



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Effective Date
Applied Behavior Analysis for Autism Spectrum Disorder		PY-0712	06/01/2020-12/31/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) 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.

CSMG Co. 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.

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A. Subject

Applied Behavior Analysis Therapy for Autism Spectrum Disorder

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS 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 claims payment.

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** - 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.
- **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.
- **Practice of applied behavioral analysis** - Designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in human behavior.
- **Qualified RBT supervisor** - BCBA/BCBA-D, BCaBA, 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.
- **Face-to-Face** - QHP or technician must be physically present with member.
- **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, or other credentialed professional whose scope of practice, training, and competence includes applied behavior analysis.
- **Assistant** - An assistant behavior analyst or trained technician who delivers services under the direction of the QHP.
- **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;
 - B. Continuation of ABA therapy; and
 - C. Transitioning ABA therapy to school environment.
- II. An ASD diagnosis must be primary in order for services to be reviewed for approval.
- III. Reimbursement
 - A. Duplicate services or double billing are not reimbursable (except as noted in IV. F. below).
 1. If member is receiving other treatment (i.e. speech therapy), ABA therapy cannot be billed at the same time on the same date of service.
 - B. Exclusions listed in the Medical policy, MM-0028 are not reimbursable.
 - C. Face- to-face verses non face-to-face time
 1. 97151 includes face-to-face time with the member/caregiver to conduct assessments as well as non face-to-face time (such as reviewing records, scoring and interpreting assessment, and writing the treatment plan or progress report). This code is intended for reporting initial assessment and treatment plan development and reassessment and progress reported by the QHP.
 2. Only face-to-face time is reported with 97153-97158 and 0373T as the day to day assessment and treatment planning by the QHP is included in these codes.
- IV. Limitations
 - A. Initial and continuation authorizations are required every 6 months.
 - B. Transitioning ABA therapy to school environment authorization is generally limited to a maximum of 4 months for services provided in the school.
 - C. A Medically Unlikely Edit 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*:

¹ <https://www.bacb.com>



CPT	Max unit allowed
97151	32
97152	8
97153	32
97154	12
97155	24
97156	16
97157	16
97158	16
0362T	8
0373T	32

*If the state updates the MUE list, the update will take precedence over the MUEs in this policy.

- D. Each RBT must obtain ongoing supervision for 5-10% of the hours spent providing behavior-analytic services per month.
- E. 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

- F. Concurrent billing
 1. 97154 and 97158 may not be reported concurrently as 97158 is intended for a QHP-led group session.
 2. 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 By QHP
97154	97155



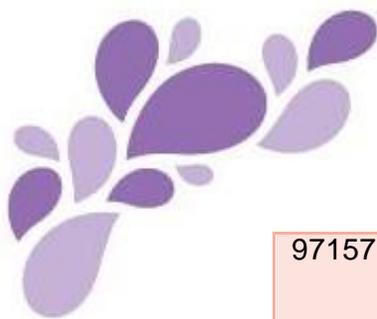
Group treatment by technician or QHP	By QHP
0373T Individual treatment by 2 or more technicians or 2 or more QHPs	None – this is bundled into 0373T

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

CPT Code	Description
97151	Behavior <u>identification assessment</u> , administered by a <u>physician or other qualified healthcare professional</u> , each 15 minutes of the physician's or other qualified healthcare 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. (Attended by member and QHP)
97152	Behavior identification <u>supporting assessment</u> , administered by one <u>technician</u> under the direction of a physician or other qualified healthcare professional, face-to-face with member, each 15 minutes. (Attended by member and technician (QHP may substitute for the technician))
97153	Adaptive behavior treatment by protocol, administered by <u>technician</u> under the direction of a physician or other qualified healthcare professional, face-to-face with one member, each 15 minutes. (Attended by member and technician (QHP may substitute for the technician))
97154	Group adaptive behavior treatment by protocol, administered by <u>technician</u> under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes. (Attended by 2 or more members and technician (QHP may substitute for technician))
97155	Adaptive behavior treatment by protocol modification, administered by <u>physician or other qualified healthcare professional</u> , which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes. (Attended by member and QHP; may include technician and/or caregiver)
97156	Family adaptive behavior treatment guidance, administered by <u>physician or other qualified healthcare professional</u> (with or without the member present), face-to-face with guardian(s)/caregiver(s), each 15 minutes. (Attended caregiver and QHP)



97157	Multiple-family group adaptive behavior treatment guidance, administered by <u>physician or other qualified healthcare professional</u> (without the member present), face-to-face with multiple sets guardians/caregivers, each 15 minutes. (Attended caregivers of 2 or more members and QHP)
97158	Group adaptive behavior treatment with protocol modification, administered by <u>physician or other qualified healthcare professional</u> , face-to-face with multiple members, each 15 minutes. (Attended by 2 or more members and QHP)
0362T	Behavior identification <u>supporting assessment</u> , each 15 minutes of <u>technicians'</u> time face-to-face with a member, requiring the following components: <ul style="list-style-type: none"> administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized, to the patient's behavior. (Attended by member and 2 or more technicians; QHP on site)
0373T	Adaptive <u>behavior treatment</u> with protocol modification each 15 minutes of <u>technicians'</u> time face-to-face with patient, requiring the following components: <ul style="list-style-type: none"> administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized, to the patient's behavior. (Attended by member and 2 or more technicians; QHP on site)

F. Related Policies/Rules

Applied Behavioral Analysis (ABA) Therapy MM-0028

G. Review/Revision History

	DATE	ACTION
Date Issued	11/29/2018	New Policy
Date Revised	04/12/2019 01/27/2020	Removed U3 & U5 modifiers Revised definitions, clarified PA requirements, added ASD diagnosis as primary, added specificity to reimbursement, updated limitations, added MUE, added time intervals, added specificity to concurrent billing.
Date Effective	06/01/2020	
Archive Date	12/31/2021	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, November 12). Retrieved November 12, 2018 from <https://www.bacb.com>
2. Behavior Analyst Certification Board. (2018, October 18). *Adaptive Behavior Assessment and Treatment Code Conversion Table*. Retrieved January 5, 2020 from <https://www.bacb.com>
3. American Medical Association. (2018). *Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019*. CPT Assistant, 28(11).
4. Behavior Analyst Certification Board. (2014). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers*. Retrieved December 3, 2019 from <https://www.bacb.com>
5. Centers for Medicare & Medicare Services. (2019, 4th quarter). *Practitioner Services Medically Unlikely Edits Table*. Retrieved December 3, 2019 from <http://www.cms.gov>
6. Centers for Medicare & Medicaid Services. (2018, March). *Medicare Claims Processing Manual Chapter 5– Part B Outpatient Rehabilitation and CORF/OPT Services*. Retrieved December 3, 2019 from <https://www.cms.gov>
7. ABA International. (2019, January). *Supplemental Guidance on Interpreting and Applying the 2019 CPT codes for Adaptive Behavior Services*. Retrieved December 3, 2019 from <https://www.abainternational.org>
8. Ohio Revised Code. (2017). *39.23.84 Coverage for autism spectrum disorder*. Retrieved November 22, 2019 from <http://codes.ohio.gov>
9. Ohio Revised Code. (n.d.). *4783 Behavior Analysts*. Retrieved November 22, 2019 from <http://codes.ohio.gov>
10. Ohio Revised Code. (2017). *1751.84 Coverage for autism spectrum disorder*. Retrieved December 3, 2019 from <http://codes.ohio.gov>

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