



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

REIMBURSEMENT POLICY STATEMENT North Carolina Marketplace	
Policy Name & Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder-NC MP-PY-1637	12/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy 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. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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.

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A. Subject

Applied Behavior Analysis for Autism Spectrum Disorder

B. Background

Provider reimbursement issues for Applied Behavior Analysis (ABA) services for Autism Spectrum Disorder (ASD) can arise from various factors, impacting families, providers, and the accessibility of care. Key issues relating to payment problems include coverage issues, billing and coding challenges, access to services, and legislative and policy issues. Billing and coding issues are common due to a variety of factors, including the complexity of coding, incorrect coding, insufficient documentation, authorization issues, and billing for supervision and telehealth services.

CareSource strives to provide clear practices regarding reimbursement for services and follows federal and state guidance, including North Carolina statutes. Medical criteria for the provision of ABA services is located in CareSource's Applied Behavior Analysis for Autism Spectrum Disorders medical policy at www.caresource.com under the Provider tab.

C. Definitions

- **Medically Unlikely Edit (MUE)** – Maximum units of service for 1 Current Procedural Terminology (CPT) code a provider can report for 1 member on 1 date of service.

D. Policy

I. General Provisions

A. Reimbursement Rules

1. Members and providers must adhere to the associated Plan's Evidence of Coverage document and schedule of benefits.
2. A review of medical necessity is required prior to any ABA service provision.
3. Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified, and provider prepayment review.
4. Providers cannot submit multiple dates of service on a single claim line. Each claim line must be specific to a single date of service and the units provided on that single date of service.
5. Covered services use fee schedule reimbursement methodology in which reimbursement is made at the lower of the billed charge for the service or the maximum allowable reimbursement for the service. The maximum allowable reimbursement for a service is the same for all ABA providers.
6. Preparing a member for services, cleaning or prepping an area before or after services, and/or rest or other break times between service activities is not billable.
7. Time spent on documentation alone is not billable as a service unless otherwise specifically permitted by code definition.

B. Documentation Requirements

States enact regulations and guidelines for documentation requirements for member records maintained for third party billing. All written, electronic, and other records will be stored and disposed of in such a manner as to ensure confidentiality. All must be

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legible. CareSource reserves the right to request supervision documentation, particularly related to telehealth services.

1. Member records should contain the following documentation:
 - a. presenting problem, including referral reason, relevant diagnoses and any recommendations for ABA therapy rendered by an appropriate professional
 - b. service note for each service contact
 - c. any fee information shared with member/family in compliance with applicable laws, regulations and BACB ethical standards
 - d. treatment plan and functional assessment on which the behavior plan is based
 - e. any data collected to ascertain efficacy of services and subsequent modifications of the plan
 - f. notation and results of formal contacts with other providers
 - g. authorizations, if any, by the member/guardian for release of records or information
2. Minimum documentation requirements for all services rendered include
 - a. name of provider organization clearly visible on the record
 - b. member's name on each page (ie, legal name)
 - c. date of birth or unique identifier
 - d. any applicable guardianship documents
 - e. date and location of rendered service
 - f. date of note creation if different from date of rendered service
 - g. start and stop times including any pauses in services (must indicate time paused and time resumed)
 - h. type/code of service provided
 - i. rendering provider's name, credentials, and dated signature
 - j. dated signature of parent/guardian or member, if applicable, on documents (eg, treatment plan, plan of care, behavior support plans)
 - k. identification of others present in all sessions (eg, individual, group, family), including the relationship with the member and the number of individuals participating in any group sessions
 - l. summary of session activity that directly relates to the POC and member response to intervention
 - m. addendum information, if applicable, including a clear reference of the clinical note it is intended to supplement, date completed and signature with credentials
- C. Supervision Expectations
States require that appropriate supervision of services occur for any provider not acting independently, particularly if the provider is submitting a claim(s) for reimbursement. The BACB provides guidelines and documentation expectations for providers. If there are discrepancies with supervision documentation, the associated claims are subject to recoupment. CareSource expects providers to submit BACB-required documentation for supervision, if requested.

II. Covered Services

Covered services are only reimbursable when delivered in accordance with the member's treatment plan or plan of care.

