within their scope of practice and is enrolled with Medicaid as a provider.

Standardized instruments and procedures: Include, but are not limited to, behavior checklists, rating scales, and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way with all patients.

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UOIG MISSION STATEMENT

The Utah Office of Inspector General of Medicaid Services (UOIG) will protect taxpayer dollars by identifying fraud, abuse and waste risks and vulnerabilities in the State Medicaid Program and by taking action to mitigate or eliminate those risks.

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Utah Department of
Health & Human Services
Integrated Healthcare

Utah Medicaid Provider Manual

Autism Spectrum Disorder Services

Division of Integrated Healthcare

Updated January 2026

Table of Contents

1	General Information	4
1-1	Autism Spectrum Disorder related services	4
2	Health Plans.....	4
3	Provider Participation and Requirements	4
3-1	Provider Credentials.....	5
4	Record Keeping	5
5	Provider Sanctions	5
6	Member Eligibility.....	6
7	Member Responsibilities.....	6
8	Programs and Coverage.....	6
8-1	Definitions	6
8-2	General ASD diagnostic services	8
8-2.1	Adaptive behavior services	8
8-2.2	Adaptive behavior analysis assessments	9
8-2.3	Adaptive behavior treatment.....	10
8-2.4	Alternative treatment service delivery models	11
8-3	Service Delivery Specifications	12
8-3.1	ABA treatment by assistant behavior analyst or behavior technician.....	12
8-3.2	Assessments for measuring outcomes	12
8-3.3	Case supervision requirements	12
8-3.4	Telehealth	13
8-3.5	Restrictive interventions	14
8-4	Service delivery settings.....	14
8-4.1	School-based settings	15
9	Non-covered Services and Limitations	16

9-1	Non-covered Services.....	16
9-2	Limitations	17
9-3	Exceptions to non-covered services	17
10	Prior Authorization	17
10-1	Request for initial services.....	17
10-2	Request for continued services	19
11	Billing	20
11-1	Third party liability.....	20
11-2	Medicaid as payment in full, client billing prohibited	21
11-3	Mental health evaluations and psychological testing.....	21
11-4	Telehealth services	21
12	Coding.....	22
12-1	ABA assessment coding	22
12-2	Individual therapy codes	23
12-3	Group treatment codes.....	26
12-4	Alternative service hour combinations	27
12-5	Coding guidance	27

1 General Information

All underlined words contained in this document should serve as hyperlinks to the appropriate internet resource. Email dmhfmedicalpolicy@utah.gov if any of the links do not function properly, note the specific link that is not working and the page number where the link is found.

For general information regarding Utah Medicaid, refer to the Utah Medicaid Provider Manual [Section I: General Information](#), Chapter 1, General information.

1-1 Autism Spectrum Disorder related services

Autism Spectrum Disorder (ASD) services are covered as medically necessary services based upon the recommendation and referral of a Qualified Healthcare Professional (QHP) for members with a diagnosis of ASD. ASD-related services may include the following:

- Diagnostic assessments and evaluations
- Therapies such as physical, occupational, or speech therapy
- Applied Behavior Analysis (ABA) therapy

2 Health Plans

For more information about Managed Care Entities (MCE), refer to [Section I: General Information](#), Chapter 2-7, *Accountable Care Organizations*.

For more information about Prepaid Mental Health Plans (PMHPs), refer to [Section I: General Information](#), Chapter 2-8, *Prepaid Mental Health Plans*, and the [Behavioral Health Services](#) provider manual. A list of MCEs and PMHPs that Medicaid has a contract to provide health care services is found on the Medicaid website.

For members enrolled in an MCE, requests for ASD-related medical services, including but not limited to physical, occupational, and speech therapies, must be submitted to the MCE.

For members enrolled in a Prepaid Mental Health Plan (PMHP), requests for services related to co-occurring mental health conditions will be referred to the PMHP.

3 Provider Participation and Requirements

Refer to [Section I: General Information](#), Chapter 3, *Provider Participation and Requirements*.

3-1 Provider Credentials

Medicaid enrolled providers delivering and reporting ASD services must adhere to the requirements outlined in their provider enrollment agreement. Additionally, providers are expected to deliver services acting within their scope of license and training, which included adhering to [Utah Code Title 58, Chapter 61 – Psychologist Licensing Act](#), [Administrative Rule 156-61, Psychologist Licensing Act Rule](#), and [R156-61a, Behavior Analyst Licensing Act Rule](#) as applicable.

