

MEDICAL POLICY – 3.01.510


Applied Behavior Analysis (ABA)

Effective Date: Aug. 1, 2021
Last Revised: July 9, 2021
Replaces: N/A

RELATED MEDICAL POLICIES:
None

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Introduction

Applied behavior analysis (ABA) applies the principles of how people learn and their motivations to change behavior. The idea behind ABA is that behaviors that are rewarded will increase and behaviors that are not rewarded will decrease and eventually stop. There are several different ABA techniques. Generally, each focuses on what happens before a behavior occurs and what happens after. ABA has been used for people with autism to try to increase language and communication, enhance attention and focus, and help with social skills and memory. This policy describes when ABA may be considered medically necessary. It also discusses the providers the plan covers for ABA services, and the usual number of hours covered during ABA evaluation and therapy.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
<p>Psychotherapy sessions</p>	<p>Psychotherapy sessions that include applied behavior analysis interventions, that are offered separately from a comprehensive, intensive program using a program manager and therapists and/or therapy assistants, may be considered medically necessary for the treatment of covered mental disorders when:</p> <ul style="list-style-type: none"> • Provided by state-licensed clinicians practicing within the legal scope of their licensure <p>AND</p> <ul style="list-style-type: none"> • The services are consistent with psychotherapy sessions designated by current CPT terminology.
<p>Applied Behavior Analysis (ABA)</p>	<p>Treatment that consists of Applied Behavior Analysis (ABA) provided several hours daily on treatment days and utilizing a program manager, lead therapist, or supervising clinician plus therapists or therapy assistants may be considered medically necessary when the following criteria are met:</p> <ul style="list-style-type: none"> • The member has been diagnosed with Autism Spectrum Disorder (DSM-5 299.00; ICD-9 299.0, 299.00, 299.01, 299.1, 299.10, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90, or 299.91; DSM-IV 299.00, 299.10, or 299.80; ICD-10 F84, F84.0, F84.2, F84.3, F84.5, F84.8, or F84.9) by a psychiatrist, psychologist, neurologist, or developmental pediatrician. The diagnosis has been validated by a documented comprehensive assessment demonstrating the presence of DSM-5 diagnostic criteria if the diagnosis was made after the release of DSM-5, or demonstrating the presence of DSM-IV diagnostic criteria if the diagnosis was made prior to the release of DSM-5. ABA is considered to be not medically necessary for any other conditions. • The Autism Spectrum Disorder (ASD) is adversely impacting the member’s development, communication, social interactions, or behavior such that the member is unable to adequately participate in age-appropriate home, school, or community activities, or the member is a safety risk to self, others, or property. • The services provided are Comprehensive ABA or Focused ABA as described by the Behavior Analyst Certification Board.



Service	Medical Necessity
	<p>Comprehensive ABA, such as Early Intensive Behavioral Intervention, addresses multiple domains simultaneously with the goal of bringing functioning to or near levels typical for chronological age. Focused ABA has a goal of addressing a limited number of behavioral or skill development targets.</p> <ul style="list-style-type: none"> • An individualized treatment plan is developed and documented prior to or within 30 days of beginning ABA. The treatment plan is based on a comprehensive assessment, often called a functional analysis or Functional Behavioral Analysis that was conducted prior to, but no earlier than within 6 months of, the initiation of ABA. The treatment plan includes the following elements: <ul style="list-style-type: none"> ○ Verification of ASD diagnosis by DSM-5 or DSM-IV criteria. ○ Identification and detailed description of targeted symptoms and behaviors. Targeted symptoms and behaviors must be those which are preventing the member from adequately participating in age-appropriate home, school, or community activities, or that are presenting a safety risk to self, others, or property. ○ Objective baseline measurements of each targeted symptom and behavior via measurements that are administered by or approved by the program manager/lead behavioral therapist (defined below). ○ Detailed description of treatment modality or modalities and interventions for each targeted symptom and behavior. ○ Treatment goals and measures of progress for each targeted symptom and behavior, with estimated timeframes for achieving the goals. ○ Inclusion of parents (or active caretakers or legal guardians when appropriate); specifically, detailed description of interventions with parents, including as appropriate parental education, training, coaching, support, overall goals for parents, and plan for transferring interventions with member/identified patient to parents. ○ Plan for communication and coordination with other providers and agencies as appropriate, including day care, school, and other health care providers.



