



ADMINISTRATIVE POLICY STATEMENT

Ohio Medicaid

| Policy Name & Number | Date Effective |
|---|-----------------------|
| Applied Behavior Analysis for Autism Spectrum Disorder - OH MCD-AD-1129 | 05/01/2022-04/30/2023 |
| Policy Type | |
| ADMINISTRATIVE | |

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.

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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)** Means 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 in the *Manual*.
- **Applied behavior analysis - (ABA)** A preventive service for ASD.
- **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.**
- **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 month¹. 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. Baseline then every 6 months thereafter or sooner if clinically necessary.
 - B. Medical necessity documentation must be submitted with appropriate documentation as indicated in the medical policy.
- II. An ASD diagnosis by a qualified practitioner 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.
 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.

- 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.
 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 |

¹ www.bacb.com

| | |
|---------|----------------------------------|
| 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 |

D. The Ohio Department of Medicaid (ODM) allows Mental Health Community Behavioral Health Centers (CBHCs), provider type 84s, to render and be reimbursed for ABA services using the service code H0036 - Community Psychiatric Supportive Treatment (CPST).

1. CareSource strongly encourages CBHCs to use the ABA CPT codes outlined here for the purposes of billing for ABA services but does accept CPST (H0036) as a service code for ABA services when submitted by an appropriately certified CBHC.
2. Expectations of this policy and the Applied Behavior Analysis for Autism Spectrum Disorder Medical policy apply to any ABA services whether they are billed using ABA CPT codes or CPST (H0036).

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

G. Review/Revision History

| DATES | | ACTION |
|-----------------------|------------|---|
| Date Issued | 09/01/2021 | New Policy-replaced reimbursement policy |
| Date Effective | 05/01/2022 | |
| Date Revised | 03/30/2022 | E-voted ODM changes including allowing ABA service provided by CPST and entire section III.D |
| Date Archived | 04/30/2023 | 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. |

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

H. References

1. Behavior Analyst Certification Board. (2018, October 8). *Adaptive Behavior Assessment and Treatment Code Conversion Table*. Retrieved August 27, 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 August 27, 2021 from www.casproviders.org.
4. Behavior Analyst Certification Board. (2019, February). Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder. (2nd ed.). Retrieved August 27, 2021 from www.bacb.com.
5. Ohio Revised Code. (2017, April 6). 39.23.84 *Coverage for autism spectrum disorder*. Retrieved August 27, 2021 from www.codes.ohio.gov.
6. Ohio Revised Code. (n.d.). 4783 *Behavior Analysts*. Retrieved August 27, 2021 from www.codes.ohio.gov.
7. Ohio Revised Code. (2021, January 1). 1751.84v2 *Coverage for autism spectrum disorder* (2017). Retrieved August 27, 2021 from www.codes.ohio.gov.

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