Behavior Analysts in Training

Claims submitted to Medicaid, for services provided by a behavior analyst in training, are covered when the services are provided under the supervision of a psychologist or behavior analyst and delivered in accordance with [Utah Code 58-61-707\(10-12\)](#), [Psychologist Licensing Act](#), [Exceptions from licensure](#).

Behavior Technicians

ABA behavior technicians must be fully certified prior to performing services for Utah Medicaid members. There is no grace period granted between a technician's initial hire date and the date in which the technician receives certification in which ABA services may be provided to members. Required certification must be issued from an accredited organization recognized by the National Commission for Certifying Agencies (NCCA). These organizations include, but are not limited to:

- Behavior Analyst Certification Board (BACB),
- Qualified Applied Behavior Analysis Credentialing Board (QABA), and
- Behavioral Intervention Certification Council (BICC)

Certification criteria are developed and maintained by accredited organizations. The current technician certification must be submitted to Medicaid as part of the provider enrollment process.

4 Record Keeping

Refer to [Section I: General Information](#), Chapter 4, *Record keeping*.

5 Provider Sanctions

Refer to [Section I: General Information](#), Chapter 5, *Provider Sanctions*.

6 Member Eligibility

It is the responsibility of the provider to verify the member's eligibility prior to every service. For additional information regarding member eligibility refer to [Section I: General Information](#), Chapter 6, *Member Eligibility*.

7 Member Responsibilities

For information on member responsibilities including establishing eligibility and co-payment requirements refer to [Section I: General Information](#), Chapter 7, *Member Responsibilities*.

8 Programs and Coverage

ASD service coverage requires that the member receiving services have a valid ASD diagnosis. Clinicians authorized under the scope of their licensure and trained in the use and interpretation of the selected assessment tool may render the ASD diagnosis. The diagnostic evaluation process includes:

- Health, developmental, socioemotional, and behavioral histories
- Developmental, adaptive, and/or cognitive evaluation to determine the member's overall level of functioning, and
- Determination of the presence of the DSM-5 criteria for ASD, using evidence-based standardized measures to operationalize the DSM-5 criteria.

A copy of the medical records that includes the ASD diagnosis and the screening or evaluation instruments used must be submitted with the initial prior authorization request.

8-1 Definitions

Applied Behavioral Analysis (ABA): 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.

Autism Spectrum Disorder (ASD): a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

Behavior analyst in training: an individual who is enrolled in a behavior analysis course sequence approved by the Behavior Analyst Certification Board at an accredited institution of higher education and whose activities are part of a defined program of study or professional training as defined by [Utah Code 58-61-707\(10-12\)](#).

Behavior technician: is a paraprofessional certified in behavior analysis that assists in delivering behavior analysis services and practices under the direct supervision of a QHP, who is responsible for all work performed.

Board Certified Assistant Behavior Analyst (BCaBA): is an individual who holds an undergraduate-level certification in behavior analysis and is licensed to engage in the practice of behavior analysis under the supervision of a qualified supervisor, as defined by [Utah Code 58-61](#).

Board Certified Behavior Analyst (BCBA): is a graduate-level independent practitioner in behavior analysis who provides behavior-analytic services and may supervise the work of BCaBAs, Behavior Technicians, and other professionals who implement behavior-analytic services and is licensed in the State of Utah per [Utah Code 58-61](#).

Board Certified Behavior Analyst-Doctorate (BCBA-D): is a doctoral prepared independent practitioner in behavior analysis who provides behavior-analytic services and may supervise the work of BCaBAs, Behavior Technicians, and other professionals who implement behavior-analytic services and is licensed in the State of Utah per [Utah Code 58-61](#).

Functional analysis: an assessment for evaluating the separate effects of each of several environmental events on a target behavior by systematically presenting and withdrawing each event to a patient multiple times and observing and measuring occurrences of the behavior in response to those events.

Functional behavior assessment: comprises descriptive assessment procedures designed to identify environmental events that occur just before and just after occurrences of potential target behaviors and that may influence those behaviors. The information may be gathered by interviewing the patient's caregivers having care givers complete checklists, rating scales, or questionnaires and/or observing and recording occurrences of target behaviors and environmental events in everyday situations.