Service	Medical Necessity
	<ul style="list-style-type: none"> ○ Total number of days per week and hours per day of direct services to the member/identified patient and of services to parents. Total number of hours per week of supervision of therapy assistants. Total number of hours per month of program development, treatment plan development, and case review. ○ Measurable criteria for completing treatment, with projected plan for continued care after discharge from ABA. ● Evaluation of progress: <ul style="list-style-type: none"> ○ Data on targeted symptoms and behaviors is collected by direct therapy providers during each ABA session. The program manager/lead behavioral therapist collates and evaluates the data from all sessions at least once/week, and summarizes progress on each targeted symptom and behavior at least once every six months. <ul style="list-style-type: none"> ▪ Progress is assessed and documented for each targeted symptom and behavior, including progress towards the defined goals, and including the same modes of measurement that were utilized for baseline measurements of specific symptoms and behaviors. ▪ When goals have been achieved, either new goals should be identified that are based on targeted symptoms and behaviors which are preventing the member from adequately participating in age-appropriate home, school, or community activities, or that are presenting a safety risk to self, others, or property; or, the treatment plan should be revised to include a transition to less intensive interventions. ▪ When there has been inadequate progress re: targeted symptoms and behaviors, or no demonstrable progress within a six month period, or specific goals have not been achieved within the estimated timeframes, there should be an assessment of the reasons for inadequate progress or not meeting the goals, and treatment interventions should be modified or changed in order to attempt to achieve adequate progress, or a change in providers should take place, whichever is appropriate.



Service	Medical Necessity
	<ul style="list-style-type: none"> ▪ When there is continued absence of adequate improvement or when progress plateaus, and there is no reasonable expectation of further progress, the treatment plan should be revised to reflect a planned discontinuation of ABA, and referral to other resources as appropriate, allowing for a brief period of time for termination with the member and parents. <p>Please see below for information on ABA service providers.</p>

Applied Behavior Analysis (ABA) Service Providers

Applied Behavior Analysis (ABA) services are either provided by, or are under the supervision of, a clinician (often referred to as the program manager or lead behavioral therapist) who is one of the following:

- A Board Certified Behavior Analyst (BCBA), certified by the Behavior Analyst Certification Board, and state-licensed or state-certified in states that require state licensure or state certification for behavior analysts.
- Any other state-licensed Behavior Analyst.
- A state-licensed physician who is a psychiatrist, developmental pediatrician, or pediatric neurologist.
- A state-licensed psychiatric advanced nurse practitioner/advanced registered nurse practitioner.
- A state-licensed psychologist.
- A state-licensed Master’s level mental health clinician (eg, licensed clinical social worker, licensed marriage and family counselor, licensed mental health counselor).
- A state-licensed occupational therapist or speech therapist.
- Any other provider whose legally permitted scope of licensure includes behavior analysis

Alternately, in Washington State, ABA services may be provided by an agency that is licensed by the Department of Social and Health Services, Division of Behavioral Health Resources as a Community Mental Health Agency or as a Licensed Behavioral Health Agency, and is also certified by the Department of Social and Health Services, Division of Behavioral Health Resources to deliver ABA services. The agency must meet all requirements of, and must deliver ABA services in full compliance with, WAC 388-865-0469. In other states that specifically license agencies for ABA, ABA services may be provided by an agency that is so licensed.