A. Behavior Assessment (BA)

This service must be performed by a BCBA. Generally, BAs should not exceed 8 hours every 6 months unless additional justification is provided and authorization is received. The unit of service calculation should only include

1. face-to-face time spent by the BCBA with the member and/or parent/guardian conducting a comprehensive evaluation
2. any non-face-to-face time spent by the BCBA preparing the accompanying comprehensive evaluation report and developing the member's initial ITP

B. Behavior Identification Supporting Assessment

An onsite physician or other qualified health care professional, with assistance from 2 or more technicians, administers a behavior identification supporting assessment of a member with serious destructive behavioral concerns (eg, harming oneself, damaging property, aggression with injury to others) or behaviors resulting from recurring actions or issues related to communication or social interactions. The technicians spend face-to-face time with the member conducting the assessment, which includes exposure to a number of social and environmental elements associated with the maladaptive behaviors conducted in a structured and safe customized environment. Evaluation targeting certain destructive behaviors includes assessing triggers, events, cues, responses, and consequences associated with the destructive behavior(s).

1. This service usually includes assessing/analyzing functional behavior and other structured observations, the use of standardized and non-standardized instruments, and procedures that will assist the clinician in establishing the degree of adaptive and maladaptive behaviors or impairments of the member.
2. Report only the time of 1 technician even when 2 or more technicians are present for each 15 minutes of face-to-face time provided by the technician.

C. ABA Therapy Treatment Services

These services must be performed one-on-one by a BCBA, BCaBA supervised by a BCBA, or an RBT supervised by a BCBA face-to-face with a member. If face-to-face services are provided to 2 or more members but no more than 8, group code(s) should be used.

1. The amount of ABA therapy treatment services performed during a week cannot exceed the prescribed or authorized number of units per week.
2. A week for these purposes is Monday through Sunday.

D. Adaptive Behavior Treatment with Protocol Modification Services

These services are reimbursed on a per unit basis. During the encounter, the provider solves at least 1 problem with the protocol and may, at the same time, coach an RBT or BCaBA. The member must be present during the session, including instructions provided to the technician and/or caregiver.

1. This service with use of 2 or more technicians for serious destructive or harmful behaviors by members requires use of a different billable code.
2. The unit of service calculation should only include time spent supervising, observing and interacting in-person with the member and BCaBA or RBT under the BCBA's supervision.

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3. Each BCaBA or RBT performing ABA therapy treatment services must be supervised by a BCBA responsible for the quality of the services rendered:
 - a. A supervising BCBA must be enrolled with the CareSource plan and meet the following minimum in-person observation thresholds for each BCaBA or RBT under supervision:
 01. 5% of total ABA treatment hours performed by the BCaBA or RBT
 02. 1 hour of ABA delivery performed by BCaBA or RBT every 30 days
 - b. When not directly observing an ABA session, supervising BCBA must be on-call and immediately available to advise and assist throughout the entirety of any ABA session performed by a BCaBA or RBT. Availability by telecommunication is sufficient to meet this requirement.
 - c. Supervising BCBA must review and approve the data collection and progress notes completed by a BCaBA or RBT under supervision prior to submitting a claim for any ABA therapy treatment services delivered.
 - d. A BCBA delivering direct one-on-one treatment services to a member (ie, not supervising a BCaBA or RBT perform an ABA therapy treatment session) is not considered an adaptive behavior treatment with protocol modification service and must be billed as an ABA therapy treatment service.
 - e. Adjusting and updating an existing ITP as required is considered an adaptive behavior treatment with protocol modification service.
- E. Family Adaptive Behavior Treatment Service
Services must include the participation of a single member's parent, guardian or other appropriate caregiver and must be performed by a BCBA. The member may or may not be present. During the session, the provider assists and documents helping parent(s)/caregiver(s) learn to identify behavioral problems and implement treatment strategies to minimize behavioral concerns while maximizing target behaviors.
 1. Services are reimbursed on a per unit basis and should only include time spent collaborating face-to-face with the parent or guardian.
 2. If the session involves multiple sets of parents/caregivers with the members present, group family code(s) should be billed.
- F. Telemedicine Services
Telemedicine services are reimbursed in the same manner and subject to the same limits as in-person, face-to-face service delivery.

III. Codes of Conduct

Codes of conduct protect members by establishing, disseminating, and managing professional standards, and states mandate that these standards are followed. CareSource supports professional standards established by licensing and credentialing bodies and encourages professional compliance to any and all standards across disciplines for the protection of members and families. The ethics code written by the BACB should be maintained at all times.

IV. Special Provisions Related to RBTs

A. Current Standards for RBTs

1. RBT services must be supervised by a qualified RBT supervisor. Services delivered by an RBT must be supervised by a BCBA, BCBA-D, or a licensed

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psychologist who tested in ABA and is certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology.