Non-standardized instruments and procedures: include, but not limited to, curriculum-referenced assessments, stimulus preference assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the individual patient and behaviors.

Onsite: means that the clinician is to be immediately available and able to be interrupted as needed to assist and provide direction throughout the entire procedure. However, the clinician is not required to be physically present in the room for the procedure.

Psychologist: a licensed or registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who was tested in applied behavior analysis and is licensed in Utah as per [Utah Code 58-61](#).

Qualified Healthcare Professional (QHP): An individual who is qualified by education, training, licensure, and regulation who performs a professional medical service within their scope of practice and is enrolled with Medicaid as a provider

Standardized instruments and procedures: includes, but not limited to, behavior checklists, rating scales, and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way with all patients.

8-2 General ASD diagnostic services

Mental health evaluations and psychological testing performed for the purpose of diagnosing developmental disorders are covered by Medicaid when coverage criteria are met. Coverage of ABA services require a behavior identification assessment and the development treatment plan. Guidance related to the coding and billing of these services may be found in Chapters 11 *Billing* and 12 *Coding* of this manual.

ABA therapy requires prior authorization for coverage of services. This does not apply to initial or ongoing behavior identification assessments.

8-2.1 Adaptive behavior services

Adaptive behavior services address deficient adaptive behaviors, maladaptive behaviors, or other impaired functioning secondary to deficient adaptive or maladaptive behaviors.

Adaptive behavior describes age-appropriate behaviors that people need to live and function independently, socially, and successfully in their day-to-day lives. Most

often adaptive behavior services are provided to those who have a learning disability, social impairment, or behavior that may put themselves or others at risk for physical harm.

The majority of these services are provided, created, and overseen by a behavior analyst or a psychologist specializing in behavior analysis and delivered by an assistant behavior analyst and/or technician(s).

8-2.2 Adaptive behavior analysis assessments

ABA assessment must be conducted by a QHP. Assessments are generally performed on the initiation of services and every six months thereafter. On occasion, a member may need a revision to their treatment plan or require a change in provider. In such cases, the reporting of an additional assessment is appropriate. As with all Medicaid services, these services are subject to post-payment review.

Behavior identification assessment is conducted by the QHP and may include:

- Analysis of pertinent past data (including medical diagnosis)
- A detailed behavioral history
- Patient observation
- Administration of standardized and/or non-standardized instruments and procedures
- Functional behavior assessment
- Functional analysis, and/or guardian/caregiver interview to identify and describe deficient adaptive behaviors
- Maladaptive behaviors
- Other impaired functioning is secondary to deficient adaptive or maladaptive behaviors
- Any impaired social skills
- Communication deficits
- Destructive behaviors, and
- Any additional functional limitations resulting from noted maladaptive behaviors.

This service includes the QHP:

- Obtaining a detailed history relative to the patient's behavior,
- Observation of behaviors,

- Administration of standardized and non-standardized testing,
- Focused interviews with the primary guardian or caregiver,
- Non-face-to-face time reviewing and analyzing the information,
- Scoring/interpreting test results,
- Discussion of findings and recommendations with the primary guardian(s)/caregiver(s),
- Preparation of report, and
- Development of plan of care.

This service may be repeated on different days as necessary until the behavior identification assessment has been completed.

Documentation must contain the interpretation of results as well as the development of a treatment plan. The treatment plan should outline the provider's plan of care. Successive progress review treatment plan gains should be noted and modifications to the treatment plan should be recorded, as necessary. The assessment's total time or start and stop times should be noted in the medical record.

8-2.3 Adaptive behavior treatment

Individual treatment for ABA case supervision includes both direct and indirect supervision. Activities included in case supervision responsibilities include:

- Direct supervision: The psychologist or behavior analyst is either engaged directly with the member or is directing a technician in implementing a modified protocol with the member, or
- Indirect supervision: include activities involved in ongoing monitoring of member progress and revising protocols, preparing for assessment or treatment sessions, reviewing data, and writing progress notes.

The provider is responsible for retaining records of the time spent engaged in direct and indirect supervision responsibilities.