Applied Behavior Analysis (ABA) Service Providers

When direct services to the member/identified patient and parents are provided by individuals who are not BCBA's or one of the licensed health care professionals listed above (often referred to as therapy assistants, behavioral technicians, or paraprofessionals), the therapy assistants/behavioral technicians/paraprofessionals receive weekly clinical supervision from the program manager/lead behavioral therapist as follows for each patient: generally two hours for every 10 hours of direct service provision, with a minimum of two hours weekly when direct service provision is 10 hours per week or less. Supervision may need to be temporarily increased to meet individual patient needs at certain times in treatment, eg, a significant change in response to treatment, or a significant increase in clinical complexity. Supervision may be conducted entirely in-person, or may be a combination of in-person and remote supervision, but some portion of the supervision (no specific time amount is specified) should be conducted in-person. However, supervision may be completely remote during periods of social distancing recommended by government agencies. Some supervisory time (no specific time amount is specified) should be utilized for direct observation of direct service provision by the therapy assistants/behavioral technicians/paraprofessionals. In addition, the program manager/lead behavioral therapist conducts a case review and treatment plan review with the therapy assistants/behavioral technicians/paraprofessionals at least once/month. Although some states are licensing therapy assistants/behavioral technicians, these requirements apply to all therapy assistants/behavioral technicians/paraprofessionals regardless of licensure status.

Therapy assistants, behavioral technicians, or paraprofessionals must be state registered, certified, or licensed in states that require state registration, certification, or licensure for those practitioners.

Board Certified assistant Behavior Analysts (BCaBAs) or state-licensed Assistant Behavior Analysts may function as program managers/lead behavioral therapists only in states in which state law or regulation stipulates that such functioning is in the legally-permitted scope of practice of BCaBAs or licensed assistant behavior analysts. Board Certified assistant Behavior Analysts or state-licensed Assistant Behavior Analysts may not provide ABA treatment services without supervision by a Board Certified Behavior Analyst, Licensed Behavior Analyst, or other higher-level licensed provider as permitted under state law or regulation.



Applied Behavior Analysis (ABA) Service Providers

Direct treatment services provided by Board Certified assistant Behavior Analysts and state-licensed Assistant Behavior Analysts are considered to be equivalent to services provided by therapy assistants/behavioral technicians/paraprofessionals.

Supervision of ABA programs and of clinicians providing direct treatment services must be provided by licensed behavior analysts in states in which state law or regulation stipulates that only licensed behavior analysts are permitted to provide ABA supervision, or by licensed behavior analysts or licensed assistant behavior analysts in states in which state law or regulation stipulates that only licensed behavior analysts or licensed assistant behavior analysts are permitted to provide ABA supervision (see next paragraph).

Licensed assistant behavior analysts may function as program managers/lead behavioral therapists and provide supervision to therapy assistants, behavioral technicians, or paraprofessionals who are providing direct treatment services, in states in which state law or regulation stipulates that supervision of therapy assistants, behavioral technicians, or paraprofessionals is in the legally-permitted scope of practice of licensed assistant behavior analysts. When a licensed assistant behavior analyst provides supervision to therapy assistants, behavioral technicians, or paraprofessionals, then supervision of the licensed assistant behavior analyst by a licensed behavior analyst, a BCBA, or other licensed clinician, although required, is considered to be a component of the licensed assistant behavior analyst's training and therefore not a medically necessary component of the treatment program.

Board Certified assistant Behavior Analysts must be state certified or licensed in states that require certification or licensure for BCaBAs.

