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To: [e-ohpsca-faq39 - EBSA](#)
Subject: Coverage Based on Diagnosis vs Treatment Type
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Could you please address if/how MHPAEA applies Applied Behavior Analysis (ABA) therapy.

If a Company defines Mental Health Conditions and Substance Use Disorders as a primary diagnosis of a behavioral health disorder per the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders, can they then exclude ABA services for autism based on the fact that the treatment itself aligns with the habilitative therapy and therefore the Company would treat it as such and not as a behavioral health service. Since coverage for habilitative services requires functional improvement and measurable progress towards achieving functional goals within a predictable period of time toward a member's maximum potential, the Company would exclude coverage for ABA services under the habilitative treatment benefits.

Is a Company allowed to define a diagnosis as a mental health diagnosis and then consider some but not all treatments for such diagnosis under their medical/surgical benefit subject to the medical/surgical standards rather than applying parity as a mental health service.

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