These services are delivered and overseen by a QHP specializing in behavior analysis and delivered by an assistant behavior analyst or technician(s). Services focus on treatment goals and targets established from a prior adaptive behavior assessment and include continuing and developing assessment and adjustment of those targets, goals, and protocols. Some of the objectives of this type of treatment include

minimizing recurrent and/or other maladaptive behaviors and boosting communication, social, personal safety, and other adaptive functioning by breaking the larger category of adaptive skills into smaller, easy-to-measure units focusing on practicing a skill repeatedly until it becomes routine for the member.

These services are provided face-to-face or, when appropriate, via telehealth, with the member or family, alone or in a group, and combine large amounts of varying procedures that require analysis and the adjustment of the motivation, circumstances, and setting, among other factors, and may occur in various settings.

Adaptive behavior treatment and group adaptive behavior treatment are administered by a technician under the direction of a QHP, utilizing a treatment protocol designed in advance. The QHP may or may not provide direction during the treatment. Group service requires that the services occur in groups of eight or smaller.

Adaptive behavior treatment with protocol modification is administered face-to-face with a single member. The QHP resolves one or more problems with the protocol and may simultaneously direct a technician in administering the modified protocol while the member is present.

Family adaptive behavior treatment guidance and multiple-family group adaptive behavior treatment guidance are administered by a QHP face-to-face with a member's caregiver(s). The treatment guidance involves identifying potential treatment targets and training to implement treatment protocols designed to address deficient adaptive or maladaptive behaviors. This service requires that the training occur in groups of eight or smaller.

Group adaptive behavior treatment with protocol modification is administered by a QHP face-to-face with multiple members. During the session they monitor the needs of individual members and adjust the treatment techniques during the group sessions, as needed. In contrast to group adaptive behavior treatment by protocol, protocol adjustments are made in real time rather than for a subsequent service. This service requires that the training occur in groups of eight or smaller.

8-2.4 Alternative treatment service delivery models

Medicaid recognizes that adaptation in the service delivery model may be required to accommodate the member's individual treatment needs. See Chapter 12 *Coding* of this manual for specifics.

Requests that exceed the maximum allowed units, as indicated in Chapter 12 *Coding*, will be subject to secondary medical review and/or medical review committee unless the request is offset as defined above. The QHP must include justification supporting the medical necessity of the alternative treatment service delivery model or for requests that exceed the maximum allowed units with each prior authorization request.

8-3 Service Delivery Specifications

8-3.1 ABA treatment by assistant behavior analyst or behavior technician

ABA treatment programs must be designed and supervised by a QHP and are delivered by an assistant behavior analyst or behavior technician.

Under the supervision of a QHP, the assistant behavior analysts may:

- Perform clinical and case management support
- Assist in oversight of technicians
- Provide direct intervention

8-3.2 Assessments for measuring outcomes

Medicaid requires assessments to be completed by a QHP. Assessments may be conducted utilizing standardized evidence-based assessment tools or non-standardized assessment tools which include a detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary caregiver(s), and preparation of a report.

8-3.3 Case supervision requirements

When a tiered service delivery model is utilized, the following supervisory activities are required:

- The QHP is responsible for all aspects of clinical direction, supervision, and case management, including activities of the support staff. For example, assistant behavior analyst or behavior technician,
- The QHP must have knowledge of:
 - each treatment team member's ability to effectively carry out clinical activities before assigning them, and

- the member's needs and treatment plan. They must observe the technician implementing the plan, regardless of whether there is clinical support provided by an assistant behavior analyst or behavior analyst in training.

A QHP is required to supervise a minimum of 10 percent of the time the member is receiving direct services from a technician or assistant behavior analyst. At least 50 percent of the QHP's supervision must be direct supervision.

When determined as medically necessary by the QHP, requests for an additional 10 percent of direct supervision may be requested through the prior authorization process. QHPs must include documentation supporting the medical necessity of the request. Additional time approved for direct supervision cannot be used for indirect supervision.

8-3.4 Telehealth

When clinically appropriate, behavior identification assessments and supervision of an assistant behavior analyst or behavior technician may occur via remote access technology.

Parent training services via remote technology are covered when it is clinically appropriate, per [Utah Administrative Rule R414-42](#).

Documentation must substantiate the clinical appropriateness of telehealth services.

The provider may deliver services or supervise only one member or one group session at a time. Medicaid coverage requires synchronous delivery of services. This is comprised of real-time videoconferencing that occurs via two-way video and audio interactions.