After diagnosis and referral for ABA, 6-10 hours is usually sufficient for the initial evaluation/assessment for ABA and initial treatment planning by a program manager/lead behavioral therapist if focused ABA is planned. However, for Comprehensive ABA, more complex cases, or cases in which a complete functional analysis is needed, may require up to 15-20 hours for the initial assessment and treatment planning. The assessment may include time-limited observation in the school setting when behavioral or other difficulties that are manifestations of the individual's Autism Spectrum Disorder are evident and problematic in the school setting. Following the initial evaluation/assessment, 20-40 hours total per week is the usual range of services for Comprehensive ABA, including direct services to member/identified patient and/or parents by program manager/lead behavioral therapist and/or therapy assistants/behavioral technicians/paraprofessionals, program development,



Applied Behavior Analysis (ABA) Service Providers

treatment plan development, case review, and supervision. Fewer hours are required for Focused ABA. There is no evidence in the published literature to support more than 40 hours per week under any circumstances. Direct services to the member/identified patient are generally provided one-on-one or with parents present, most often in the home setting but also in community settings depending on the member/identified patient's needs and the settings where significant difficulties occur. Social skills groups may be appropriate as a component of a member's overall ABA program.

Functional analysis re-assessments, when determined to be appropriate, are generally conducted once every 6 to 12 months. The re-assessments may include time-limited observation in the school setting when behavioral or other difficulties that are manifestations of the individual's Autism Spectrum Disorder continue to be evident and problematic in the school setting.

Coding

Code	Description
CPT	
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior Alternate to HCPCS H2014
97151	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
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	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



Code	Description
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97158	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
HCPCS	
H0031	Mental health assessment – Used for initial evaluation/assessment, initial functional analysis, and periodic functional analysis re-assessments (must be done by a program manager/lead behavioral therapist)
H0032	Mental health service plan development – Used for program development, treatment plan development or revision, data analysis, case review, treatment team conferences, supervision of therapy assistants/paraprofessionals, and for real-time direct communication/coordination with other providers (must be done by a program manager/lead behavioral therapist)
H2014	Skills training and development, per 15 minutes – Used for direct services to member and/or parents (including parent education and training) by therapy assistants/behavioral technicians/paraprofessionals
H2019	Therapeutic behavioral services, per 15 minutes – Used for direct services to member and/or parents (including parent education and training) by program managers/lead behavioral therapists
S5108	Home care training to home care client – Used for direct services to member by therapy assistants/behavioral technicians/paraprofessionals
S5109	Home care training to home care client – Used for direct services to member by therapy assistants/behavioral technicians/paraprofessionals
S5110	Home care training ,family -- Used for direct services to parents and/or family (including parent education and training) by therapy assistants/behavioral technicians/paraprofessionals
S5111	Home care training ,family -- Used for direct services to parents and/or family (including parent education and training) by therapy assistants/behavioral technicians/paraprofessionals

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).



Benefit Application

Except when otherwise directed by specific health plan stipulations (ie, member contracts or summary plan descriptions), covered providers for ABA for Autism Spectrum Disorders are those which are indicated within the **Applied Behavior Analysis (ABA) Service Providers** section above. Services provided by unlicensed individuals, including therapy assistants/behavioral technicians/paraprofessionals and BCBA's that are not state-licensed, are covered only for the provision of ABA for Autism Spectrum Disorders.

Except when otherwise directed by specific health plan stipulations (ie, member contracts or summary plan descriptions), covered services for ABA for Autism Spectrum Disorders are those which are listed in the **Coding** section above.

Except when otherwise directed by specific health plans, in-network providers of ABA for Autism Spectrum Disorders must use the codes listed in the **Coding** section above in order to be reimbursed for ABA services.

Group treatment is covered only for social skills groups, and only when conducted by program managers/lead behavioral therapists, not when conducted by therapy assistants/behavioral technicians/paraprofessionals. Group treatment other than social skills groups is considered to be not medically necessary because there is no credible scientific evidence that group treatment other than social skills therapy is an effective component of ABA for the treatment of ASD.

Social skills groups in excess of two sessions per day are considered to be not medically necessary. All credible studies demonstrating the effectiveness of ABA have been conducted with ABA consisting predominantly of individual and family treatment with minimal group treatment, at most one to two social skills group sessions per week.

