



ADMINISTRATIVE POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Date Effective
Applied Behavior Analysis for Autism Spectrum Disorder		AD-1128	04/01/2022-12/31/2022
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements 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.

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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 their families/caregivers.

C. Definitions

- **Autism Spectrum Disorder (ASD)** - A neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. ASD is defined as a neurodevelopmental disorder per the DSM and a developmental disability by Medicaid payment standards.
- **BCaBA** - Behavioral Analyst Certification Board (BACB) certified assistant behavior analyst undergraduate level.
- **BCBA** - BACB certified behavior analyst graduate level.
- **BCBA-D** - BACB certified behavior analyst doctoral level.
- **HSPP** - Health Service Provider in Psychology
- **RBT** - BACB Registered Behavioral Technician.
- **Qualified RBT supervisor** - BCBA/BCBA-D, HSPP or an individual licensed in another behavioral health profession who is competent in ABA and it is within their scope of practice
- **RBT supervision** - Ongoing supervision must be at a minimum of 5% of the hours spent providing behavior-analytic services per month¹. This includes a minimum of 2 face-to-face contacts per month.
- **On-site** - QHP is immediately available and can be interrupted to assist and give direction.
- **QHP** - Qualified Healthcare Professional: Licensed Behavior Analyst, Board Certified Behavior Analyst-Doctoral, Board Certified Behavior Analyst, Psychologist, Health1
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services provider in psychology (HSPP), or other credentialed professional whose scope of practice, training, and competence includes applied behavior analysis.

- **Customized Environment** - Environment that is configured to safely conduct a functional analysis of destructive behavior or treatment for that behavior.

D. Policy

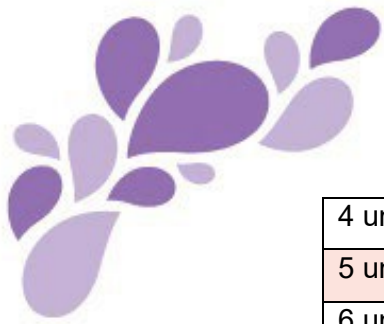
- I. Prior Authorization (PA) is required for all of the following:
 - A. Initial Treatment Plan for ABA therapy; and Continuation of ABA therapy.
- II. An ASD diagnosis by a qualified practitioner must be present in order for services to be reviewed for approval.
- III. ABA services must be provided by an enrolled Indiana Health Coverage Program (IHCP) provider or an IHCP enrolled school corporation to be reimbursed.
- IV. Limitations
 - A. Initial and continuation authorization periods will not exceed 6 months.
 - B. 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.
 1. 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 (which generally occurs on a quarterly basis), the update will take precedence over the MUEs in this policy.

- C. Each RBT must obtain ongoing supervision for a minimum of 5% of the hours spent providing behavior-analytic services per month.
- D. 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.
 1. 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



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.

Concurrent Billing

- 97154 and 97158 may not be reported concurrently as 97158 is intended for a QHP-led group session.
- The following chart summarizes when 97155 can be billed concurrently with codes for direct treatment of the member

Direct Treatment Codes	Direction of Technician Code (May be billed concurrently with direct treatment code)
97153 Individual treatment by technician or QHP	97155 may be billed concurrently with technician delivered services for code 97153 when the patient is present, one or more protocols have been modified, and the QHP is directing the technician
97154 Group treatment by technician or QHP	97155 By QHP
0373T Individual treatment by 2 or more technicians or 2 or more QHPs	None – this is bundled into 0373T

E. Conditions of Coverage

Payments may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

Program Integrity will be engaged for an annual review of data

When the member has other insurance, Medicaid is always the payor of last resort. CareSource will not pay more than the Medicaid rates total for service. Primary payer must provide evidence of determination for consideration of Medicaid coverage for services.

F. Related Policies/Rules

Applied Behavior Analysis for Autism Spectrum Disorder Medical policy
 IHCP Applied Behavioral Analysis (ABA) Prior Authorization Checklist V 2.0



G. Review/Revision History

DATES		ACTION
Date Issued	09/01/2021	New Policy – Replaces reimbursement policy
Date Revised		
Date Effective	04/01/2022	
Date Archived	12/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Behavior Analyst Certification Board. (2018, October 8). *Adaptive Behavior Assessment and Treatment Code Conversion Table*. Retrieved July 14, 2021 from www.bacb.com
2. American Medical Association. (2018). *Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019*. CPT Assistant, 28(11).
3. The Council of Autism Service Providers. (2020). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers*. Retrieved on July 14, 2021 from ww.casproviders.org
4. Indiana Family & Social Services Administration. (2017, September 12). Medical Policy Manual Office of Medicaid Policy & Planning. Retrieved July 14, 2021 from www.in.gov
5. Indiana Health Coverage Programs. (2019, September 24). IHCP bulletin BT21953 ICHP amends the rules for applied behavior analysis therapy services. Retrieved July 14, 2021 from www.provider.indianamedicaid.com
6. Indiana Health Coverage Programs. (2018, December 31). IHCP bulletin BT201867 ICHP revises billing guidance for ABA therapy services. Retrieved July 14, 2021 from www.provider.indianamedicaid.com
7. Indiana Health Coverage Programs. (2017, November 16). IHCP bulletin BT21774 ABA therapist specialty added as eligible IHCP provider. Retrieved July 14, 2021 from www.provider.indianamedicaid.com
8. Indiana Health Coverage Programs. (2016, January 19). IHCP bulletin BT201606 IHCP ads coverage of applied behavioral analysis therapy. Retrieved July 14, 2021 from www.provider.indianamedicaid.com
9. Indiana Health Coverage Programs. (2019, April 9). IHCP bulletin BR201915 Retrieved November 3, 2021 from www.provider.indianamedicaid.com.
10. Indiana Medicaid. (2018, July). IHCP Applied Behavioral Analysis (ABA) Prior Authorization Checklist V2.0. Retrieved July 14, 2021 from www.in.gov
11. Indiana Administrative Code. (2019, January 30). Section 405 IAC 5-22-12 – Applied behavioral analysis therapy services. Retrieved July 14, 2021 from www.iac.iga.in.gov
12. Indiana Health Coverage Programs (2020, February 1). National Correct Coding Initiative. Retrieved July 14, 2021 from www.in.gov

The Administrative Policy Statement detailed above has received due consideration as defined in

Archived