The following services not covered when performed via telehealth:

- Adaptive behavior treatment administered by a technician
- Group adaptive behavior treatment administered by a technician
- Group adaptive behavior treatment with protocol modification administered by a QHP

For more information concerning approved telehealth services refer to [Section I: General Information](#), Chapter 8-4.2 *Telehealth* and the [Approved Telehealth Codes Attachment](#) for additional information concerning approved telehealth services. For

more information concerning telehealth use for psychiatric diagnostic evaluations reference the [Behavioral Health Services](#) provider manual, Chapter 6-1 *Telehealth Services*.

8-3.5 Restrictive interventions

Although many persons with severe behavioral problems can be effectively treated without the use of restrictive interventions, these may be necessary on rare occasions. When restrictive interventions are medically necessary they must be performed in accordance with [Utah Administrative Code Rule R539-4 - Behavior Interventions](#).

8-4 Service delivery settings

ABA services may be delivered in multiple settings on the same day. ABA services may be delivered in a variety of relevant naturally occurring settings in the home and community. Services may also be delivered in clinic or center-based settings where the environment can be more easily controlled for specific interventions, for coordination with other therapies, or where group-based services are provided.

Pursuant to [Utah Code Section 63J-1-212](#), autism spectrum disorder (ASD) services provided in any physical location, program, or setting (e.g., schools, specialized centers, residential programs, day treatment programs) that are already funded by state or federal financial assistance (including grants, appropriations, or other monetary support) for the treatment of ASD-associated behaviors must be reimbursed exclusively through their designated appropriation. Examples of behavioral health support include, but are not limited to, services intended to:

- Improving social skills.
- Developing both receptive and expressive communication and language skills.
- Reducing problematic or challenging behaviors, including tantrums, aggression, self-injury, elopement, refusal, and property destruction.
- Promoting independence in daily routines such as dressing, eating, hygiene, and toileting.
- Improving attention, focus, memory, and participation in learning activities.
- Developing both fine and gross motor skills.
- Teaching skills necessary for independent living, such as managing money, cooking, and cleaning.

- Building skills like self-monitoring, self-regulation, impulse control, and coping mechanisms.

ABA providers are responsible for:

- Verifying that the facility where ABA services are provided is not receiving state or federal funding that would result in duplicate funding under this policy.
- Providers must proactively inquire with facilities regarding their funding sources and the scope of services covered by those funds.
- To ensure compliance, providers must submit documented evidence of their due diligence in verifying funding status when requesting prior authorization. This documentation must also be maintained in the member record.

Facilities receiving state or federal funding for services related to ASD are responsible for:

- informing third-party ABA providers of their funding sources and the scope of services covered by those funds.
- Facilities should have clear internal policies and procedures to prevent the overlapping provision and billing of services that are already covered by their state or federal funding.

8-4.1 School-based settings

ASD-related services, as required under the federal Individuals with Disabilities Education Act (IDEA), may be provided in school-based settings. ASD-related services must be provided through the Medicaid School-Based Skills Development Services benefit. Refer to the [School-Based Skills Development Services](#) provider manual for information on this benefit. School based settings also include charter schools but not privately funded schools.

Apart from the psychologist's or behavior analyst's participation in the evaluation of a child's school-based care plan, the Medicaid agency shall not reimburse fee-for-service ABA services in school-based settings. If the psychologist or behavior analyst, in coordination with the child's family and school professionals, believes it is medically necessary for the psychologist or behavior analyst to participate in the child's care plan development meeting, the provider may bill for this specific service on a fee-for-service basis.

9 Non-covered Services and Limitations

9-1 Non-covered Services

The following ASD services are non-covered:

- ABA services that are not primarily provided to ameliorate a behavioral or maladaptive behavior.
- Any service that does not follow the established treatment plan.
- ABA services rendered when measurable functional improvement is not expected or progress has plateaued with no further protocol modifications made to address deficits.
- Experimental, investigational, or unproven practices as outlined in Section I: General Information, Chapter 9-3.3 Experimental, investigational, or unproven medical practices.
- Custodial care services
 - Custodial care is defined as care that is provided for the sole purpose to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety.
- Respite care services
 - Care provided primarily to give relief to, or during the absence of, the usual caregiver.
- Coverage of costs associated with different settings in which ABA services are provided. Examples of settings that may have costs associated with them that are not covered by Medicaid include:
 - Resorts
 - Spas
 - Therapeutic programs
 - Camps
- Time spent by the behavior analyst, behavior analyst in training, or technician charting or collecting data that is occurring separate from the time spent documenting direct observations that occur when the provider is working directly with the member.
- Provider's time traveling and other associated costs to get to the member.

