2024

Applied Behavior Analysis (ABA) Provider Requirements and Program Description

TENNCARE MANAGED CARE ORGANIZATIONS

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Overview of the ABA Benefit

The Division of TennCare along with the contracted Managed Care Organizations (MCO), BlueCare, United Healthcare, and Wellpoint has determined the need for a comprehensive network of ABA providers who offer specific services for members who meet medical necessity criteria for ABA services. These providers may be agencies or licensed independent practitioners, but all must attest to provide treatment as outlined in this program description to be a part of this network.

- “Practice of applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis.
- ABA interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help people develop new behaviors, increase, or decrease existing behaviors, and emit behaviors under specific environmental conditions; and
- The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Definitions

Applied Behavior Analysis (ABA): Refers to the process of applying interventions that are based on the principles of learning derived from experimental psychology research to systematically change behavior and to demonstrate that the interventions used are responsible for the observable improvement in behavior. ABA methods are used to increase and maintain desirable adaptive behaviors, reduce interfering maladaptive behaviors, or narrow the conditions under which they occur, teach new skills, and generalize behaviors to new environments or situations. ABA focuses on the reliable measurement and objective evaluation of observable behavior within relevant settings including the home, school, and community (Myers, 2007). It is a time-limited intervention that should result in progressive, measurable gains in functioning on a standardized measure.

Assessment instruments: Standardized diagnostic tests used to evaluate an individual's performance in specific areas of functioning such as those recommended in the guidelines of the AAP, AAN and the AACAP (e.g., learning and communications skills, social interaction, etc.).

BACB: TN requires that a BCBA or other qualified licensed mental health clinician engaging in direct ABA therapy be licensed as a LBA through the TN Applied Behavior Analyst Licensing Committee. *Licensed mental health clinicians that can attest to BACB and MCO standard may provide direct ABA without a LBA if practicing within a provider group and not independently.
https://www.bacb.com/about/

Educational interventions: Learning interventions that assist individuals with obtaining knowledge and communication through speech, sign language, writing and other methods and social skills.

Meaningful changes: must be durable over time beyond the end of the actual therapy session, and generalizable outside of the therapy setting to the patient's residence and to the larger community within which the patient resides. Documentation of meaningful changes must be kept and provided upon request.

Optimal Therapy: Means that a well-designed set of interventions is delivered by BCBA/LBA without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.

Registered Behavior Technician (RBT): Refers to the BACB-credentialed individual who implements programming designed by others. If an RBT has multiple employment settings, the RBT is responsible for identifying and selecting a Responsible Certificate in each setting and coordinating with the Responsible Certificates to track total supervision hours across settings. The RBT may not be related to, superior to, or the employer of the certificate providing training, assessing competency, providing supervision, or serving as the Responsible Certificate. Employment does not include compensation paid by the RBT for supervision services. Please see the following relevant sections of the BACB Professional and Ethical Compliance Code for Behavior Analysts: 1.04, 1.05, 1.06, 1.07, and 5.0.

Network Provider Eligibility

The required therapy elements for providers participating in the ABA network are as follows:

To provide ABA services within the ABA Network, a provider must meet all federal and Tennessee state requirements. Additionally, providers must also comply with all requirements in this document, including:

- Meeting the network provider eligibility criteria and complying with Tennessee state licensure requirements
- Providing and documenting interventions in accordance with all program components outlined below.

Below are the credential and certification expectations for both BCBA professionals and RBT paraprofessionals:

1. Behavior Analyst Credentials-currently Board-Certified Behavior Analyst AND credential verification by the Managed Care Organization;
2. Registered Behavior Technicians-RBT's and their supervising BCBA providers, must comply with ALL of the current Behavior Analyst Certification Board (BACB)requirements for credentialing, ethics, competency, supervision, and maintenance of the RBT credential.
3. TN requires that a BCBA or other qualified licensed mental health clinician engaging in direct ABA therapy be licensed as a LBA through the TN Applied Behavior Analyst Licensing Committee. *Licensed mental health clinicians that can attest to BACB and MCO standard may provide direct ABA without a LBA if practicing within a provider group and not independently.

