Utah Department of
Health & Human Services
Integrated Healthcare

Utah Medicaid Provider Manual

Autism Spectrum Disorder Services

Division of Integrated Healthcare

Updated July 2023

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1 General information

All underlined words contained in this document should serve as hyperlinks to the appropriate internet resource. Email dmhfmedicalpolicy@utah.gov if any of the links do not function properly, note the specific link that is not working and the page number where the link is found.

For general information regarding Utah Medicaid, refer to the Utah Medicaid Provider Manual Section I: General Information, Chapter 1, General information.

1-1 Autism Spectrum Disorder related services

Autism Spectrum Disorder (ASD) services are covered as medically necessary services based upon the recommendation and referral of a qualified health care professional (QHP) for members with a diagnosis of ASD. ASD-related services may include the following:

1. Diagnostic assessments and evaluations
2. Therapies such as physical, occupational, or speech therapy
3. Applied Behavior Analysis (ABA) therapy

2 Health plans

For more information about Managed Care Entities (MCE), refer to Section I: General Information, Chapter 2-7, Accountable Care Organizations.

For more information about Prepaid Mental Health Plans (PMHPs), refer to Section I: General Information, Chapter 2-8, Prepaid Mental Health Plans, and the Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual. A list of MCEs and PMHPs that Medicaid has a contract to provide health care services is found on the Medicaid website.

For members enrolled in an MCE, requests for ASD-related medical services, including but not limited to physical, occupational, and speech therapies, must be submitted to the MCE.

For members enrolled in a Prepaid Mental Health Plan (PMHP), requests for services related to co-occurring mental health conditions will be referred to the PMHP.

3 Provider participation and requirements

Refer to Section I: General Information, Chapter 3, Provider participation and requirements.

3-1 Provider credentials

Medicaid enrolled providers delivering and reporting ASD services must adhere to the requirements outlined in their provider enrollment agreement. Additionally, providers are expected to deliver services acting within their scope of license and training, which included adhering to Utah Code Title 58, Chapter 61 – Psychologist Licensing Act, Administrative Rule 156-61, Psychologist Licensing Act Rule, and R156-61a, Behavior Analyst Licensing Act Rule as applicable.

Behavior analysts in training

Claims submitted to Medicaid, for services provided by a behavior analyst in training, are covered when the services are provided under the supervision of a psychologist or behavior analyst and delivered in accordance with Utah Code 58-61-707(10-12), Psychologist Licensing Act, Exceptions from licensure.

4 Record keeping

Refer to Section I: General Information, Chapter 4, Record keeping.

5 Provider sanctions

Refer to Section I: General Information, Chapter 5, Provider sanctions.

6 Member eligibility

It is the responsibility of the provider to verify the member's eligibility prior to every service. For additional information regarding member eligibility refer to Section I: General Information, Chapter 6, Member eligibility.

7 Member responsibilities

For information on member responsibilities including establishing eligibility and co-payment requirements refer to Section I: General Information, Chapter 7, Member responsibilities.

8 Programs and coverage

ASD service coverage requires that the member receiving services have a valid ASD diagnosis. Clinicians authorized under the scope of their licensure and trained in the use and interpretation of the selected assessment tool may render the ASD diagnosis. The diagnostic evaluation process includes:

1. Health, developmental, socioemotional, and behavioral histories
2. Developmental, adaptive, and/or cognitive evaluation to determine the member's overall level of functioning, and
3. Determination of the presence of the DSM-5 criteria for ASD, using evidence-based standardized measures to operationalize the DSM-5 criteria.

A copy of the medical records that includes the ASD diagnosis and the screening or evaluation instruments used must be submitted with the initial prior authorization request.

8-1 Definitions

Applied Behavioral Analysis (ABA): Applied behavior analysis means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Autism Spectrum Disorder (ASD): a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

Behavior analyst in training: an individual who is enrolled in a behavior analysis course sequence approved by the Behavior Analyst Certification Board at an

accredited institution of higher education and whose activities are part of a defined program of study or professional training as defined by Utah Code 58-61-707(10-12).

Behavior technician: is a paraprofessional certified in behavior analysis that assists in delivering behavior analysis services and practices under the direct supervision of a QHP, who is responsible for all work performed.