9-2 Limitations

Medicaid has established limitations of services based on standards of care. On occasion, members may require medically necessary services that surpass the quantity limitations established by Medicaid. In these instances, providers may request authorization for additional services. Refer to the [Section I: General Information](#) provider manual, Chapter 9-3.5 *Quantity Limits* for additional information.

9-3 Exceptions to non-covered services

Requests for coverage of non-covered services will be reviewed on a case-by-case basis through the [Medicaid exception process](#). Information concerning the exception process may be found in the [Section I: General Information](#) provider manual, Chapter 9-3.4 *Exceptions* when Medicaid will pay for non-covered procedures. Documentation must be submitted with the request that demonstrates medical necessity as defined in the [Section I: General Information](#) provider manual, Chapter 8-1 *Medical necessity*.

10 Prior Authorization

General prior authorization information is provided in the Utah Medicaid Provider Manual, [Section I: General Information](#), Chapter 10, *Prior authorization*. Incomplete requests will be returned to the providers for additional information. Code specific coverage, prior authorization requirements, and reimbursement rates may be found in the [Coverage and Reimbursement Code Lookup](#).

10-1 Request for initial services

Upon the initiation of services, providers will be permitted a 10-business day grace period to submit a request for prior authorization of services. If providers are unable to obtain prior authorization during the grace period, then the authorization will start on the day that the request is completed.

Initial requests for services must include:

- Prior authorization request form.
- Copy of a written ASD diagnosis by a clinician who is authorized under the scope of their licensure to render a diagnosis.
- An order (prescription) for ABA services from a licensed clinician authorized to prescribe ABA services under their scope of licensure and training.

- For ongoing services, a new order must be submitted annually
- Copy of the ABA treatment plan that includes:
 - Date of assessment(s)
 - Name and signature of QHP who conducted the assessment and developed the treatment plan
 - A copy of the assessment tool(s) used to assess functional skills and, if applicable, maladaptive behaviors
 - Summary of assessment results
 - Baseline data must include the date range for the data represented and, where appropriate, comparisons against benchmarks of normally developing peers.
 - There are circumstances where baseline data may not be observed during the initial assessment. In these instances, the baseline data to meet this criterion can be obtained from assessment observation and parent/caregiver report. The expectation is that these baseline assessment estimates will be adjusted, and treatment goals revised as more accurate data is recorded during future therapy sessions.
 - Summary data from parent/caregiver from interviews
 - Identification and description of targeted skills
 - Identification and description of targeted maladaptive behaviors or a statement indicating if these are not present
 - Measurable treatment goals specific to the treatment plan period, including those intended to improve functional skills, decrease maladaptive behaviors (if applicable), and teach appropriate replacement behaviors
 - Method and frequency of implementing and assessing treatment protocols
 - Anticipated caregiver involvement in the treatment process
 - Anticipated coordination of care needs
- Attestation of medical necessity by the psychologist or behavior analyst that ABA is medically necessary and appropriate to address the treatment goals of the member.

- Individualized clinical recommendations of the number of weekly services, delineated by service code.
- A description of the setting(s) in which services will be provided, including hours via remote technology.

10-2 Request for continued services

The request for the new certification period must be received within 10 business days of the re-certification period start date. If the request is received more than 10 days after the start of the new certification period, the authorization will begin on the day that the completed request and all required documentation is submitted. ABA reassessments and treatment plan updates must be conducted by a QHP.

