July 10, 2026

RE: Request for Clarification and Statewide Standardization of 0373T Adaptive Behavior Treatment with Protocol Modification

Dear MDHHS Leadership,

On behalf of stakeholders of MiBAP providing Applied Behavior Analysis (ABA) services across Michigan, I am writing to express significant concern regarding the widespread misunderstanding and inconsistent implementation of CPT code **0373T (Adaptive Behavior Treatment with Protocol Modification)** throughout the state.

Over the past several years, ABA providers have encountered substantial variation in how Community Mental Health (CMH) organizations interpret and authorize 0373T services. This inconsistency has resulted in unequal access to medically necessary treatment, differing provider expectations across regions, and confusion regarding staffing, supervision, billing, and service delivery requirements. More recently, provider concerns have increased following MDHHS communications and updates to implementation guidance that appear to conflict with both the original intent of the code and its established clinical application.

The 0373T code exists to support individuals presenting with the most significant and dangerous challenging behaviors—often behaviors that place the individual and others at risk of injury, property destruction, or severe disruption to daily functioning. In many cases, these services are accompanied by:

- A Functional Behavior Assessment
- A Comprehensive Behavior Treatment Plan;
- Ongoing clinical oversight; and
- Review and approval through the applicable Behavioral Treatment Plan Review

The purpose of 0373T is to allow for the implementation of highly specialized treatment procedures that require additional staffing support and enhanced clinical supervision due to the complexity of the behavioral presentation. Typically, 2 behavior technicians and increased supervision and protocol modification from a BCBA, LBA.

Providers have become increasingly concerned with recent guidance indicating that the service must be *implemented by the Licensed Behavior Analyst (LBA) or Licensed Assistant Behavior Analyst (LaBA)*. This interpretation appears inconsistent with the intent and structure of the code itself.

Historically, MDHHS representatives have clarified that the expectation is not that the BCBA-LBA or BCaBA-LaBA serves as the direct technician implementing every minute of the service. Rather, the expectation is that the supervising clinician is available, onsite, and/or actively supervising the intervention, providing assistance, direction, and clinical decision-making as needed during the implementation of the treatment protocol.

The code descriptor itself describes:

Adaptive behavior treatment with protocol modification, each 15 minutes of technician time face-to-face with a patient, requiring:

- Access to a BCBA/BcABA who is onsite;
- Assistance of two or more technicians;
- Treatment of a patient who exhibits destructive behavior; and
- Completion in an environment that is customized to the patient's behavior

Importantly, the code is based on technician time, not the direct treatment time of the BCBA/LBA. The qualified healthcare professional (BCBA, LBA, psychologist, or other qualified professional, depending on payer requirements) must be onsite and directing treatment as needed, but the service itself is performed by technicians.

This language clearly reflects service delivery by technicians under the supervision of a qualified behavior analyst, rather than exclusive implementation by the supervising clinician.

A significant concern is that CMH organizations across Michigan have developed their own interpretations of 0373T requirements. As a result:

- Some CMHs require direct implementation by the LBA.
- Some allow technician-delivered services under supervision.
- Some apply staffing requirements differently.

- Some restrict the code's use beyond its intended purpose.
- Some deny medically necessary services based solely on local interpretation rather than statewide guidance.

These inconsistencies create inequitable access to care for Medicaid beneficiaries and place providers in the difficult position of navigating conflicting expectations depending on geographic location.

Given the ongoing confusion, we would like to request and meeting and we respectfully request that MDHHS issue formal statewide guidance that:

1. Clearly defines the intent and clinical purpose of 0373T.
2. Clarifies the supervision versus implementation requirements for BCBA- LBAs and BCaBA-LaBAs.
3. Establishes consistent expectations for all CMH organizations statewide.
4. Provides clear billing guidance regarding the relationship between 0373T and 97155.
5. Aligns MDHHS interpretation with the published code descriptors and nationally recognized ABA service delivery standards.
6. Prevents regional variation that creates inequitable access to medically necessary services.

Michigan families and providers deserve a consistent, clinically sound, and transparent system for the delivery of ABA services. The current variation in interpretation of 0373T has created significant confusion and has the potential to limit access to appropriate treatment for some of our most behaviorally complex and vulnerable beneficiaries.

We respectfully request MDHHS review the current guidance and issue comprehensive statewide clarification to ensure that beneficiaries, providers, CMHs, and auditors are all operating under the same expectations.

Thank you for your consideration of this important matter. We welcome the opportunity to participate in any discussions or work groups convened to address this issue and support the development of consistent statewide implementation standards.

Sincerely,

Janna Ruedisale
Director
The Michigan Behavior Analysis Provider (MiBAP) Association