Provider Requirements

At all times during treatment, providers must follow all state rules and regulations as outlined by Tennessee Department of Health and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

Licensure Requirements

- Per the TN Department of Health, info about Applied Behavior Analyst Licensing Committee is available at the following link:

  https://www.tn.gov/health/health-program-areas/health-professional-boards/applied-behavior-analyst/applied-behavior-analyst/about-applied-behavior-analyst.html

- Per the TN Department of Health, link to application, requirements, and rules:

  https://www.tn.gov/health/health-program-areas/health-professional-boards/applied-behavior-analyst.html

- Tennessee Department of Mental Health and Substance Abuse Services:

  Become a Licensed Provider (tn.gov)

Program Components

Overview of Treatment Phases

By participating in the ABA Network, providers agree to provide treatment in accordance with the best practices below and associated requirements.

Diagnosis/Evaluation

ASD or other identified diagnosis necessitating ABA intervention should be (a) issued by a qualified health professional, practicing within their scope, with training in assessment of individuals with ASD and /or other neurodevelopmental concerns, (b) based on current DSM-5-TR criteria if applicable, and (c) include history, observation, and if/when clinically appropriate formal assessment of developmental skills (e.g. cognitive, adaptive, ASD assessment tools).

A. **ABA Behavior Identification and Assessment** A diagnosis of ASD or other identified diagnosis necessitating ABA intervention has been made as indicated above; and
B. Documentation is provided which describes the person-centered treatment plan that includes all of the following:
   1. Addresses the identified behavioral, psychological, family, and medical concerns; and

2. Has measurable goals in objective and measurable terms based on standardized assessments that address the behaviors and developmental differences for which the intervention is to be applied
   (Note: this should include, for each goal, baseline measurements, progress to date and anticipated timeline for achievement based on both the initial assessment and subsequent interim assessments over the duration of the intervention); and
3. Documents that ABA services will be delivered by an appropriate provider who is licensed or certified according to applicable state laws and benefit plan requirements; and

C. Assessments of motor, language, social, and adaptive functions have been completed; and

D. The person-centered ABA treatment plan incorporates goals appropriate for the individual's age and impairments including social, communication, language skills and/or adaptive functioning that have been identified as deficient relative to age expected norms with these elements for each target:
1. Anticipated timeline for achievement of the goal(s), based on both the initial assessment and subsequent interim assessments over the duration of the intervention; and
2. Family education and training interventions including the behavior parents/caregivers are expected to demonstrate; and
3. Demonstration of Coordination of Care efforts with other treating providers
4. Estimated date of mastery; and
5. Plan for generalization; and
6. Discharge or transition planning.

Assessment for ABA should be comprehensive and include direct observation (ideally a minimum of one in-person contact), file review, interviews with one or more informants, and standardized assessments to evaluate cognition, communication, social skills, adaptive skills, and behavioral domains inclusive of review of available information or data. Functional Behavioral Assessment is used to identify behavioral issues that may be targeted for specific interventional treatment.

The use of standardized assessments facilitates the consistent, systematic, and reliable evaluation early in the course of treatment, preferably before initiating ABA, and at regularly scheduled intervals thereafter. The data derived from these assessments is used to inform about the impact of treatment on the trajectory of the individual's condition, especially documenting improvement.

Initial Pre-certification

For initial assessment requests, the review process in inclusive of the following:

- There is documentation by a TN licensed clinician supporting medical necessity for ABA; see diagnosis section Diagnosis/Evaluation

  -AND-

- ABA services must be located in TN and must be provided by or supervised by a Board-Certified Behavior Analyst (BCBA) licensed in TN (LBA) or a health professional permissible under TN state law. Unlicensed persons may deliver applied behavior analysis (ABA) services under the extended authority and direction of a TN LBA. Such persons shall not represent themselves as professional behavior analysts.
  -AND-
- The member's current condition can be safely, efficiently, and effectively assessed and/or treated in this setting. There is a time-limited, individualized treatment plan developed based on the assessment completed by the BCBA prior to treatment that is member-centric, strengths-specific, family-focused, community-based, multi-systemic, culturally competent, and least intrusive.
- This treatment plan has specific target behaviors that are clearly defined: frequency, rate, symptom intensity or duration, or other objective measures of baseline levels are recorded, and quantifiable criteria for progress are established.
- Behavior analysts select, design, and implement behavior-change interventions that: (1) are conceptually consistent with behavioral principles; (2) are based on scientific evidence; (3) are based on assessment results; (4) prioritize positive reinforcement procedures; and (5) best meet the diverse needs, context, and resources of the client and stakeholders.
- The plan describes behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills are specified. Treatment plan should be dated within 30 days of start date.
- Cumulative graphs/charts of baseline data and current progress
- Current behavioral support plan and treatment plan including symptoms and behaviors requiring treatment, skills to be addressed, baseline measures and current progress
- Describe desired outcomes/alleviation of problems and/or symptoms in specific, behavioral, and measurable terms including updated evaluation of functioning via standardized tools at least every two years.
- List any other services member is receiving (e.g., PT, OT, ST, school, behavioral health) and ensure demonstration of Coordination of Care efforts with other treating providers.
- There is a review of the member's history, as well as ongoing collaboration and coordination with existing providers and/or the school district, as applicable.
- There is involvement of, or referrals to, appropriate health care, community, or supplemental resources.
- Schedule of treatment (hours per day/week)
- There is documented evidence of commitment for engagement from parent(s) (or guardians) to participate in treatment to generalize gains.
- Documentation of parental/caregiver involvement and measurable parent/caregiver goals
- Measurable client specific discharge criteria and transition plan