Individual treatment when the member is in a group setting, as distinct from group treatment, is covered only when the clinician is working exclusively with the member for the entire time that the member is in the group setting.

Except when otherwise directed by specific health plan stipulations, program development, treatment plan development and revision, data analysis, case review, supervision of therapy assistants/behavioral technicians/paraprofessionals, and real-time direct communication/coordination with other providers are covered services as part of the provision of ABA for Autism Spectrum Disorders. Program development, treatment plan development and revision, data analysis, case review, supervision of therapy assistants/behavioral



technicians/paraprofessionals, and real-time direct communication/coordination with other providers are covered only for program managers/lead behavioral therapists, not for therapy assistants/behavioral technicians/paraprofessionals.

Team meetings are covered only (1) when they are specifically for treatment plan development or revision or case review for one specific patient, or (2) when meeting with the parents of one specific patient to discuss the treatment of that patient.

Charting data or plotting graphs, as distinct from actual analysis of data, are not covered.

Therapy assistants'/behavioral technicians'/paraprofessionals' time in supervision is not a covered service because the service being provided (supervision) is being delivered by the program manager/lead behavioral therapist, not by the therapy assistant(s)/behavioral technician(s)/paraprofessional(s). Exception: When the program manager/lead behavioral therapist is supervising the therapy assistant/behavioral technician/paraprofessional while the latter is providing covered direct treatment services, then for only the time during which that is taking place, both the supervision by the program manager/lead behavioral therapist and the direct treatment services by the therapy assistant/behavioral technician/paraprofessional are covered services.

Except when otherwise directed by specific health plans, services not listed in the **Coding** section above are not covered services for ABA for Autism Spectrum Disorders.

Some portion of the direct service provision (no specific time amount is specified) may take place in the school setting when behavioral or other difficulties that are manifestations of the individual's Autism Spectrum Disorder are evident and problematic in the school setting. Direct service provision in the school setting must consist entirely of bona-fide ABA treatment activities; the ABA clinician may not be utilized as a classroom aide for the patient, as a 1:1 teacher for the patient, or in any other capacity that is a function of and the responsibility of the school system.

Schools and school programs for individuals with Autism Spectrum Disorder, and tuition for specialized schools for individuals with Autism Spectrum Disorder, are non-covered activities and services because schools are not covered facility types, and educational therapy, educational services, and services that are the responsibility of school districts, and should therefore be provided by school staff, are specifically excluded from coverage (except if otherwise directed by specific health plan stipulations). Although such schools or programs may claim that they consist of ABA services, significant portions of the school day or programs are for educational and other activities that are not ABA services. Coverage is allowed for direct service provision in the school setting that consists entirely of bona-fide ABA treatment activities, delivered by covered ABA providers.



Camps, camp programs, day camps, school break camps, summer camps, and any similar activities are non-covered activities because camping, camp programs, recreational programs, and recreational programs are specifically excluded from coverage (except if otherwise directed by specific health plan stipulations). Although such programs may claim that they consist of ABA services, significant portions of the programs are for recreational purposes (not covered), and are for the purpose of providing professional assistance so that youngsters with ASD can partake of normal recreational camp activities, which does not constitute the provision of treatment. In addition, the goals and interventions in these programs are not a continuation of the same goals and interventions that were in place prior to the camp programs, do not continue as part of the patients' ABA treatment after the camp programs, and generally do not target specific individualized impairments that were being targeted for treatment prior to the camp programs and that will continue to be being targeted for treatment after the camp programs, ie, the goals, interventions, and targeted impairments are not components of patients' ongoing ABA treatment plans and services. Also, although 1:1 direct treatment services constitute the core component of and the majority of time for ABA, these program provide little or no direct treatment services.

Direct service provision by telehealth modalities, including to parents or family members, is considered to be not medically necessary because there is no credible scientific evidence that the provision of ABA by telehealth modalities is effective or safe. All credible studies demonstrating that ABA is effective and safe have been conducted with in-person evaluations and intensive in-person direct treatment services. However, all covered Applied Behavior Analysis services are considered to be medically necessary when conducted by telehealth modalities during periods of social distancing recommended by government agencies.

