

We'll use updated ABA supplemental policy starting Jan. 1

For dates of service on or after Jan. 1, 2026, Blue Cross Behavioral HealthSM will use the updated [Applied Behavioral Analysis \(ABA\) Supplemental Policy](#) when making determinations on prior authorization requests.

We made the following changes to the updated policy:

Section	Subsection	Significant changes
Initial Coverage Criteria	Evaluation and Diagnostic Criteria	Reformatted the subsection (previously named <i>Diagnosis</i>) to make it easier review evaluation and diagnostic criteria.
	Treatment Plan Criteria	Reformatted the subsection (previously named <i>Initial Treatment</i>) to: <ul style="list-style-type: none"> • Make it easier to review treatment plan criteria. • Remove the specific requirements for the frequency and duration of caregiver involvement. Caregiver involvement remains strongly recommended and encouraged, and if it's unable to be held then documentation should include the reason and identify an alternate plan to provide management skills in the home. • Remove the statement indicating that ABA is not more costly than an alternative service. This information should no longer be considered.
	ABA Service Delivery Criteria	New subsection (previously part of <i>Initial Treatment</i>) to make service delivery criteria easier to use and review.
Continued Service Criteria		New section (previously the <i>Continued Treatment</i> subsection within <i>Evaluation and Treatment Criteria</i>) that includes expectations for progress, lack of progress, monitoring, barriers, and continued medical necessity.
Transition & Discharge Criteria		New section (previously part of the <i>Evaluation and Treatment Criteria</i> section) to make transition planning and specific discharge scenarios easier to review.
Limitations / Exclusions		New section (previously part of the <i>Initial Coverage Criteria</i> section) to make it easier to review the situations when ABA is not covered.

Section	Subsection	Significant changes
Evidence-Based Treatment Recommendations (formerly named <i>Evaluation and Treatment Criteria</i>)	Diagnostic Evaluation	Removed this subsection, which contained DSM criteria, to eliminate duplicate DSM-5 information that is included elsewhere in the policy.
	Treatment	Updated to show that: <ul style="list-style-type: none"> Treatment plans are no longer required to be submitted in full for prior authorization. Caregiver involvement is not a requirement but strongly recommended/encouraged.
	Coordination of care	New subsection, which includes detailed guidance per the Council of Autism Providers, or CASP.
	Documentation	Reformatted the subsection (previously called <i>Documentation Requirements</i>) to make it easier to review the list of documentation requirements for each patient.

Blue Cross Behavioral Health manages prior authorization for behavioral health services for:

- Blue Cross Blue Shield of Michigan commercial members
- Medicare Plus Blue members
- Blue Care Network Commercial members
- BCN Advantage members

To view the updated policy, see the Behavioral Health Services section on either of the following webpages on **bcbsm.com**:

- For commercial members: [Services That Need Prior Authorization](#)
- For Medicare Advantage members: [Medicare Advantage Prior Authorization](#)

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