Note: School based behavioral health services that are medically necessary are not required to be included in a child's Individualized educational plan (IEP) in order to be reimbursable. Please refer to School Based Services Billing Manual SchoolBasedServicesBillingManual.pdf (tn.gov) for more information.

Discharge Planning

Discharge and fading planning begin at the onset of treatment. The BCBA, individuals receiving ABA treatment, and/or caregiver will collaborate to develop fading criteria based on individual needs. Fading steps should be smaller increments that would indicate the steps fading out behavioral intervention. This should be completed for all volumes of care. As the member progresses through ABA therapy, milestones of progress should be tied to a lessening of treatment. The fading plan should be developed to target skill gaps between communication, social skills, and repetitive/restrictive behaviors. Discharge planning should include the steps that will be taken after the treatment has been faded out. Individuals receiving ABA treatment and their caregivers will receive initial and ongoing education towards discharge planning progress, including identifying barriers and incorporating these barriers into the individual's behavior plan. Regular review of programming, data, and graphs in identified skill deficits should be held between the BCBA and caregiver.

Not Medically Necessary/Exclusions

For Not Medically Necessary/Exclusions listing, see the TennCare Rules via the below link:

https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-13.20230419.pdf

Telehealth

Literature supports additional training for providers doing ABA services through telehealth. While telehealth may be an option, there are some instances where it is not as effective as in person. See Potential Limitations of Telehealth (Practice Parameters for Telehealth in ABA)

Providers and organizations should consider the potential limitations of telehealth for each patient. Potential limitations as outlined by the Centers for Disease Control and Prevention (CDC) may include:

- Interstate licensure challenges and other regulatory issues that may vary by state
- Situations in which in-person visits are more appropriate due to urgency, underlying health conditions, significant behaviors, safety concerns, limited communication, or inability to perform an adequate assessment or intervention
- The need to address sensitive topics, especially if there is patient discomfort or concern for privacy
- Limited access to technological devices (e.g., smartphone, tablet, computer) needed for a telehealth visit or connectivity issues
- Level of comfort with technology for provider and/or patients

- Cultural acceptance of conducting virtual visits in lieu of in-person visits by provider and/or patients

Telehealth service delivery for ABA should include a review of ongoing ethical, efficacy, and scope-of-practice considerations are essential to:

1. Identify protocols for clinical appropriateness of telehealth models (i.e., direct service, clinical direction, caregiver consultation).

2. Identify HIPAA- compliant telehealth technology requirements and limitations.

3. Ensure therapeutic benefit for recipients of telehealth ABA services.

4. Ensure competence of providers delivering care via telehealth modalities

https://www.cms.gov/medicare/coverage/telehealth/list-services

Additional Non-Covered Services

Non-covered tests/procedures include but are not limited to the following:

- Non-client specific preparation of materials, review of research, writing treatment protocols, charting data or plotting graphs
- Non-client specific administrative Supervision/training of behavior technician/paraprofessionals
- More than one appropriately trained, licensed psychologist/LABA delivering services to a member during a specific time interval
- Accompanying members to appointments or activities outside of the home (e.g., recreational activities, eating out, shopping, play activities, medical appointments), when not part of members documented treatment plan addressing goals related to social and/or behavioral functioning
- Transporting the member in lieu of parent/caregiver
- Providing services that are part of an individualized education program (IEP) or functioning as an educational aide in the school setting
- Provider travel time
- Provider residing in the member's home and functioning as live-in help
- Billing services when members are sleeping
- Indirect work to meet with providers or educational staff
- Services provided simultaneously with other medical services such as occupational therapy, speech and language therapy, physical therapy, and psychotherapy
- Non-evidenced based treatment that is not ABA, including but not limited to Relationship Development Intervention and Floor Time.