Board Certified Assistant Behavior Analyst (BCaBA): is an individual who holds an undergraduate-level certification in behavior analysis and is licensed to engage in the practice of behavior analysis under the supervision of a qualified supervisor, as defined by Utah Code 58-61.

Board Certified Behavior Analyst (BCBA): is a graduate-level independent practitioner in behavior analysis who provides behavior-analytic services and may supervise the work of BCaBAs, Behavior Technicians, and other professionals who implement behavior-analytic services and is licensed in the State of Utah per Utah Code 58-61.

Board Certified Behavior Analyst-Doctorate (BCBA-D): is a doctoral prepared independent practitioner in behavior analysis who provides behavior-analytic services and may supervise the work of BCaBAs, Behavior Technicians, and other professionals who implement behavior-analytic services and is licensed in the State of Utah per Utah Code 58-61.

Functional analysis: an assessment for evaluating the separate effects of each of several environmental events on a target behavior by systematically presenting and withdrawing each event to a patient multiple times and observing and measuring occurrences of the behavior in response to those events.

Functional behavior assessment: comprises descriptive assessment procedures designed to identify environmental events that occur just before and just after occurrences of potential target behaviors and that may influence those behaviors. The information may be gathered by interviewing the patient's caregivers having care givers complete checklists, rating scales, or questionnaires and/or observing and recording occurrences of target behaviors and environmental events in everyday situations.

Non standardized instruments and procedures: includes, but not limited to, curriculum-referenced assessments, stimulus preference assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the individual patient and behaviors.

Onsite: means that the clinician is to be immediately available and able to be interrupted as needed to assist and provide direction throughout the entire procedure. However, the clinician is not required to be physically present in the room for the procedure.

Psychologist: a licensed or registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who was tested in applied behavior analysis and is licensed in Utah as per Utah Code 58-61.

Qualified Healthcare Professional (QHP): an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within their scope of practice and independently reports that professional service. Examples of QHPs include licensed behavior analyst, board certified behavior analyst doctoral, board certified behavior analyst, psychologist or other credentialed professional as defined by Utah Code 58-61.

Standardized instruments and procedures: includes, but not limited to, behavior checklists, rating scales, and adaptive skill assessment instruments that comprise a fixed set of items and are administered and scored in a uniform way with all patients.

8-2 General ASD diagnostic services

Mental health evaluations and psychological testing performed for the purpose of diagnosing developmental disorders are covered by Medicaid when coverage criteria are met. Coverage of ABA services require a behavior identification assessment and the development treatment plan. Guidance related to the coding and billing of these services may be found in Chapters 11 Billing and 12 Coding of this manual.

ABA therapy requires prior authorization for coverage of services. This does not apply to initial or ongoing behavior identification assessments.

8-2.1 Adaptive behavior services

Adaptive behavior services address deficient adaptive behaviors, maladaptive behaviors, or other impaired functioning secondary to deficient adaptive or maladaptive behaviors.

Adaptive behavior describes age-appropriate behaviors that people need to live and function independently, socially, and successfully in their day-to-day lives. Most often adaptive behavior services are provided to those who have a learning disability, social impairment, or behavior that may put themselves or others at risk for physical harm.

The majority of these services are provided, created, and overseen by a behavior analyst or a psychologist specializing in behavior analysis and delivered by an assistant behavior analyst and/or technician(s).

8-2.2 Adaptive behavior analysis assessments

ABA assessment must be conducted by a QHP. Assessments are generally performed on the initiation of services and every six months thereafter. On occasion, a member may need a revision to their treatment plan or require a change in provider. In such cases, the reporting of an additional assessment is appropriate. As with all Medicaid services, these services are subject to post-payment review.

Behavior identification assessment is conducted by the QHP and may include:

1. Analysis of pertinent past data (including medical diagnosis)
2. A detailed behavioral history
3. Patient observation
4. Administration of standardized and/or non-standardized instruments and procedures
5. Functional behavior assessment
6. Functional analysis, and/or guardian/caregiver interview to identify and describe deficient adaptive behaviors
7. Maladaptive behaviors

8. Other impaired functioning is secondary to deficient adaptive or maladaptive behaviors
9. Any impaired social skills
10. Communication deficits
11. Destructive behaviors, and
12. Any additional functional limitations resulting from noted maladaptive behaviors.

