

ABA Planned Changes to Clinical Coverage Policy 8F

Prepared April 14, 2026

#	Overarching Recommendation	Specific Recommendation	Support from	
			Health Plans	Providers
Phase 1 Changes: Present at May 1 PAG, Implemented by August 1				
1	Set limits on services delivered by telehealth; specify activities that require minimum in-person versus remote format.	Prohibit telehealth use for identification and supporting assessment (CPT code 97152); and adaptive behavior treatment at the individual or group level (CPT codes 97153-97154). These services are best delivered in person.	Y	Y
2		No more than 10% of adaptive behavior treatment with protocol modification (CPT code 97155) may be provided to an individual via telehealth. Providers must submit written documentation to plans justifying telehealth for CPT code 97155 beyond that standard; telehealth services beyond that standard will be subject to post-payment review.	Y	Y
3		Continue to allow behavior identification assessment (CPT code 97151); family and multi-family adaptive behavior treatment guidance, respectively (CPT codes 97156 and 97157) to be delivered via telehealth. Providers support services for parents/guardians to be delivered via telehealth in certain circumstances.	Y	Y

#	Overarching Recommendation	Specific Recommendation	Support from	
			Health Plans	Providers
4	Require parent/family involvement in treatment.	<p>Establish minimum standards for caregiver involvement and caregiver-focused goals:</p> <ul style="list-style-type: none"> • Require treatment plans include at least two specific and measurable goals. Goals must include baseline data, behavior the caregiver is expected to demonstrate, and mastery criteria that specify the conditions under which the caregiver must demonstrate a skill (e.g., during a specific routine or without prompting from a therapist) • Require a minimum of six parent training sessions per six-month authorization period. Providers must document in the treatment plan the caregiver training that will be conducted (e.g., modeling and demonstration of skills) • Require transition/titration planning to include caregiver training hours so that the caregiver and other natural supports can continue to support the member after the member is no longer receiving RB-BHT • Require providers to submit written justification if caregiver training is not incorporated into the treatment plan or the number of training hours and/or goals are below the required minimum, including documented efforts to engage the caregiver in treatment 	Y	Y
5		<p>Require that the treatment plan document the person(s)/guardian(s) who is/are legally responsible for the member, the member's primary caregiver (if different), and individuals who are actively involved in their care, as applicable (e.g., school staff). The treatment plan must be shared with all individuals indicated in the treatment plan</p>	Y	Y

#	Overarching Recommendation	Specific Recommendation	Support from	
			Health Plans	Providers
		(with appropriate consent from the legally responsible person)		
6		Standardize treatment plan requirements	Y	TBD
7		Require the submission of a “service calendar” that outlines when the member will be receiving services and will ask the provider to account for time the member is engaged in other activities (e.g., school)	Y	TBD
8	Ensure staff delivering care are supervised by a qualified individual who resides in North Carolina.	Establish new provider standards to promote appropriate supervision of behavior technicians as part of care delivery and adjustments to treatment protocols (i.e., minimum of 10% active observation to direct treatment; ranging up to 20%).	Y	Y
9		Disallow out of state providers, except those that fall within 40 miles of border	Y	Y
10		Clarify which provider types qualify as independently licensed providers responsible for developing and implementing the treatment plan	TBD	TBD
11	Clarify provider types authorized to diagnose ASD and refer to ABA (prevent self-referral and establish conflict-	Clarify provider types that may make an autism diagnosis	Y	Y

#	Overarching Recommendation	Specific Recommendation	Support from	
			Health Plans	Providers
	free assessment and referral pathways).			
12	Clarify billable services versus non-billable observation and direction.	Clarify which specific activities under adaptive behavior treatment and protocol modification (CPT code 97155) are billable (e.g., providing real-time corrective feedback, demonstrating new or modified protocols for a technician or caregiver to observe) and which are not (e.g., activities to ensure the technician practices in a competent, professional, and ethical manner in accordance with the standards of the profession/licensure standards; and that the technician continues to develop their knowledge and skills)	Y	TBD
13		Clarify which ABA providers can bill each CPT code	Y	TBD
14		Clarify when concurrent billing is and is not permitted	Y	TBD
15		Standardize required session note elements	Y	TBD
16		Clarify prohibition against duplication/supplantation of non-Medicaid services	Y	TBD
17		Specify that RB-BHT may not be used for custodial, respite, or habilitative services and strengthen language clarifying other circumstances when RB-BHT may not be billed (e.g., naps, lunch, non-therapeutic time)	Y	Y
18	Assessment and Treatment Planning	Require that the treatment plan be informed by an assessment conducted using a scientifically validated assessment instrument; require the treatment plan be updated regularly	Y	TBD

#	Overarching Recommendation	Specific Recommendation	Support from	
			Health Plans	Providers
19		Standardize required treatment plan elements (e.g., comprehensive vs. focused treatment, clinical justification for requested hours of ABA treatment, caregiver goals, including a ratio of involvement to service hours, and caregiver training standards)	Y	TBD
20	Provider Qualifications	Require behavior technicians to obtain and maintain Behavior Analyst Certification Board (BACB) or Qualified Applied Behavior Analysis Credentialing Board (QABA) certification. This policy will have a phase-in period of 120 days for existing technicians. New hires will have 120 days from the date of hire to obtain certification going forward. Require modifiers for rendering provider to identify behavior technicians as part of billing.	Y	Y
Phase 2 Changes: Present at August 1 PAG, Implement by December 1				
21	Clarify provider types authorized to diagnose ASD and refer to ABA (prevent self-referral and establish conflict-free assessment and referral pathways).	Prevent diagnosing providers from self-referring to ABA and institute additional policy changes to mitigate risks related to provider self-referral	Y	Y
22	Assessment and Treatment Planning	Institute new requirements for whole-person care planning	Y	TBD