The following are considered to be unnecessary duplication of services and therefore not medically necessary in the provision of ABA services:

- More than one program manager/lead behavioral therapist for a member/identified patient at any one time.
- More than one provider group/clinic/agency/organization providing ABA services for a member/identified patient at any one time.
- More than one clinician (program managers/lead behavioral therapists, or therapy assistants/behavioral technicians/paraprofessionals, or program manager/lead behavioral therapist and therapy assistant/behavioral technician/paraprofessional) providing direct (ABA) treatment services to the same identified patient at the same time.

The provision of ABA treatment and a different type of treatment (eg, ABA and speech therapy) to the same identified patient at the same time is considered to be not medically necessary.



Individuals with ASD cannot adequately focus on and engage in two different treatment modalities simultaneously.

With the exception of social skills groups, the provision of ABA direct treatment services to more than one identified patient in the same treatment session is considered to be not medically necessary. There is no established clinical need for or advantage to more than one patient in a treatment session other than social skills groups. (This does not apply to family therapy, or to collateral sessions with a parent or parents, in which or for which there is only one identified patient.) However, this does apply to treating siblings with the exception of bona-fide family therapy sessions or social skills groups (the latter are expected to include other patients, not just siblings), the provision of ABA direct treatment services to siblings together is considered to be not medically necessary.

Activities and therapy modalities that do not constitute behavioral assessments and interventions utilizing applied behavior analysis techniques are considered to not constitute ABA services, and are therefore either non-covered services if listed as member contract exclusions, or are otherwise considered to be not medically necessary. Examples include (but are not limited to):

- Training of therapy assistants/behavioral technicians/paraprofessionals (as distinct from supervision)
- Preparation work prior to the provision of services
- Accompanying the member/identified patient to appointments or activities outside of the home (eg, recreational activities, eating out, shopping, play activities, medical appointments), except when the member/identified patient has demonstrated a pattern of significant behavioral difficulties during specific activities, , in which case the clinician is present to actively provide treatment, not to just supervise, control, or contain the member/identified patient
- Transporting the member/identified patient in lieu of parental/other family member transport, except when the member/identified patient has demonstrated a pattern of significant behavioral difficulties during transport, in which case transport is still provided by parent/other family member, and the clinician is present to actively provide treatment to the member/identified patient during transport, not to just supervise, control, or contain the member/identified patient
- Assisting the member with academic work or functioning as a tutor, except when the member has demonstrated a pattern of significant behavioral difficulties during school work
- Functioning as an educational or other aide for the member/identified patient in school



- Provision of services that are part of an IEP and therefore should be provided by school personnel, or other services that schools are obligated to provide
- Provider doing house work or chores, or assisting the member/identified patient with house work or chores, except when the member has demonstrated a pattern of significant behavioral difficulties during specific house work or chores, or acquiring the skills to do specific house work or chores is part of the ABA treatment plan for the member/identified patient
- Provider travel time
- Transporting parents or non-patient family members
- Babysitting
- Respite for parents/family members
- Provider residing in the member's home and functioning as live-in help (eg, in an au-pair role)
- Peer-mediated groups or interventions
- Multiple family group therapy
- Training or classes for groups of parents of different patients
- Hippotherapy/equestrian therapy
- Pet therapy
- Auditory Integration Therapy
- Sensory Integration Therapy
- Visual Field Analysis