This service includes the QHP:

1. Obtaining a detailed history relative to the patient's behavior,
2. Observation of behaviors,
3. Administration of standardized and non-standardized testing,
4. Focused interviews with the primary guardian or caregiver,
5. Non-face-to-face time reviewing and analyzing the information,
6. Scoring/interpreting test results,
7. Discussion of findings and recommendations with the primary guardian(s)/caregiver(s),
8. Preparation of report, and
9. Development of plan of care.

This service may be repeated on different days as necessary until the behavior identification assessment has been completed.

Documentation must contain the interpretation of results as well as the development of a treatment plan. The treatment plan should outline the provider's plan of care. Successive progress review treatment plan gains should be noted and modifications to the treatment plan should be recorded, as necessary. The assessment's total time or start and stop times should be noted in the medical record.

8-2.3 Adaptive behavior treatment

Individual treatment for ABA case supervision includes both direct and indirect supervision. Activities included in case supervision responsibilities include:

1. Direct supervision: The psychologist or behavior analyst is either engaged directly with the member or is directing a technician in implementing a modified protocol with the member, or
2. Indirect supervision: include activities involved in ongoing monitoring of member progress and revising protocols, preparing for assessment or treatment sessions, reviewing data, and writing progress notes.

The provider is responsible for retaining records of the time spent engaged in direct and indirect supervision responsibilities.

These services are delivered and overseen by a QHP specializing in behavior analysis and delivered by an assistant behavior analyst or technician(s). Services focus on treatment goals and targets established from a prior adaptive behavior assessment and include continuing and developing assessment and adjustment of those targets, goals, and protocols. Some of the objectives of this type of treatment include minimizing recurrent and/or other maladaptive behaviors and boosting communication, social, personal safety, and other adaptive functioning by breaking the larger category of adaptive skills into smaller, easy-to-measure units focusing on practicing a skill repeatedly until it becomes routine for the member.

These services are provided face-to-face or, when appropriate via telehealth, with the member or family, alone or in a group, and combine large amounts of varying procedures that require analysis and the adjustment of the motivation, circumstances, and setting, among other factors, and may occur in various settings.

Adaptive behavior treatment and group adaptive behavior treatment are administered by a technician under the direction of a QHP, utilizing a treatment protocol designed in advance. The QHP may or may not provide direction during the treatment. Group service requires that the services occur in groups of eight or smaller.

Adaptive behavior treatment with protocol modification is administered face-to-face with a single member. The QHP resolves one or more problems with

the protocol and may simultaneously direct a technician in administering the modified protocol while the member is present.

Family adaptive behavior treatment guidance and multiple-family group adaptive behavior treatment guidance are administered by a QHP face-to-face with a member's caregiver(s). The treatment guidance involves identifying potential treatment targets and training to implement treatment protocols designed to address deficient adaptive or maladaptive behaviors. This service requires that the training occur in groups of eight or smaller.

Group adaptive behavior treatment with protocol modification is administered by a QHP face-to-face with multiple members. During the session they monitor the needs of individual members and adjust the treatment techniques during the group sessions, as needed. In contrast to group adaptive behavior treatment by protocol, protocol adjustments are made in real time rather than for a subsequent service. This service requires that the training occur in groups of eight or smaller.

8-2.4 Alternative treatment service delivery models

Medicaid recognizes that adaptation in the service delivery model may be required to accommodate the member's individual treatment needs. See Chapter 12 Coding of this manual for specifics.

Requests that exceed the maximum allowed units, as indicated in Chapter 12 Coding, will be subject to secondary medical review and/or medical review committee unless the request is offset as defined above. The QHP must include justification supporting the medical necessity of the alternative treatment service delivery model or for requests that exceed the maximum allowed units with each prior authorization request.

8-3 Service delivery specifications

8-3.1 ABA treatment by assistant behavior analyst or behavior technician

ABA treatment programs must be designed and supervised by a QHP and are delivered by an assistant behavior analyst or behavior technician.

Under the supervision of a QHP, the assistant behavior analysts may:

1. Perform clinical and case management support
2. Assist in oversight of technicians
3. Provide direct intervention

8-3.2 Assessments for measuring outcomes

Medicaid requires assessments to be completed by a QHP. Assessments may be conducted utilizing standardized evidence-based assessment tools or non-standardized assessment tools which include a detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary caregiver(s), and preparation of a report.

