



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Original Issue Date		Next Annual Review		Effective Date	
11/29/2018		03/01/2020		03/01/2019	
Policy Name				Policy Number	
Applied Behavioral Analysis (ABA) Therapy				PY-0712	
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.

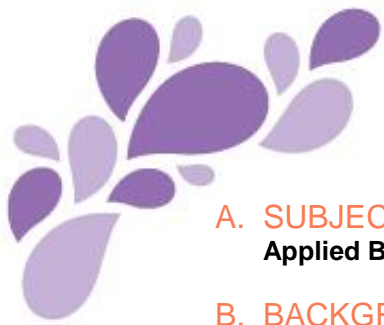
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization 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 Behavioral Analysis (ABA) Therapy

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. Autism is often defined by specific impairments that affect socialization, communication, and stereotyped (repetitive) behavior, which collectively are called the "Core" symptoms of autism. 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. Individuals with a well-established diagnosis of autistic disorder, Asperger's disorder, or Pervasive Developmental Disorder NOS under previous diagnostic criteria should be given the diagnosis of ASD.

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

Behavioral therapy programs studied to treat ASD include Intensive Behavioral Intervention (IBI), including Lovaas therapy, Early Intensive Behavioral Intervention (EIBI), or Applied Behavior Analysis (ABA). IBI therapy involves use of operant conditioning, a behavioral modification technique using positive reinforcement to increase desired behaviors, or a neutral response to not reinforce undesired behaviors. The operant conditioning is delivered in a highly-structured and intensive program, with one-to-one instruction by a trained therapist. Parents are active participants in the treatment process and are taught to continue the training at home. IBI is initiated when a child is young, usually by 2 years of age. Medical research has shown improved outcomes in children that receive early behavioral and developmental/relationship-based interventions.

These intensive behavioral intervention programs involve time-intensive, highly-structured positive reinforcement techniques by a trained behavior analyst or therapist. There is a wide variation in ABA practices from philosophy, approach, interventions and methodology, and outcome reporting. Clinical evidence from small studies and meta-analyses suggests that intensive behavioral therapy may have effects on intellectual functioning, language-related outcomes, acquisition of daily living skills and social functioning for some individuals. Methodological problems including small sample sizes (limiting statistical analysis), lack of randomization, blind assessments, and use of prospective design limit the generalizability of the results. There is lack of definition and guidelines around characteristics of children who would benefit from treatment, lack of evidence-based guidelines for training and credentialing, program content, measurement of success, intensity, duration and clinical criteria. CareSource fully



supports the recommendation for ongoing research, randomized control studies, standardized protocols, and longitudinal research to determine long term outcomes.

The following professional society's recommendations are derived from the latest guidelines and scientific based literature available.

American Academy of Pediatrics (AAP)

The AAP recommends universal screening in children aged 18 to 24 months to assist in early detection of ASD. Children that receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, adaptive behavior and social behavior.

American Academy of Child and Adolescent Psychiatry (AACAP)

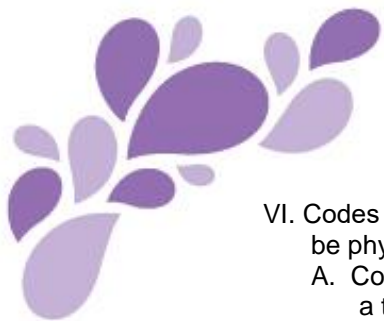
The AACAP recommends children should routinely be tested for ASD during developmental assessments. When screening is indicative of significant ASD symptoms, a thorough diagnostic evaluation should be performed. Clinicians should coordinate an appropriated multidisciplinary assessment of children with ASD and the clinician should help the family obtain appropriate, evidence-based and structured educational and behavioral interventions for treatment. The AACAP has practice parameters for treatment of children and adolescents with ASD. The quality of the literature is variable. None of the treatment models have emerged as superior.

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
- Autism Diagnostic Interview-Revised (ADI-R): A clinical interview lasting two – three hours in order to evaluate and probe for autistic symptoms or behaviors
- Autism Diagnostic Observation Schedule (ADOS): A standard diagnosis tool used as one facet of autism diagnostic evaluation in conjunction with other clinical information and the health care provider's clinical expertise
- BCaBA: Board certified assistant behavior analyst undergraduate level (Bachelor's degree)
- BCBA: Board certified behavior analyst graduate level (Master's degree)
- BCBA-D: Board certified behavior analyst doctoral level (Doctoral degree)
- QHP: Qualified healthcare professional (BCBA, BCBA-D)
- RBT: Registered Behavioral Technician is a paraprofessional who practices under the close, ongoing supervision of a BCBA, BCaBA, or BCBA-D

D. POLICY

- I. Applied Behavioral Analysis (ABA) Therapy requires a prior authorization (PA).
 - A. Prior Authorization (PA) is required for ABA Diagnosis and Evaluation, Initial Course of ABA Therapy and Continuation of ABA Therapy.
- II. CareSource reimburses for state and federal required covered services as part of a comprehensive plan of treatment for autism spectrum disorders when ordered by a licensed physician i.e. pediatrician or psychiatrist and provided by a certified, credentialed and/or licensed CareSource participating therapist as outlined in the Applied Behavioral Analysis (ABA) Therapy Medical policy, MM-0028.
- III. ABA Therapy services may be approved for up to a six month period with subsequent interim assessment over the course of treatment.
- IV. CareSource will not reimburse for any exclusions listed in the Medical policy, MM-0028.
- V. Duplicate services or double billing are not reimbursable.



- VI. Codes listed below that state “face-to-face with member” means that QHP or technician must be physically present with member.
 - A. Code 97151, Behavior identification assessment, can be billed a maximum of 24 units for a total of 6 hours.
 - B. Code 97151 and 97152 can be billed for a combined total of 6 hours every 6 months after the initial assessment.

- VII. Codes listed in this policy below cannot be billed together for the same amount of time for the same date of service.
 - A. BCBA or BCBA-D cannot bill the same amount of time, for the same date of service as the BCaBA or RBT (technician).
 - B. All services administered by a technician must be directed and supervised by the BCaBA, BCBA or BCBA-D.
 - C. A maximum of 1 hour of QHP supervision can be billed for every 10 hours of RBT time.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting state Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual state Medicaid 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	Removed U3 & U5 modifiers
Date Effective	03/01/2019	

H. REFERENCES

1. Behavior Analyst Certification Board. (2018, November 12). Retrieved November 12, 2018 from <https://www.bacb.com/>.
2. Adaptive Behavior Assessment and Treatment Code Conversion Table. (2018, November 12). Retrieved from https://www.bacb.com/wp-content/uploads/CPT_Codes_Crosswalk_.pdf.

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

Independent medical review – 2/2015