

ABA services to require prior authorization

 pages.azblue.com/Nov-15-Prior-auth-required-for-all-ABA-services---OCT-2021.html

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We are updating the Blue Cross® Blue Shield® of Arizona (BCBSAZ) prior authorization requirements to include all codes related to applied behavioral analysis (ABA) treatment. We use the prior authorization process to determine coverage for certain benefits.

The new ABA prior authorization requirements start as follows:

For patients starting a new course of ABA treatment: Prior authorization must be obtained before beginning a new course of ABA treatment on or after November 15, 2021.

For patients already in ABA treatment: No prior authorization is required until you are ready to renew treatment upon the patient's next scheduled six-month evaluation (after November 15). In this scenario, your prior authorization request must be received within 30 days after the evaluation and treatment plan update.

Below are the ABA codes that require prior authorization.

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**[Drug Take Back Day is October 23:](#)
Encourage your patients to take action
to reduce prescription drug misuse**

CODE	DESCRIPTION
0362T	Behavior identification supporting assessment; EA 15 minutes of tech time; face-to-face w assistance of two or more technicians; for a patient w destructive behavior
0373T	Adaptive behavior treatment w protocol modification by technician; EA 15 minutes face-to-face w assistance of two or more technicians; for a patient w destructive behavior
97153	Adaptive behavior treatment by protocol under direction of physician/QHCP; EA 15 minutes 1:1
97154	Group adaptive behavior treatment by protocol under direction of physician/QHCP; EA 15 minutes face-to-face
97155	Adaptive behavior treatment w protocol modification by physician/QHCP; EA 15 minutes 1:1
97156	Family adaptive behavior treatment guidance by physician/QHCP; EA 15 minutes 1:1
97157	Multiple-family group adaptive behavior treatment guidance by physician/QHCP; EA 15 minutes face-to-face
97158	Group adaptive behavior treatment w protocol modification by physician/QHCP; EA 15 minutes face-to-face

Clinical criteria ABA services

BCBSAZ evaluates the medical necessity of ABA services according to InterQual® criteria. These criteria help ensure that our members and their families receive the care they need and develop skills for ongoing self-care. To access the evidence-based criteria, log in to our secure provider portal at azblue.com/providers and go to “Practice Management > Clinical Criteria > BCBSAZ Members-InterQual Search.” The tool displays criteria in these four service categories with specific information according to the patient’s age and indication:

1. ABA Consultation with other providers, or agencies, or school personnel
2. ABA Parent or caregiver training
3. ABA Supervision
4. ABA Treatment

You can view or download the “SMARTSHEETS” PDFs or use the “BOOK VIEW” to walk through the criteria in an interactive step-by-step process.

Questions?

See our [InterQual Search Tool Provider User Guide](#) for more information about using the InterQual tool. To learn how to use our online prior authorization request tool, see our [2020 newsletter article](#) on this topic. For practice-specific questions, contact your [provider liaison](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

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Our members can take a digital ID card with them wherever they go with the MyBlue AZSM mobile app.