8-3.3 Case supervision requirements

When a tiered service delivery model is utilized, the following supervisory activities are required:

1. The QHP is responsible for all aspects of clinical direction, supervision, and case management, including activities of the support staff. For example, assistant behavior analyst or behavior technician,
2. The QHP must have knowledge of:
    a) each treatment team member's ability to effectively carry out clinical activities before assigning them, and
    b) the member's needs and treatment plan. They must observe the technician implementing the plan, regardless of whether there is clinical support provided by an assistant behavior analyst or behavior analyst in training.

A QHP is required to supervise a minimum of 10 percent of the time the member is receiving direct services from a technician or assistant behavior analyst. At least 50 percent of the QHP’s supervision must be direct supervision.

When determined as medically necessary by the QHP, requests for an additional 10 percent of direct supervision may be requested through the prior authorization process. QHPs must include documentation supporting the

medical necessity of the request. Additional time approved for direct supervision cannot be used for indirect supervision.

8-3.4 Telehealth

When clinically appropriate, supervision of an assistant behavior analyst or behavior technician may occur via remote access technology.

Parent training services via remote technology are covered when it is clinically appropriate, per Utah Administrative Rule R414-42.

Documentation must substantiate the clinical appropriateness of telehealth services.

The provider may deliver services or supervise only one member or one group session at a time. Medicaid coverage requires synchronous delivery of services. This is comprised of real-time videoconferencing that occurs via two-way video and audio interactions.

The following services not covered when performed via telehealth:

1. Adaptive behavior treatment administered by a technician
2. Group adaptive behavior treatment administered by a technician
3. Group adaptive behavior treatment with protocol modification administered by a QHP

For more information concerning telehealth use for psychiatric diagnostic evaluations reference the Rehabilitative Mental Health and Substance Use Disorder (SUD) Services Provider Manual, Chapter 1-4 Scope of service.

8-3.5 Restrictive interventions

Although many persons with severe behavioral problems can be effectively treated without the use of restrictive interventions, these may be necessary on rare occasions. When restrictive interventions are medically necessary they must be performed in accordance with Utah Administrative Code Rule R539-4 - Behavior Interventions.

8-4 Service delivery settings

ABA services may be delivered in multiple settings on the same day. ABA services may be delivered in a variety of relevant naturally occurring settings in the home and community. Services may also be delivered in clinic or center-based settings where the environment can be more easily controlled for specific interventions, for coordination with other therapies, or where group-based services are provided.

8-4.1 School-based settings

ASD-related services identified on the child's individualized education plan (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA), may be provided in school-based settings. ASD-related services that are listed on an IEP must be provided through the Medicaid School-Based Skills Development Services benefit. Refer to the School-Based Skills Development Services Provider Manual for information on this benefit. School based settings include charter schools funded through a Local Education Authority (LEA) but not privately funded schools.

Apart from the psychologist's or behavior analyst's participation in the child's annual IEP development meeting, the Medicaid agency shall not reimburse fee for service ABA services in school-based settings that are in addition to services listed on an IEP. If the psychologist or behavior analyst, in coordination with the child's family and school professionals, believe it is medically necessary for the psychologist or behavior analyst to participate in the child's IEP development meeting, the provider may bill for this specific service on a fee for service basis.

9 Non-covered services and limitations

9-1 Non-covered services

The following services are non-covered:

1. ABA services that are not primarily provided to ameliorate a behavioral or maladaptive behavior.
2. Any service that does not follow the established treatment plan.

3. ABA services rendered when measurable functional improvement is not expected or progress has plateaued with no further protocol modifications made to address deficits.
4. Experimental, investigational, or unproven practices as outlined in Section I: General Information, Chapter 9-3.3 Experimental, investigational, or unproven medical practices.
5. Custodial care services
    a) Custodial care is defined as care that is provided for the sole purpose to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety.
6. Respite care services
    a) Care provided primarily to give relief to, or during the absence of, the usual caregiver.
7. Coverage of costs associated with different settings in which ABA services are provided. Examples of settings that may have costs associated with them that are not covered by Medicaid include:
    a) Resorts
    b) Spas
    c) Therapeutic programs
    d) Camps
8. Time spent by the behavior analyst, behavior analyst in training, or technician charting or collecting data that is occurring separate from the time spent documenting direct observations that occur when the provider is working directly with the member.
9. Provider's time traveling and other associated costs to get to the member.