Requests for continued services must include:

- Completed ABA Services Prior Authorization Request Form
- Copy of the treatment plan that includes:
 - Date of reassessment or treatment plan update
 - Name and signature of the QHP conducting the assessment
 - Evaluation of progress toward treatment goals using objective, validated assessment methods that include the following:
 - Date that each treatment goal was started
 - Summary of progress toward functional skill goals
 - Summary of progress toward maladaptive behavior goals, or a statement indicating if these are not present
 - Data from the previous six-month period should be measured using the same method throughout the member's episode of care. If data are unavailable, an explanation must be provided
 - Data should be compared against baselines established at the initiation of care with the current provider, which should be dated and if re-baselining occurs, an explanation provided
 - Overall progress should be compared to benchmarks of normally developing peers using established instruments to show treatment progress in relation to initial assessments
 - Name of standardized assessment instrument(s) used
 - Specific strategies to generalize skills to settings and people that are meaningful to the member

- Specific strategies to move the member toward more focused interventions as a result of successful treatment and generalization
- Coordination of care activities during the previous authorization period, and
- Anticipated caregiver involvement in the treatment process
- A description of treatment plan revisions that include:
 - Description of treatment goals, if any, that were not accomplished during the previous authorization period, with explanation
 - If there is inadequate progress toward meeting treatment goals or there is no demonstrable progress in the previous authorization period
 - The psychologist or behavior analyst must assess the reasons for lack of progress and modify treatment interventions to achieve adequate progress
 - Updated and new measurable treatment goals overall and specific to the treatment plan period
 - Method and frequency of implementing and assessing treatment protocols
- Clinical certification by the psychologist or behavior analyst that ABA is medically necessary and appropriate to address the treatment goals of the member
- Individualized clinical recommendations of the amount of weekly services, delineated by service code
- A description of the setting(s) in which services will be provided, including hours via remote technology
- Projected duration of ABA treatment, and
- A discharge plan, if treatment is expected to conclude within six months of the date of reassessment.

11 Billing

Refer to the Utah Medicaid Provider Manual, [Section I: General Information](#), Chapter 11 *Billing Medicaid*, for detailed billing instructions.

11-1 Third party liability

Requirements for billing third parties are described in [Section I: General Information](#), Chapter 11-5 *Third Party Coverage*.

When other insurance coverage is available and a provider under that insurance is available to deliver ABA services, those services must be exhausted prior to claims being submitted to Medicaid. Providers must satisfy available third-party insurance requirements so those benefits can be utilized.

If an ABA provider is not paneled with the private insurance and there is not out of network benefit, a transition to a provider enrolled with the private insurance must be facilitated within six months of the discovery of the insurance. Alternatively, the current provider may continue to deliver services under Medicaid reimbursement while they are actively seeking enrollment with the private insurance. This must be completed within 6 months of discovery of the insurance.

11-2 Medicaid as payment in full, client billing prohibited

A provider who accepts a member as a Medicaid patient must accept Medicaid payment as reimbursement in full. Refer to the [Section I: General Information Provider Manual](#), Chapters 3-4, *Medicaid as Payment in Full, Client Billing Prohibited*.

There are limited circumstances in which a provider may bill a Medicaid member. These circumstances may be found in the [Section I: General Information Provider Manual](#), Chapter 3-5, *Exceptions to Prohibition on Billing Members*.

Code specific information may be found in the [Coverage and Reimbursement Lookup Tool](#).

11-3 Mental health evaluations and psychological testing

Mental health evaluations and psychological testing performed for the purpose of diagnosing developmental disorders must be reported with the UC modifier appended. These services are considered carved out of the MCE services and will be reimbursed on a fee for service basis.

11-4 Telehealth services

When reporting services delivered via remote access technology, the professional claim (837P) must include "Place of Service 02" to identify the service as delivered via telehealth. Refer to Chapter 8-3.4 *Telehealth* of this manual for additional information.

12 Coding

It is the responsibility of the provider to report the appropriate billing codes for services rendered.

The maximum allowed column is a description of average utilization over the authorization period. Medicaid recognizes that fluctuations in service utilization may vary from week to week. It is the provider's responsibility to track utilization to ensure that they do not exceed the total number of approved units over the authorization period.

12-1 ABA assessment coding

ABA assessments are reported using the procedure code described in the table below.

Code	Service	Who Attends	Maximum Allowed
97151	Behavior Identification Assessment 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	QHP, Member and their Parent(s)/ Caregiver(s)	1 assessment per 26 Weeks (up to 24 units)

12-2 Individual therapy codes

One-on-one ABA therapy is reported using the procedure codes described in the table below.

When a behavior analyst or assistant behavior analyst provides direct intervention under CPT codes 97153 or 97154, the provider must not bill for behavior analyst level services.