2. An RBT certified by the BACB may provide ABA under the supervision of an independent practitioner if affiliated with the organization under which the provider is employed or contracted. If the independent practitioner leaves the affiliated organization and no longer provides supervision, the RBT may not continue to provide services under that independent practitioner. Additionally, if the RBT leaves the affiliated organization and no longer receives mandated supervision, the RBT may not continue to provide services to the member.
 3. RBTs must use appropriate modifiers that indicate qualifications of staff delivering services, if applicable.
 4. CareSource will allow providers 60 days from the date of hire for RBTs to complete the RBT credentialing process with the BACB.
- B. Upcoming RBT Changes from the Behavior Analyst Certification Board
1. **Effective January 1, 2026**, the BACB approved a recommendation that RBT supervisors must hold BCBA or BCaBA certification. During this transition, RBT Requirements Coordinators who currently attest to the qualifications of non-certified supervisors should prepare to ensure continuity of care.
 2. **Effective January 1, 2026**, the BACB adopted new rules regarding eligibility for and maintenance of certification for RBTs and can be located in the BACB Newsletter: December 2023 at www.bacb.com.

V. Exclusions

Reimbursement for the following services or activities is not permitted:

- A. reimbursement for the following services or activities is not permitted:
1. any services not documented in the treatment plan
 2. behavioral methods or modes considered experimental/investigational
 3. education-related services or activities described under Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §1400 (IDEA), amended through Public Law 114-95, Every Student Succeeds Act
 4. vocational services in nature or those available through programs funded under Section 110 of the Rehabilitation Act of 1973
 5. components of adult day care programs
- B. treatment solely for the benefit of the family, caregiver or therapist or for symptoms/behaviors not part of core symptoms of ASD
- C. treatment that worsens symptoms, prompts member regression or is unexpected to cause improvement
- D. services provided by family or household members or custodial care not requiring trained ABA staff
- E. shadowing, para-professional, or companion services in any setting
- F. services more costly than an alternative service(s) likely to produce equivalent diagnostic or therapeutic result
- G. any program or service performed in nonconventional settings, even if performed by a licensed provider (eg, spas/resorts, vocational or recreational settings, Outward Bound, wilderness, camp or ranch programs).

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E. Conditions of Coverage

- I. CareSource complies with the Centers for Medicare and Medicaid Services (CMS) *Medicaid Medically Unlikely Edit (MUE)* table. If CMS updates the MUE list, the update will take precedence over this policy.
- II. 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. The following are time interval examples:

Unit(s)	Number of Minutes
1 unit	≥8 - 22 minutes
2 units	≥23 - 37 minutes
3 units	≥38 - 52 minutes
4 units	≥53 - 67 minutes
5 units	≥68 - 82 minutes
6 units	≥83 - 97 minutes
7 units	≥98 - 112 minutes
8 units	≥113 - 127 minutes

- III. The following code set has been provided for informational purposes only. These codes may be used to identify a service as part of ABA treatment. It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPSC code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claim payment. Please refer to the applicable fee schedules and plan information for appropriate codes.

CPT Codes	Code Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with member and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the member, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one member, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more members, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one member, each 15 minutes

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97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the member present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the member present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple members, each 15 minutes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a member, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of 2 or more technicians; for a member who exhibits destructive behavior; completion in an environment that is customized to the member's behavior.
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a member, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of 2 or more technicians; for a member who exhibits destructive behavior; completion in an environment that is customized to the member's behavior.

F. Related Policies/Rules

Applied Behavior Analysis for Autism Spectrum Disorder medical policy

G. Review/Revision History

DATE		ACTION
Date Issued	08/27/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	12/01/2025	
Date Archived		

H. References

1. BACB Newsletter. Behavior Analyst Certification Board; 2023. Accessed August 19, 2025. www.bacb.com
2. BACB Newsletter: Introducing the 2026 RBT Examination and Certification Requirements. Behavior Analyst Certification Board; 2023. Accessed April 3, 2025. www.bacb.com
3. *Board Certified Behavior Analyst Handbook*. Behavior Analyst Certification Board. Accessed August 19, 2025. www.bacb.com
4. *Board Certified Assistant Behavior Analyst Handbook*. Behavior Analyst Certification Board. Accessed August 19, 2025. www.bacb.com
5. Contents of a Request for a Waiver, 42 C.F.R. § 441.301 (2024).
6. Ethics Code for Behavior Analysts. Behavior Analyst Certification Board. Accessed August 19, 2025. www.bacb.com
7. *NCCI MUE Edits-Practitioner Services*. Centers for Medicare and Medicaid Services. Updated April 1, 2025. Accessed August 19, 2025. www.cms.gov

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8. *North Carolina Marketplace Evidence of Coverage*. CareSource; 2026.
www.caresource.com
9. *Registered Behavior Technician Handbook*. Behavior Analyst Certification Board.
Accessed August 19, 2025. www.bacb.com

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