9-2 Limitations

Medicaid has established limitations of services based on standards of care. On occasion, members may require medically necessary services that surpass the quantity limitations established by Medicaid. In these instances, providers may request authorization for additional services. Refer to the Section I: General Information Provider Manual, Chapter 9-3.5 Quantity limits for additional information.

9-3 Exceptions to non-covered services

Requests for coverage of non-covered services will be reviewed on a case-by-case basis through the Medicaid exception process. Information concerning the exception process may be found in the Section I: General Information Provider Manual, Chapter 9-3.4 Exceptions when Medicaid will pay for non-covered procedures. Documentation must be submitted with the request that demonstrates medical necessity as defined in the Section I: General Information Provider Manual, Chapter 8-1 Medical necessity.

10 Prior authorization

General prior authorization information is provided in the Utah Medicaid Provider Manual, Section I: General Information, Chapter 10, Prior authorization. Incomplete requests will be returned to the providers for additional information. Code specific coverage, prior authorization requirements, and reimbursement rates may be found in the Coverage and Reimbursement Code Lookup.

10-1 Request for initial services

Upon the initiation of services, providers will be permitted a 10-business day grace period to submit a request for prior authorization of services. If providers are unable to obtain prior authorization during the grace period, then the authorization will start on the day that the request is completed.

Initial requests for services must include:

1. Prior authorization request form.
2. Copy of a written ASD diagnosis by a clinician who is authorized under the scope of their licensure to render a diagnosis.
3. An order (prescription) for ABA services from a licensed clinician authorized to prescribe ABA services under their scope of licensure and training.
    a) For ongoing services, a new order must be submitted annually
4. Copy of the ABA treatment plan that includes:
    a) Date of assessment(s)

b) Name and signature of QHP who conducted the assessment and developed the treatment plan
c) A copy of the assessment tool(s) used to assess functional skills and, if applicable, maladaptive behaviors
d) Summary of assessment results
    i. Baseline data must include the date range for the data represented and, where appropriate, comparisons against benchmarks of normally developing peers.
        - There are circumstances where baseline data may not be observed during the initial assessment. In these instances, the baseline data to meet this criterion can be obtained from assessment observation and parent/caregiver report. The expectation is that these baseline assessment estimates will be adjusted, and treatment goals revised as more accurate data is recorded during future therapy sessions.
e) Summary data from parent/caregiver from interviews
f) Identification and description of targeted skills
g) Identification and description of targeted maladaptive behaviors or a statement indicating if these are not present
h) Measurable treatment goals specific to the treatment plan period, including those intended to improve functional skills, decrease maladaptive behaviors (if applicable), and teach appropriate replacement behaviors
i) Method and frequency of implementing and assessing treatment protocols
j) Anticipated caregiver involvement in the treatment process
k) Anticipated coordination of care needs

5. Attestation of medical necessity by the psychologist or behavior analyst that ABA is medically necessary and appropriate to address the treatment goals of the member.
6. Individualized clinical recommendations of the number of weekly services, delineated by service code.

7. A description of the setting(s) in which services will be provided, including hours via remote technology.

10-2 Request for continued services

The request for the new certification period must be received within 10 business days of the re-certification period start date. If the request is received more than 10 days after the start of the new certification period, the authorization will begin on the day that the completed request and all required documentation is submitted. ABA reassessments and treatment plan updates must be conducted by a QHP.