Evidence Review

N/A



References

1. Warren, Zachary. McPheeters, Melissa. Sathe, Nila. et al. "A Systematic Review of Early Intensive Intervention for Autism Spectrum Disorders." *Pediatrics* 127.5 (2011): 1303-1311.
2. Agency for Healthcare Research and Quality. *Therapies for Children with Autism Spectrum Disorders*. Washington DC: Agency for Healthcare Research and Quality, 2011.
3. Behavior Analyst Certification Board. *Guidelines: Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder*. Littleton, CO: Behavior Analyst Certification Board, 2012.
4. Hollander, Eric and Evodkia Anagnostou. *Clinical Manual for the Treatment of Autism*. Washington DC: American Psychiatric Publishing, 2007.
5. Hollander, Eric, Alex Kolevzon, and Joseph T. Coyle. *Textbook of Autism Spectrum Disorders*. Washington DC: American Psychiatric Publishing, 2011.
6. Hansen, Robin L. and Sally J. Rogers. *Autism and Other Neurodevelopmental Disorders*. Washington DC: American Psychiatric Publishing, 2011.
7. Granpeesheh, Dorren. Tarbox, Jonathan. Dixon, Dennis. "Applied Behavior Analytic Interventions for Children with Autism: A Description and Review of Treatment Research." *Annals of Clinical Psychiatry* 21.3 (2009): 162-173.
8. Dawson, Geraldine. Rogers, Sally. Munan, Jeffrey et al. "Randomized Controlled Trial of an Intervention for Toddlers with Autism: The Early Start Denver Model." *Pediatrics* 125.1 (2010):17-23.
9. Up To Date. "Autism Spectrum Disorder in Children and Adolescents: Overview of Management." www.uptodate.com Accessed June 29, 2021.
10. Washington State Health Care Authority. Health Technology Clinical Committee. Health Technology Assessment. Findings and Coverage Decision. "Applied Behavioral Analysis (ABA or ABA Therapy) Based Behavioral Interventions for the Treatment of Autism Spectrum Disorder." Sept 16, 2011.
11. Bishop-Fitzpatrick, L. Minshew N.J. Eack, S.M. "A Systematic Review of Psychosocial Interventions for Adults with Autism Spectrum Disorders." *Journal of Autism and Developmental Disorders* 43.3 (2103):687-694.
12. Agency for Healthcare Research and Quality. *Final Report: Therapies for Children with Autism Spectrum Disorders: Behavioral Interventions Update*. Washington DC: Agency for Healthcare Research and Quality, 2014.
13. American Academy of Child and Adolescent Psychiatry. "Practice Parameter for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder." *Journal of the American Academy of Child and Adolescent Psychiatry* 53.2 (2014): 237-257.

History

Date	Comments
11/10/14	New policy. Add to Mental Health section. Considered medically necessary when criteria are met.



Date	Comments
02/10/15	Annual Review. Policy Guidelines section updated with clarifying language to indicate that, when deemed appropriate, functional analysis re-assessments are generally conducted once every 6 to 12 months. Benefit Application section updated to specify covered services for ABA for Autism Spectrum Disorders are those which are represented by those codes listed within the Coding section, unless otherwise directed by specific health stipulations.
04/14/15	Interim Update. Policy section updated with an additionally not medically necessary statement addressing the use of ABA for conditions and criteria other than those listed. "Any other state-licensed Behavior Analyst" added to the list of approved providers of ABA within the Policy Guidelines and is considered to be equivalent. Visual field analysis is added to the list of indications within the Benefit Application section which are not considered to constitute ABA services. Additional ICD-10 codes related to Autism Spectrum Disorder added to the Policy section.
10/13/15	Interim Update. Policy statement updated to indicate "lead therapist, or supervising clinician" as an option to a program manager in facilitating this service, when provided in conjunction with a therapists or therapist assistant. Clarification made to the meaning of a "Board Certified Behavior Analyst (BCBA)" and variance of state licensure requirements within the Policy Guidelines. "Multiple family group therapy" added to the list of items outside of the scope of ABA services referenced in the Benefit Application section, ICD-9 and ICD-10 codes added.
04/01/16	Annual Review, approved March 8, 2016. Policy updated within the Policy Guidelines and Benefit application section to address services provided in the school setting.
07/01/16	Interim Update, approved June 14, 2016. Policy Guidelines section updated to indicate that any provider with appropriate training in behavior analysis, or whose scope of licensure includes behavior analysis, is a qualified ABA provider. Benefit application section updated to indicate that direct service provision by telehealth modalities is considered to be not medically necessary due to lack of credible scientific evidence.
09/01/16	Interim Update, approved August 9, 2016. Update to Policy Guidelines.
12/01/16	Interim Review, approved November 8, 2016. Updated policy statement with clarifying language. Updated Benefit application section with telehealth criteria.
01/01/17	Interim Review, approved December 13, 2016. Clarification made to the Policy Statement on comprehensive assessment. Updated the language in the Policy Guidelines. Added codes S5108, S5109, S5110, S5111. Updated Benefit Application criteria to clarify services not listed in the coding section aren't covered services for ABA for Autism Spectrum Disorders.
02/01/17	Annual Review, approved January 10, 2017. Updated language on individualized treatment plan in the Policy Statement. Added codes 0362T and 0363T. No other changes made.
04/01/17	Interim Review, approved March 14, 2017. Added coverage criteria clarifications to Benefit Application section.