Essential Practice Elements of ABA

These characteristics should be apparent throughout all phases of assessment and treatment:

Description of specific levels of behavior at baseline when establishing treatment goals.

A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence.

Collection, quantification, analysis, of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals.

Efforts to design, establish, and manage the treatment environment(s) to minimize problem behavior(s)and maximize rate of improvement.

Use of a carefully constructed, individualized, and detailed behavior analytic treatment plan which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which are in line with current best practices an emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis;

Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until the client can function independently in multiple situations.

Direct support and training of family members/caregivers and other involved professionals to promote optimal function and promote generalization and maintenance of behavioral improvements; and

Supervision and management by a Behavior Analyst or a health professional permissible under TN state law with expertise and formal training in ABA.

Treatment Modalities:

Group adaptive behavior treatment by protocol*:

Group adaptive behavior treatment by protocol may be covered when all of the following criteria have been met:

A. The person-centered treatment plan addresses specific treatment goals and targeted problem areas; with the goal to train the individuals in the use of techniques reducing maladaptive behaviors and increasing skill acquisition.
B. The hours of services should reflect the number of behavioral targets, services, and key functional skills to be addressed.
C. Group size should be no larger than six to eight participants as a best practice.

Family adaptive behavior treatment guidance:

Family adaptive behavior treatment guidance may be covered when all of the following criteria have been met:

A. The goal of the guidance is to provide instruction to a parent, guardian, or other caregiver the treatment protocols to use in reducing the affected individual's maladaptive behaviors and increase generalization of skills; **and**
B. The person-centered treatment plan addresses targeted behaviors and specific goals based on assessment of the affected individual; **and**
C. The scope of the intervention for the targeted behaviors is within the context of management by the family and is such that the guidance may be performed with or without the affected individual present.

Multiple-family group adaptive behavior treatment guidance:

Multiple-family group adaptive behavior treatment guidance may be covered when all the following criteria have been met:

A. The person-centered treatment plan addresses specific treatment goals and targeted problem areas; and
B. The goal is to train a group of parents, guardians, or caregivers in the use of behavioral techniques to reduce maladaptive behaviors and skill deficits; **and**
C. The session is conducted by a BCBA or RBT with supervision (in accordance with state law and benefit plan requirements); **and**
D. The intervention is based upon the affected individuals sharing at least one common behavioral target and possible key functional skills that will benefit the individual by group intervention as explained in the clinical summary; **and**
E. The scope of the intervention for the targeted behaviors is within the context of management by the families or caregivers and is such that the guidance must be performed in the absence of the affected individual.

*Group therapy must be appropriately structured to meet the individual and collective needs of the clients participating in the group. The BCBA is responsible for ensuring the group setting is beneficial to all clients participating in group therapy. This includes maintaining an appropriate technician-to-client ratio, ensuring interventions are delivered effectively to all group clients, and documenting the session's activities and outcomes in alignment with each client's treatment goals. Considerations for a client participating in group therapy may include (but are not limited to): client engagement in maladaptive behaviors, communication repertoire, ability to toilet independently, and ability to eat independently.

Provider Program Requirements and Expectations

Provider Program Requirement Assurance:

In addition to providing high quality evidence-based assessment, diagnosis, and treatment of Autism Spectrum Disorder and other ABA-qualifying clinical presentations, providers must also ensure provision of the program requirements listed below.
Documentation:

- Individualized treatment plans within thirty (30) days of admission and reviewed every six (6) months thereafter.
- Policies & Procedures regarding Termination of Services, in adherence with BACB Ethics Code
- Documentation Protection and Retention Behavior analysts are knowledgeable about and comply with all applicable requirements (e.g., BACB rules, laws, regulations, contracts, funder, and organization requirements) for storing, transporting, retaining, and destroying physical and electronic documentation related to their professional activities. They destroy physical documentation after making electronic copies or summaries of data (e.g., reports and graphs) only when allowed by applicable requirements. When a behavior analyst leaves an organization, these responsibilities remain with the organization.
- Provide initial and on-going training and resources to patients receiving care including:
    - Treatment options and the benefits and risks and safety considerations associated with each treatment option.
    - The ABA provider is also strongly encouraged to leverage professional resources for the purpose of consumer education and treatment engagement.
- Crisis/Emergency Plan:
    - Maintain a Crisis/Emergency Plan in accordance with BACB best practices.
- Collaborative Treatment Team:
    - Function as part of a collaborative treatment team to share data, support referral needs and consult with other professionals or specialists on the member's team. Per best practices, the ABA provider is strongly encouraged to engage in interdisciplinary consultation.

