

Questions to Ask Your Insurance Company About ADHD Coverage

Insurance coverage for ABA services provided by a Board Certified Behavior Analyst® (BCBA®) for ADHD is limited and varies significantly by insurance plan. While ABA coverage is nearly guaranteed for Autism Spectrum Disorder diagnoses, coverage for ADHD is less common and depends on your specific plan and state regulations. Here are some questions to ask your insurance company to help figure out if any of our services would be covered.

Do I have out-of-network benefits for applied behavior analysis (ABA) or behavioral health services?

At this time, we are not credentialed to be in network with any insurance providers. This means your coverage would fall under out-of-network benefits, if you have them.

When working with out-of-network benefits, we partner with Mentaya, a service that helps simplify the reimbursement process. They submit claims to your insurance company on your behalf. See the handout at the end of this packet.

Note: Mentaya helps with claim submission for out-of-network benefits. This does not guarantee coverage or reimbursement—coverage depends on your specific insurance plan's out-of-network benefits.

What diagnosis is required for ABA coverage?

Coverage of ABA is nearly guaranteed when the diagnosis is Autism Spectrum Disorder (ASD). The guidelines are more nuanced for coverage of ABA when the diagnosis is ADHD, anxiety, behavioral disorders, or other conditions.

Ask specifically:

- Does my plan cover ABA services for [your/your child's diagnosis]?
- Do I need a formal diagnosis from a specific type of provider (psychologist, psychiatrist, developmental pediatrician)?
- Do I need a physician referral or prescription for ABA services?

Do I need prior authorization for out-of-network ABA services?

Some insurance plans require prior authorization before services begin, even for out-of-network providers.

Do you cover the following billing codes for ABA services with an ADHD diagnosis?

CPT Codes (used by most commercial insurers):

- **97151** - ABA assessment/reassessment
- **97153** - Adaptive behavior treatment by protocol

Applied Behavioral Health Practice

- **97155** - Adaptive behavior treatment with protocol modification (BCBA direct service)
- **97156** - Family/caregiver adaptive behavior treatment guidance (parent training)

HCPCS Codes (sometimes used by Medicaid):

- **H2014** - Skills training and development
- **H2019** - Therapeutic behavioral services

***Note:** Not all insurance plans accept all codes. It's important to ask which specific codes your plan covers.*

Could you approve a single case agreement, gap exception, or network adequacy exception?

These terms refer to exceptions insurance companies make due to lack of available in-network providers. An exception allows an insurance company to cover services with an out-of-network provider at in-network rates for a specific patient/case. This can significantly reduce your out-of-pocket costs by allowing you to receive in-network rates.

What's the difference?

Single Case Agreement: Typically used when in-network providers exist but don't meet your specific needs (specialty, location, continuity of care, or provider expertise)

Gap Exception/Network Adequacy Exception: Typically used when there are NO in-network providers available who can provide the needed service

Both can result in you receiving care at in-network rates from an out-of-network provider.

Timeline expectations: The process of requesting and receiving approval for a single case agreement or gap exception can take **2-4 weeks or longer**. We recommend starting this process before services begin whenever possible.

Important Notes

Coverage Variability

Coverage policies vary significantly between insurance plans, even within the same insurance company. The fact that one person with a particular insurance company has coverage does not guarantee that you will.

Medical Necessity Documentation

Getting approval for ADHD-related ABA services may require documentation from your prescribing physician or treating clinician explaining medical necessity and why ABA services are appropriate for your situation.

Plan Types Matter

Self-funded/self-insured employer plans (ERISA plans) are governed by federal law and may have different rules than fully-insured plans governed by state law. Ask your HR department or insurance company what type of plan you have.

Appeals Process

If your initial request is denied, you have the right to appeal. Ask your insurance company about their appeals process and timeline. Many initially denied requests are approved on appeal.

Documentation

When speaking with your insurance company, take notes including the date, time, representative's name, and reference number for your call. This documentation can be helpful if you need to follow up or appeal.

California Residents

Under SB 946, most plans are required to cover behavioral health treatment for autism and pervasive developmental disorders. However, coverage for ADHD-specific ABA services is not mandated under this law and depends on your individual plan.

Updated: 1/16/26

This document is provided for informational purposes to help you navigate insurance conversations. It does not guarantee coverage. Coverage decisions are made solely by your insurance company based on your specific plan benefits.