Date	Comments
06/01/17	Interim Review, approved May 23, 2017. Policy moved into new format. Added note that supervision of ABA must be provided by licensed behavior analysts in states in which require that. Added statements that providing two different types of treatment (ABA and non-ABA) simultaneously is not medically necessary, and providing ABA treatment to more than one patient simultaneously (except for social skills groups) is not medically necessary.
08/01/17	Interim Review, approved July 25, 2017. Clarifications made to policy statement. Added additional comments for required state registration, certification or licensure of therapy assistants and/or BCaBAs in some states. Added clarification regarding the type of group therapy covered, the covered providers for group therapy, and the number of group sessions per day. Added clarification regarding when team meetings are covered. Added clarification regarding charting data and plotting graphs. Added clarification that camp programs are not covered, with explanatory comments. Added comment that direct treatment services to siblings together is not medically necessary. Added preparation work to the list of activities that are not ABA services. Added clarification that when accompanying or transporting a member to appointments/activities, or assisting a member with schoolwork, because of significant behavioral difficulties during such activities, the clinician must be present to provide treatment, not just for control or containment.
10/01/17	Interim Review approved September 5, 2017. Minor addition in the Applied Behavior Analysis section to allow for coverage of supervision conducted by Licensed Assistant Behavior Analysts in states in which that function is within their legally-permitted scope of practice.
12/01/17	Interim Review, approved November 9, 2017. Clarification added regarding services not utilizing applied behavioral analysis techniques; they are either contract exclusions or not medically necessary depending on the member's contract language. Also added clarification regarding school and school programs; these are not covered parts of ABA.
03/01/18	Interim Review, approved February 27, 2018. Added clarification regarding when individual treatment can be covered in a group setting. Also added clarification regarding what is not covered for schools. Clarified BCaBAs criteria.
11/01/18	Annual Review, approved October 26, 2018. No changes to policy statement.
11/01/19	Annual Review, approved October 4, 2019. Literature review through September 2019, no changes to policy statements. Added CPT codes 97151, 97153, 97154, 97155, 97156, and 97158.
01/01/20	Coding update, removed CPT codes 0359T, 0363T, 0364T, 0365T, 0368T, 0369T, 0370T, and 0372T as they terminated 1/1/19.
04/01/20	Interim Review, approved March 26, 2020. Provisions added to allow coverage of supervision and all ABA services by remote/telehealth modalities during times when social distancing is recommended by government agencies.



Date	Comments
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statements.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statements.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2021 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለማመልከት በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰብሰብ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التخطيط التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisni kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កំណត់ថ្លៃជាតំបន់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអន្តរជាតិរបស់អ្នក ឬប្រាក់ដុល្លារចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیر بران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).