Procedure code 97155 must be reported for direct case supervision of the member. Indirect case supervision must be reported using HCPCS code H0032.

Direct and indirect case supervision services must be reported with the corresponding modifier to indicate the credentials of the clinician performing the supervision services. The supervision service modifiers are defined below:

- HP – Psychologist or BCBA-D
- HO – BCBA
- HN – Behavior analyst in training or BCaBA

Code	Service	Who Attends	Maximum Allowed
97153	Adaptive behavior treatment by protocol Adaptive behavior treatment by protocol, administered by technician under the direction of a QHP, face-to-face	QHP, Member and their Parent(s)/ Caregiver(s)	780 Hours (3,120 units) per 26 Weeks (See Chapter 8-2.1, Alternative Service Delivery Models)

	with one patient, each 15 minutes		
97155	Adaptive behavior treatment with protocol modification Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	QHP, Member, Technician and their Parent(s)/ Caregiver(s)	A total of 84 Hours (336 units) per 26 Weeks may be requested combined for codes 97155 and H0032. At least 50 percent of the supervision must be direct supervision, as specified in Chapter 8-3, Service Delivery Specifications.
H0032	Mental health service plan development by nonphysician A mental health service plan is developed for treating a patient,	QHP	A total of 84 Hours (336 units) per 26 Weeks may be requested combined for codes 97155 and H0032.

	including modifying goals, assessing progress, planning transitions, and addressing other needs. This service is provided by someone other than a physician, who is a clinical, professional, or other specialist, each 15 minutes		At least 50 percent of the supervision must be direct supervision, as specified in Chapter 8-3, Service Delivery Specifications.
97156	Family adaptive behavior treatment guidance Family adaptive behavior treatment guidance, administered by QHP (with or without the patient present), face-to-face with guardian(s) /caregiver(s), each 15 minutes	QHP with Parent(s)/ Caregiver(s) Member may or may not be present	Recommended minimal requirement for parent training 3 episodes per 26 weeks (up to 4 units per episode) See Chapter 8-2.1, Alternative Service Delivery Models

12-3 Group treatment codes

Services provided in a group setting must be reported with the corresponding modifier to indicate the size of the group. Rates for group services are based on the size of the group. Group services claims submitted without a modifier will be denied.

The group-size modifiers are defined below:

- UN – 2 individuals
- UP – 3 individuals
- UQ – 4 individuals
- UR – 5 individuals
- US – 6 or more individuals

Code	Service	Who Attends	Maximum Allowed
97154	Group Adaptive Behavior Treatment by Protocol 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	QHP, Member and Group of Peers (Maximum of 8 Members)	52 Episodes per 26 Weeks (up to 4 units per episode)
97157	Multiple Family Adaptive Behavior Treatment Guidance 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	QHP, Parents/ Caregivers (Member/ Members Not Present)	3 Episodes per 26 Weeks (up 4 units per episode)

	guardians/caregivers, each 15 minutes	(Training for a Maximum of 8 Parents/Caregivers)	
97158	Adaptive Behavior Treatment Social Skills Group 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	QHP, Member and Group of Peers (Maximum of 8 Members)	26 Episodes per 26 Weeks (up to 4 units per episode)

12-4 Alternative service hour combinations

Providers may request alternative service hour combinations that equal less than 30 hours/week of combined services for codes for individual and group therapy by a behavior technician. Combined requests for parent training and social skills groups by a BCBA may also be requested for less than 29 hours every 6-month authorization period.

12-5 Coding guidance

The following table assists in outlining the covered adaptive behavior treatment and the CPT codes reportable by each.

Type of Service	CPT Codes
Direct face-to-face treatment with the patient	97153, 97155
Direct treatment of patient(s) in group	97154, 97158
Family treatment guidance	97156, 97157

The following table offers coding guidance to providers and outlines the elements included with adaptive behavior treatment by protocol or with protocol modification.

	97153	97155
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By Protocol	X	
With protocol modifications		X
QHP face-to-face with the patient		X
QHP are required to be onsite		X
Number of technicians	1	0-1
Deficient adaptive behavior(s), maladaptive behavior(s), or other impaired functioning secondary to deficient adaptive or maladaptive behaviors		X
Destructive behavior(s)		X