Requests for continued services must include:

1. Completed ABA Services Prior Authorization Request Form
2. Copy of the treatment plan that includes:
   a) Date of reassessment or treatment plan update
   b) Name and signature of the QHP conducting the assessment
   c) Evaluation of progress toward treatment goals using objective, validated assessment methods that includes the following:
      i. Date that each treatment goal was started
      ii. Summary of progress toward functional skill goals
      iii. Summary of progress toward maladaptive behavior goals, or a statement indicating if these are not present
      iv. Data from the previous six month period should be measured using the same method throughout the member's episode of care. If data are unavailable, an explanation must be provided
      v. Data should be compared against baselines established at the initiation of care with the current provider, which should be dated and if re-baselining occurs, an explanation provided
      vi. Overall progress should be compared to benchmarks of normally developing peers using established instruments to show treatment progress in relation to initial assessments
   d) Name of standardized assessment instrument(s) used
   e) Specific strategies to generalize skills to settings and people that are meaningful to the member

f) Specific strategies to move the member toward more focused interventions as a result of successful treatment and generalization
g) Coordination of care activities during the previous authorization period, and
h) Anticipated caregiver involvement in the treatment process

3. A description of treatment plan revisions that include:
   a) Description of treatment goals, if any, that were not accomplished during the previous authorization period, with explanation
   b) If there is inadequate progress toward meeting treatment goals or there is no demonstrable progress in the previous authorization period
      i. The psychologist or behavior analyst must assess the reasons for lack of progress and modify treatment interventions to achieve adequate progress
   c) Updated and new measurable treatment goals overall and specific to the treatment plan period
   d) Method and frequency of implementing and assessing treatment protocols
4. Clinical certification by the psychologist or behavior analyst that ABA is medically necessary and appropriate to address the treatment goals of the member
5. Individualized clinical recommendations of the amount of weekly services, delineated by service code
6. A description of the setting(s) in which services will be provided, including hours via remote technology
7. Projected duration of ABA treatment, and
8. A discharge plan, if treatment is expected to conclude within six months of the date of reassessment.

11 Billing

Refer to the Utah Medicaid Provider Manual, Section I: General Information, Chapter 11 Billing Medicaid, for detailed billing instructions.

11-1 Third party liability

Requirements for billing third parties are described in Section I: General Information, Chapter 11-5 Billing third parties.

When other insurance coverage is available and a provider under that insurance is available to deliver ABA services, those services must be exhausted prior to claims being submitted to Medicaid. Providers must satisfy available third-party insurance requirements so those benefits can be utilized.

If an ABA provider is not paneled with the private insurance and there is not out of network benefit, a transition to a provider enrolled with the private insurance must be facilitated within six months of the discovery of the insurance. Alternatively, the current provider may continue to deliver services under Medicaid reimbursement while they are actively seeking enrollment with the private insurance. This must be completed within 6 months of discovery of the insurance.

11-2 Medicaid as payment in full, client billing prohibited

A provider who accepts a member as a Medicaid patient must accept Medicaid payment as reimbursement in full. Refer to the Section I: General Information Provider Manual, Chapters 3-4, Medicaid as payment in full, client billing prohibited.

There are limited circumstances in which a provider may bill a Medicaid member. These circumstances may be found in the Section I: General Information Provider Manual, Chapter 3-5, Exceptions to prohibition on billing members.

Code specific information may be found in the Coverage and Reimbursement Lookup Tool.

11-3 Mental health evaluations and psychological testing

Mental health evaluations and psychological testing performed for the purpose of diagnosing developmental disorders must be reported with the UC modifier appended. These services are considered carved out of the MCE services and will be reimbursed on a fee for service basis.

11-4 Telehealth services

When reporting services delivered via remote access technology, the CMS 1500 claim form must include "Place of Service 02" to identify the service as delivered via telehealth. Refer to Chapter 8-3.4 Telehealth of this manual for additional information.

12 Coding

It is the responsibility of the provider to report the appropriate billing codes for services rendered.

The maximum allowed column is a description of average utilization over the authorization period. Medicaid recognizes that fluctuations in service utilization may vary from week to week. It is the provider's responsibility to track utilization to ensure that they do not exceed the total number of approved units over the authorization period.

12-1 ABA assessment coding

ABA assessments are reported using the procedure code described in the table below.

Code	Service	Who Attends	Maximum Allowed
97151	Behavior Identification Assessment Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and	QHP, Member and their Parent(s)/ Caregiver(s)	1 assessment per 26 Weeks (up to 24 units)

Code	Service	Who Attends	Maximum Allowed
	discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan		

12-2 Individual therapy codes

One-on-one ABA therapy is reported using the procedure codes described in the table below.

When a behavior analyst or assistant behavior analyst provides direct intervention under CPT codes 97153 or 97154, the provider must not bill for behavior analyst level services.

