



In the event of a conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.

In the event of a conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern.

Applied Behavior Analysis for Autism Spectrum Disorders

Policy Number: CPCP011

Version 5.0

Clinical Payment and Coding Policy Committee Approval Date: 04/30/2018

Effective Date: 06/01/2018 (Blue Cross and Blue Shield of Texas Only)

Description

The purpose of this document is to clarify payment policy for covered Applied Behavior Analysis (ABA). Health care providers are expected to exercise independent medical judgment in providing care to patients. Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims are subject to the code auditing protocols for services/procedures billed. Services are typically requested for up to 40 hours per week (inclusive of all services, see Medical Policy PSY 301.021*). Claims should be coded appropriately per industry standard coding guidelines.

Reimbursement Information:

This policy relates only to the services described herein. Please refer to the Member's Benefits Booklet for the availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this policy.

Guidelines:

- ABA services should only be provided by mental health providers who are Certified by the Behavior Analyst Certification board and/or licensed in their state as a Licensed Behavior Analyst or Licensed Psychologist.
- ABA services are not to be educational, custodial, or vocational in nature. Further, ABA services are not to be provided in non-conventional, recreational, camp, vocational, or academic settings. Members are encouraged to seek out Individual Education Plan (IEP) services, as such services in academic settings are covered under the federal IDEA and FAPE Laws (Individuals with Disabilities Education Act and Free Appropriate Public Education under section 504) and items and services



paid for directly or indirectly by a Federal, state or local entity, benefits may be excluded and payment not made.

- Approval for payment is only applicable to empirically supported interventions for a current (within 36 months) Autism Spectrum Disorder diagnosis.
- Treatment plans/evaluations (inclusive of time for administration, scoring, interpretation and report write up) can generally be completed with 1 unit of 0359T (untimed unit), 1 unit of 0360T (1st 30 minutes) and 3 units of 0361T (each additional 30 minutes). Documentation of any units billed beyond that may be subject to medical necessity review and should justify the additional units.
- Please refer to the most current release of the Centers for Medicare & Medicaid Services (CMS) Medically Unlikely Edits (MUE) table for guidance on the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. Service units are also limited by specific authorization period. For example, only 1 untimed unit (typically 1 to 1.5 hours duration) of 0370T-Parent education is authorized per week for the authorization period (typically 26 weeks) for a total of 26 units. Untimed units are by Current Procedural Terminology (CPT®) code convention and CMS MUE limited. See examples below of CMS MUE limitations.
- CPT code 0365T (Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)) -a total of eight hours including the base code per date of service.
- CPT code 0369T (Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)) - a total of six hours including the base code - per date of service.
- CPT code 0374T (Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)) - a total of six hours including the base code per date of service.
- CPT Codes 0362T, 0363T, 0373T,0374T involve assessment and direct treatment of severe maladaptive behavior in specialized, high-intensity settings. Such settings include a means of separating from other patients, padded isolation rooms with observation windows and medical protocols for monitoring patient during and after high intensity episodes, an internal/external review board to examine adverse incidents, access to mechanical/chemical restraint, and frequent external review to determine if the patient needs a higher level of care and whether this patient be safely treated in an outpatient setting. These services are not reimbursable so



providers should bill for encounter data purposes only.

- CPT codes are face to face and with one patient unless otherwise specified in the description. Billable supervision of a patient must be face to face and involves only one technician. There is no t-code for indirect (patient not present) supervision activities including but not limited to telehealth and/or remote supervision by means of via the internet or phone.
- A billable unit is defined as 51% of the timed unit. For example, if 16 minutes of a service is rendered, then a full 30-minute unit is billable. The total number of units will reflect the total number of minutes documented.
- Documentation required to substantiate that services were rendered include but are not limited to: (1) a parent or caregiver’s signature for each rendered service that also includes the service/code provided, rendering provider’s name/signature, the date of service, and the beginning/end times of the service, (2) a written account, summary, or note of the service rendered, and (3) some data point(s) regarding the Member’s progress for the day.
- CPT Codes 0368T and 0369T - Supervision of Registered Behavior Technicians, treatment planning, and protocol modification should occur at the Behavior Analyst Certification Board (BACB) (2014) recommended 20% of direct service hours (0364T/0365T) or at a minimum of 2 hours per week.
- When a Board-Certified Behavior Analyst (BCBA) is directing the activities of a technician in person (face-to-face contact with the patient) for purposes such as checking procedural integrity and problem solving and modifying a treatment protocol that is not effective, the BCBA would bill for this time using 0368T and 0369T. The BCBA cannot submit these codes and the codes for the technician's time simultaneously (e.g., cannot submit 0368T or 0369T and 0364T or 0365T for the same period). There is no separate code for BCBA supervision of technicians without the patient present. This type of supervision is included in the codes used to bill according to a technician’s time, and is typically considered to be 10–15 minutes of BCBA time for each hour that a technician spends face to face with a patient, staff training is otherwise considered a practice expense and not reimbursable.

The following procedural codes serve as guidelines for the billing of Applied Behavior Analysis services:

0359T	Behavior identification assessment by the physician or other qualified health care professional, face-to-face with patient and caregiver(s). Includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report (untimed unit).
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0360T	Observational behavioral follow-up assessment. Includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient.
0361T	Observational behavioral follow-up assessment, each additional 30 minutes of technician time, face-to-face with the patient (list separately in addition to code for primary service)
0362T	Functional analysis of severe maladaptive behaviors in specialized settings. Exposure behavioral follow-up assessment. Includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient.
0363T	Functional analysis of severe maladaptive behaviors in specialized settings. Exposure behavioral follow-up assessment, each additional 30 minutes of technician(s) time, face-to-face with the patient (list separately in addition to code for primary procedure)
0364T	Adaptive behavior treatment by protocol administered by technician, face-to-face with one patient; first 30 minutes of technician time
0365T	Adaptive behavior treatment by protocol, each additional 30 minutes of technician time (list separately in addition to code for primary procedure)
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient. Direct treatment of severe maladaptive behavior in specialized, high-intensity settings
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (list separately in addition to code for primary procedure). Direct treatment of severe maladaptive behavior in specialized, high-intensity settings.
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (list separately in addition to code for primary procedure)
0366T	Group adaptive behavior treatment by protocol administered by technician, face-to-face with two or more patients; first 30 minutes of technician time



0367T	Group adaptive behavior treatment by protocol, each additional 30 minutes of technician time (list separately in addition to code for primary procedure)
0372T	Adaptive behavior treatment social skills group administered by physician or other qualified health care professional face-to-face with multiple patients (untimed unit).
0370T	Family adaptive behavior treatment guidance administered by physician or other qualified health care professional (without the patient present) (untimed unit).
0371T	Multiple-family group adaptive behavior treatment guidance administered by physician or other qualified health care professional (without the patient present) (untimed unit).

***References: Medical Policies**

<u>Title</u>	<u>Policy Number</u>
Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	PSY301.021

References:

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Policy Update History:

Approval Date	Description
04/30/2018	New policy