



Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

<b>ADMINISTRATIVE POLICY STATEMENT</b>	
<b>North Carolina Marketplace</b>	
<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Applied Behavior Analysis Therapy for Autism Spectrum Disorder NC-MP-AD-1295	05/01/2023
<b>Policy Type</b>	
<b>ADMINISTRATIVE</b>	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### Table of Contents

A. Subject .....	2
B. Background .....	2
C. Definitions .....	2
D. Policy .....	3
E. Conditions of Coverage .....	4
F. Related Policies/Rules .....	4
G. Review/Revision History .....	4
H. References .....	4

## A. Subject

### **Applied Behavior Analysis Therapy for Autism Spectrum Disorder**

## B. Background

Autism Spectrum Disorder (ASD) can vary widely in severity and symptoms depending on the developmental level and chronological age of the patient. ASD is often defined by specific impairments that affect socialization, communication, and stereotyped (repetitive) behavior. Children with autism spectrum disorders have pervasive clinically significant deficits which are present in early childhood in areas such as intellectual functioning, language, social communication and interactions, as well as restricted, repetitive patterns of behavior, interests, and activities.

There is currently no cure for ASD, nor is there any one single treatment for the disorder. Individuals with ASD may be managed through a combination of therapies, including behavioral, cognitive, pharmacological, and educational interventions. The goal of treatment for members with ASD is to minimize the severity of ASD symptoms, maximize learning, facilitate social integration, and improve quality of life for both the members and families and/or caregivers

## C. Definitions

- **Autism Spectrum Disorder (ASD)** - Any of the following pervasive developmental disorders as defined by the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association): Autism, Asperger's Disorder, or other condition that is specifically categorized as a pervasive developmental disorder.
- **Applied Behavior Analysis (ABA)** - A preventive service for ASD.
- **Behavior Analyst Certification Board (BACB)** – A national nonprofit corporation that was established in 1998 to meet professional certification needs identified by behavior analysts, governments, and consumers of behavior-analytic services.
- **Board Certified Assistant Behavior Analyst (BCABA)** – A professional provider of applied behavioral analysis services who has obtained an undergraduate-level certification.
- **BCBA** - BACB certified behavior analyst graduate level.
- **BCBA-D** - BACB certified behavior analyst doctoral level.
- **RBT** - BACB Registered Behavioral Technician.
- **Supervision** - All supervisory activities as well as supervisor and supervisee responsibilities will be in accordance with the board from which the practitioner received a license.
  - Services delivered by a RBT must be supervised by a qualified RBT supervisor.
  - Services delivered by a BCaBA must be supervised by a BCBA, BCBA-D or a licensed/ registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who has tested in ABA.
  - A registered behavior technician (RBT), certified by the national behavior analyst certification board (BACB), may provide ABA under the supervision of an independent practitioner. In order to provide services, they have to enroll in the

Marketplace program and affiliate with the organization under which they are employed or contracted.

- **RBT Supervision** - Ongoing supervision must be at a minimum of 5% of the hours spent providing behavior-analytic services per month. This includes a minimum of 2 face-to-face contacts per month.

**D. Policy**

I. Medical necessity review is required for all ABA services:

- A. At baseline, then every 6 months thereafter or sooner, if clinically necessary.
- B. Medical review documentation must be submitted with appropriate documentation as indicated in the medical policy.

II. An ASD diagnosis is required in order for services to be reviewed for approval.

III. Limitations

- A. A Medically Unlikely Edit (MUE) for a CPT code is the maximum units of service that a provider can report for one member on one date of service. Maximum units allowed per CPT:

CPT	Max unit allowed
97151	32
97152	16
97153	32
97154	18
97155	24
97156	16
97157	16
97158	16
0362T	16
0373T	32

NOTE: If CMS updates the MUE list (Medicaid table), which generally occurs on a quarterly basis, the update will take precedence over the MUEs in this policy.

- B. Each RBT must obtain ongoing supervision for a minimum of 5% of the hours spent providing behavior-analytic services per month.
- C. The treatment codes are based on daily total units of service in 15-minute increments. A unit of time is attained when the mid-point is passed. Time interval examples:

Units	Number of minutes
1 unit	≥8 minutes through 22 minutes
2 units	≥23 minutes through 37 minutes
3 units	≥38 minutes through 52 minutes

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

4 units	≥53 minutes through 67 minutes
5 units	≥68 minutes through 82 minutes
6 units	≥83 minutes through 97 minutes
7 units	≥98 minutes through 112 minutes
8 units	≥113 minutes through 127 minutes

**E. Conditions of Coverage**

Payments may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers.

Program Integrity will be engaged for an annual review of data.

**F. Related Policies/Rules**

Applied Behavior Analysis for Autism Spectrum Disorder  
North Carolina Evidence of Coverage and Health Insurance Contract

**G. Review/Revision History**

	DATE	ACTION
<b>Date Issued</b>	02/01/2023	New Policy
<b>Date Revised</b>		
<b>Date Effective</b>	05/01/2023	
<b>Date Archived</b>		

**H. References**

1. American Medical Association. (2018). Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019. CPT Assistant, 28(11).
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Text Revised (DSM-5-TR). Arlington, VA: American Psychiatric Association, 2022.
3. Behavior Analyst Certification Board. (2018, October 8). Adaptive Behavior Assessment and Treatment Code Conversion Table. Retrieved January 9, 2023 from [www.bacb.com](http://www.bacb.com).
4. Behavior Analyst Certification Board. (2019, February). Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder. (2nd ed.). Retrieved January 9, 2023 from [www.bacb.com](http://www.bacb.com).
5. The Council of Autism Service Providers. (2020). Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers. Retrieved on January 9, 2023 from [www.caseproviders.org](http://www.caseproviders.org).