Procedure code 97155 must be reported for direct case supervision of the member. Indirect case supervision must be reported using HCPCS code H0032.

Direct and indirect case supervision services must be reported with the corresponding modifier to indicate the credentials of the clinician performing the supervision services. The supervision service modifiers are defined below:

1. HP – Psychologist or BCBA-D
2. HO – BCBA
3. HN – Behavior analyst in training or BCaBA

Code	Service	Who Attends	Maximum Allowed
97153	Adaptive behavior treatment by protocol	QHP, Member and their	780 Hours (3,120 units) per 26 Weeks

	Adaptive behavior treatment by protocol, administered by technician under the direction of a QHP, face-to-face with one patient, each 15 minutes	Parent(s)/ Caregiver(s)	(See Chapter 8-2.1, Alternative Service Delivery Models)
97155	Adaptive behavior treatment with protocol modification Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	QHP, Member, Technician and their Parent(s)/ Caregiver(s)	A total of 84 Hours (336 units) per 26 Weeks may be requested combined for codes 97155 and H0032. At least 50 percent of the supervision must be direct supervision, as specified in Chapter 8-3, Service Delivery Specifications.
H0032	Mental health service plan development by nonphysician A mental health service plan is developed for treating a patient, including modifying goals, assessing progress, planning transitions, and addressing other needs. This service is provided by someone other than a physician, who is a clinical,	QHP	A total of 84 Hours (336 units) per 26 Weeks may be requested combined for codes 97155 and H0032. At least 50 percent of the supervision must be direct supervision, as specified in Chapter

	professional, or other specialist, each 15 minutes		8-3, Service Delivery Specifications.
97156	Family adaptive behavior treatment guidance Family adaptive behavior treatment guidance, administered by QHP (with or without the patient present), face-to-face with guardian(s) /caregiver(s), each 15 minutes	QHP with Parent(s)/ Caregiver(s) Member may or may not be present	Recommended minimal requirement for parent training 3 episodes per 26 weeks (up to 4 units per episode) See Chapter 8-2.1, Alternative Service Delivery Models

12-3 Group treatment codes

Services provided in a group setting must be reported with the corresponding modifier to indicate the size of the group. Rates for group services are based on the size of the group. Group services claims submitted without a modifier will be denied. The group-size modifiers are defined below:

1. UN – 2 individuals
2. UP – 3 individuals
3. UQ – 4 individuals
4. UR – 5 individuals
5. US – 6 or more individuals

Code	Service	Who Attends	Maximum Allowed
97154	Group Adaptive Behavior Treatment by Protocol Group adaptive behavior treatment by protocol, administered by technician under the direction of a	QHP, Member and Group of Peers (Maximum	52 Episodes per 26 Weeks (up to 4 units per episode)

	physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	of 8 Members)	
97157	Multiple Family Adaptive Behavior Treatment Guidance Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	QHP, Parents/ Caregivers (Member/ Members Not Present) (Training for a Maximum of 8 Parents/ Caregivers)	3 Episodes per 26 Weeks (up 4 units per episode)
97158	Adaptive Behavior Treatment Social Skills Group Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	QHP, Member and Group of Peers (Maximum of 8 Members)	26 Episodes per 26 Weeks (up to 4 units per episode)

12-4 Alternative service hour combinations

Providers may request alternative service hour combinations that equal less than 30 hours/week of combined services for codes for individual and group therapy by a behavior technician. Combined requests for parent training and social skills groups by a BCBA may also be requested for less than 29 hours every 6-month authorization period.

12-5 Coding guidance

The following table assists in outlining the covered adaptive behavior treatment and the CPT codes reportable by each.

Type of Service	CPT Codes
Direct face-to-face treatment with the patient	97153, 97155
Direct treatment of patient(s) in group	97154, 97158
Family treatment guidance	97156, 97157

The following table offers coding guidance to providers and outlines the elements included with adaptive behavior treatment by protocol or with protocol modification.

	97153	97155
By Protocol	X	
With protocol modifications		X
QHP face-to-face with the patient		X
QHP are required to be onsite		X
Number of technicians	1	0-1
Deficient adaptive behavior(s), maladaptive behavior(s), or other impaired functioning secondary to deficient adaptive or maladaptive behaviors		X
Destructive behavior(s)		X