- BACB Guidelines:
  Remain up to date on most recent evidence-based guidelines and recommendations produced by Behavior Analyst Certification Board (BACB).

  (Note: The link below connects to the BACB page in the event more specific references change over time.) https://www.bacb.com/ethics-information/ethics-codes/

Monitoring of Quality

In partnership with TennCare, the MCOs and inclusive of provider stakeholder feedback, an Annual ABA Provider Quality Assurance Attestation document has been established to demonstrate compliance with ABA best practices.

In an effort, to maintain consistent provision of high-quality, evidence-based treatment, the MCOs will conduct collaborative Quality Reviews with providers based upon a random sampling of providers. Consistent with the applicable provider agreements, the provider must make available to the MCO relevant medical records, clinical and facility protocols, clinical data, and other relevant documentation upon request.

Annual Quality Review

An Annual Quality Review will be collaboratively conducted by providers and MCOs. The ABA provider Quality Review may include:

- Review of the Provider Quality Improvement plan and evidence this plan remains active.
- Review of supporting policies and procedures supporting quality service delivery based upon industry recognized best practices.
- Review of medical records for adherence to ABA program requirements and clinical treatment guidelines. Reviews may focus on but are not limited to key clinical activities and documentation to include:
  - Functional assessment reviews, behavioral health treatment, care coordination, and discharge planning discussions where appropriate.

Coding

The CPT codes for ABA and their respective descriptions are included in the supplemental Universal ABA Request for Authorization, listed below in the References and Resources section, and maintained on each MCO's Provider website or via outreach to your Provider Representative.

Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

References and Resources

DSM-5-TR Criteria for Autism Spectrum Disorder Diagnostic criteria:

The diagnosis of Autism Spectrum Disorder (ASD) must be validated by a documented comprehensive assessment demonstrating the presence of the following diagnostic criteria based on the DSM-5-TR™

(5th ed.; DSM-5-TR; APA, 2022)

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history (examples are illustrative, not exhaustive; see text);

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication, to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communications.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social context; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text);

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper-or hypoactivity to sensory inputs or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching or objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learning strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social(pragmatic) communication disorder.

Assessment Tools:

- Autism screening tests: A narrative review - PMC (nih.gov)
- Screening and Diagnosis of Autism Spectrum Disorder for Healthcare Providers | CDC
- https://www.bacb.com/
- Identification, Evaluation, and Management of Children With Autism Spectrum Disorder | Pediatrics | American Academy of Pediatrics (aap.org)

Additional Resources

Additional resources, references, and published comprehensive best practice guidelines for the use of ABA are listed below. This program description and the treatment elements have been developed from these documents for ABA treatment.

- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: http://dsm.psychiatryonline.org/book.aspx?bookid=556
- Myers SM, Johnson CP; American Academy of Pediatrics Council on Children with Disabilities. Management of children with autism spectrum disorders. Pediatrics.2007; 120(5):1162-1182.
- Sheinkopf SJ, Siegel B. Home-based behavioral treatment of young children with autism. J Autism Dev Disord.1998; 28(1):15·23.
- TennCare Medical Necessity Criteria Chapter 1200-13-16, Section 1200-13-16-.05 Medical Necessity Criteria: https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-16.20111128.pdf
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2019). *Applied Behavior Analysis (3rd Edition).* Hoboken, NJ: Pearson Education

Websites for Additional Information

1) Behavior Analyst Certification Board- www.bacb.com
2) American Academy of Pediatrics- www.AAP.org
3) CASP ABA Practice Guidelines: ASD Guidelines - Council of Autism Service Providers (casproviders.org)
4) TennCare Medicaid Website, Provider Home Page: Providers (tn.gov)

ABA Codes

Assessment Codes

Code	Service Description
97151	Behavior identification assessment

97152	Behavior identification, supporting assessment

Initiation/Continuation Codes

Code	Service Description
97151	Behavior identification assessment
97152	Behavior identification, supporting assessment
97153 (BA)	Adaptive behavior treatment by protocol
97153 (RBT)	Adaptive behavior treatment by protocol, administered by technician
97154	Group adaptive behavior treatment by protocol, administered by technician
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional,
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional