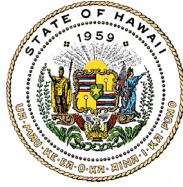


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January 13, 2023

MEMORANDUM

MEMO NOS.

QI-2301

FFS 23-01

[Replaces QI-1708/FFS 15-10
(dated 08/28/15) and QI-1908
FFS 19-03 (dated 03/08/2019)
and QI-2028 (dated 7/21/2020)]

TO: QUEST Integration (QI) Health Plans,
Physicians, Advance Practice Registered Nurses (APRNs), Behavioral Health
Providers, Hawaii Department of Health Developmental Disabilities/Intellectual
Disabilities (DD/ID) and Providers, Hawaii Department of Health Early Intervention
Program, and Hawaii Department of Education and Providers

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: COVERAGE OF INTENSIVE BEHAVIORAL THERAPY (IBT) FOR TREATMENT OF
CHILDREN UNDER 21 YEARS OF AGE WITH AUTISM SPECTRUM DISORDER (ASD)

The Department of Human Services, Med-QUEST Division (MQD) is issuing this memorandum to update and combine previously released Memorandum on Intensive Behavioral Therapy (IBT). This memorandum updates guidance with current standards for provision of Applied Behavior Analysis (ABA) for the treatment of autism spectrum disorder (ASD).

Centers for Medicare & Medicaid Services (CMS) guidance clarifying Medicaid coverage of services for children with ASD pursuant to section 1905(a) of the Social Security Act for the

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is unchanged. Under section 1905(r) of the Social Security Act, state Medicaid programs must cover medically necessary services for members under 21 years of age, including those diagnosed with ASD. Therefore, Hawaii's QI health plans must continue to comply with the full range of EPSDT duties and requirements. These duties include providing medically necessary Intensive Behavioral Therapy (IBT) treatment modalities, which include ABA, for children under 21 years of age. QI health plans shall coordinate and promote continuity of care and ensure that members receive all medically necessary services.

Attachment A, revised December 2022, details MQD guidelines on how to access ABA through QI health plans. Other state agencies will continue to have access to Medicaid reimbursement for provision of ABA services through MQD if the services meet the standards of care outlined in this memo and attachments. Treatment provided and reimbursed by QI health plans or provided by other state agencies shall include, but not be limited to ABA services when determined to be medically necessary. Telehealth guidance for ABA is also included in this update.

Attachment B provides a flow chart summarizing the process for accessing ABA. Revisions made in November 2022.

Attachment C, revised November 2022, identifies Medicaid fee-for-service (FFS) ABA procedure and diagnosis codes required for ICD-10, as well as screening, diagnostics, assessment and treatment codes and FFS reimbursement rates.

Please direct any questions to the MQD provider hotline via email to:

hcsbinquiries@dhs.hawaii.gov.

Attachments

- A: Guideline for Accessing Applied Behavior Analysis (ABA) Coverage for Autism Spectrum Disorder (ASD) through Med-QUEST (MQD)
- B: Process for Accessing Applied Behavior Analysis (ABA)
- C: FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

c: Department of Health, Developmental Disabilities Division (DOH-DDD)
Department of Health, Early Intervention Program (DOH-EIP)
Department of Education (DOE)

Guideline for Accessing Applied Behavior Analysis (ABA) Coverage for Autism Spectrum Disorder (ASD) through Med-QUEST (MQD)

Introduction

These MQD guidelines outline the process for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) eligible Med-QUEST (MQD) members with Autism Spectrum Disorder (ASD) to access Applied Behavior Analysis (ABA) and requirements for providers to be reimbursed for ABA services. These guidelines align with the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#). Though MQD covers other forms of Intensive Behavioral Therapy (IBT), this attachment only includes guidelines for accessing ABA services.

MQD or the QUEST Integration (QI) health plan is required to help the Primary Care Provider (PCP), state agency, or any other healthcare professional caring for the member find specialty providers to avoid delays in accessing medically necessary care. This may include, but not be limited to, helping the PCP find a diagnosing or rendering provider for:

- Diagnosing ASD;
- Psychological Testing; or
- Assessment and Treatment of ASD.

The Intensive Behavioral Therapy (IBT) memorandum attachments use the titles of diagnosing and rendering providers to clarify roles in the treatment of ASD.

ABA is not a long-term service and support (LTSS), respite, or home and community-based service (HCBS).

Attachment B provides a flow chart that diagrams the process for accessing and receiving ABA services through a MQD benefit described in Attachment A.

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1. Screening

Screening for potential ASD is a critical component and first step in the treatment of ASD.

The PCP performs initial screening in EPSDT visits, or any time concerns are raised in any type of visit. If screening indicates that the member needs further specialized evaluation, the PCP will either perform the diagnostic evaluation or refer to a diagnosing provider. The PCP must document, assess, and address concerns raised by parents/guardians at the time concerns are reported.

No prior authorization (PA) is required for screening. If a child's screen is abnormal, the PCP may contact the member's QI health plan for assistance in coordinating referral to a diagnosing provider. If the PCP diagnoses or if the member is already diagnosed with an ASD, the QI health plan can assist in coordinating referral to a qualified rendering provider for the initial assessment and treatment plan development (see Step #3 below), if indicated.

At any time, the PCP may request Health Coordination from the QI health plan. Health Coordination is recommended for members with complex needs where coordination of services will benefit the member and family. If the family accepts the assistance, Health Coordination will support the member and their parent/guardian through the steps to access ABA and any other medically necessary services. Anyone may request Health Coordination from the member's QI health plan at any time by calling the QI health plan:

QI Health Plan	Contact Information- Accessing Health Coordination
AlohaCare	(808) 973-1650 or toll-free at 1-800-434-1002
HMSA	(808) 948-6997 or toll-free at 1-800-440-0640
Kaiser Permanente	(808) 432-5330
'Ohana Health Plan	1-888-846-4262
UnitedHealthcare Community Plan	1-888-980-8728

2. Diagnostic Evaluation

A diagnosis of ASD shall be made by one of the following licensed practitioners (diagnosing providers):

- Developmental behavioral pediatrician;
- Developmental pediatrician;
- Neurologist;
- Pediatrician;
- Psychiatrist;
- Psychologist; or
- Other licensed practitioner with specialized expertise in ASD.

See Attachment C for diagnosing codes that may be used for the provider types listed above.

The diagnosing provider will perform a diagnostic evaluation of the member's behavior and development. Diverse presentations of ASD require that each evaluation be specific and address the variations from one member to another. Practitioners are required to use evidence-based assessments to evaluate the member's specific needs.

No PA is required for diagnostic evaluation, but QI health plans may require a referral from the PCP. Please note that QI health plans may also require PA for any additional psychological testing (in addition to diagnostic evaluation) needed to reach a definitive diagnosis.

The diagnosing provider will refer members diagnosed with ASD to a rendering provider for assessment and treatment plan development. QI health plans shall help the diagnosing provider find a rendering provider, if requested.

If the diagnosing provider suspects ASD, but requires further evaluation before making a definitive diagnosis, the member may qualify for up to a 26-week trial of ABA prior to diagnosis. The QI health plan may approve extensions of the trial period or additional trial periods. Diagnosing providers may submit information for the QI health plan to consider a trial period of ABA. Information submitted will include diagnoses (i.e., social/pragmatic language disorder, mixed receptive expressive disorder, developmental delay, etc.) along with documentation of the member's developmental delays significantly affecting communication, interaction, behaviors, interests, and activities.

If the member does not meet any of the current diagnostic criteria for ASD, the QI health plan shall help the diagnosing provider find another licensed practitioner who can provide medically necessary treatment for the member.

3. Initial Assessment and Treatment Plan Development

The initial assessment and development of the treatment plan shall be performed by any of the following rendering providers:

- Any of the diagnosing providers identified in Step #2 above;
- Licensed and Board-Certified Behavioral Doctorate (BCBA-D); or
- Licensed and Board-Certified Behavioral Analyst (BCBA).

Assessment and formulation of treatment goals will be consistent with the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#). The assessment will include but not be limited to gathering information from the following sources:

- Record Review;
- Interviews with multiple family members, including siblings, and other community caregivers;
- Rating Scales (adaptive-behavior assessments, functional assessments, etc.);
- Direct Assessment and Observation in different settings and situations; and
- Assessment from other Professionals, as needed.

If requested by the rendering provider, the QI health plan shall help to find a licensed practitioner to perform components of the initial assessment. These components of the initial assessment may include intellectual and achievement tests; developmental, adaptive behavior, communication and cognitive assessments; standardized psychometric testing; assessments of comorbid mental health conditions; general psychopathology; and evaluations of family functioning and needs. If additional testing is required, QI health plans may require PA. The QI health plan will directly reimburse any licensed practitioner who performs a component of the assessment.

The rendering provider will submit the assessment and treatment plan to the member's QI health plan for PA before treatment begins. Other state agencies will document and submit the assessment and treatment plan for the member's circle of support to review and approve before treatment begins. All treatment plans will:

- a. Include all "Critical Features of a Treatment Plan for Service Authorization" as described in the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#); and

Attachment A

- b. Measure each treatment plan goal using a standardized measurement system that may include VBMAPP¹ or ABLLS-R^{®2}; and
- c. Provide an anticipated timeline and treatment hours needed to achieve each goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
- d. Document that services will be delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii’s Medicaid Program.

Note: Refer to Attachment C for ABA procedure codes.

The rendering provider will obtain input into the development and updating of the treatment plan from the PCP, diagnosing provider, caregivers, and the member, as appropriate.

¹ Tribute, J., VB-MAPP, T. and Policy, P., 2022. *VB-MAPP – Mark Sundberg – Official Publisher*. [online] Marksundberg.com. Available at: <<https://marksundberg.com/vb-mapp/>> [Accessed 7 June 2022].

² Set, A., 2022. *ABLLS-R Set*. [online] Partington Behavior Analysts. Available at: <<https://partingtonbehavioranalysts.com/products/ablls-r-the-assessment-of-basic-language-and-learning-skills-revised>> [Accessed 7 June 2022].

4. Applied Behavior Analysis (ABA)

The QI health plan will issue a PA for ABA when it determines ABA is medically necessary and recommended by a rendering provider. State agencies will determine the process for accessing medically necessary ABA through the state agency. All treatment plans shall include the goals and associated settings/locations where services will be delivered. Members may receive ABA services in settings/locations that address problem areas and maximize treatment outcomes. Locations include but are not limited to a clinic, member's home, or other community settings. Rendering providers and their treatment team can include:

- BCBA-D (as provided in Step #6 below);
- BCBA (as provided in Step #6 below); or
- Any of the diagnosing providers identified in Step #2 above working within the scope of their practice.
- Board Certified Assistant Behavior Analyst® (BCaBA®), (supervised by a BCBA or BCBA-D see Step #6 Administrative Requirements);
- Registered Behavior Technician™ (RBT™), (supervised by a BCBA or BCBA-D see Step #6 Administrative Requirements).

Individual-specific treatment plans and interim progress assessments include all “Critical Features of a Treatment Plan for Service Authorization” as described in the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#). The health plan and state agencies shall require documented measured progress as follows:

- a. Interim progress assessment is submitted at least every 26 weeks based on clinical progress toward treatment plan goals; and
- b. Measure progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and
- c. Provide an anticipated timeline and treatment hours needed for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
- d. Document that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii's Medicaid Program.

Note: Interim progress assessments may be required by the QI health plan or state agency more often than every 26 weeks when warranted by individual circumstances.

In circumstances where the member is undergoing a trial period of ABA (as previously described in Step #2 above), the rendering provider will submit an interim progress assessment at least 12 weeks after the start of approved ABA to the QI health plan.

See Attachment C for ABA codes.

Telehealth

The QI Health plan and state agencies may approve ABA codes/services provided by a licensed provider using simultaneous HIPAA compliant interactive audio/video telehealth modality. Service delivery using telehealth must be clinically appropriate for the member, and quality and effectiveness of the treatment maintained. Telehealth visits must document parental or guardian consent to conduct the visit using a telehealth modality and include documentation of any limitations or components that could not be completed during the telehealth visit. Health plans and state agencies are to consider the following areas when reviewing a PA to deliver ABA services through telehealth:

- Member's ability to accept services through a telehealth modality.
- Member's ability to participate in the regimen of services for a reasonable period (a minimum of 10 minutes can be used as a guide).
- Member's ability to communicate with the provider with minimal prompting by the caregiver.
- Member's ability to complete tasks without in-person reinforcement.
- The unique needs or skills of the member, age of the member, severity of challenging behavior(s), and family/support available in the home.
- The availability of adequate equipment and internet connectivity set up in a location where there will be no distractions or disruptions.
- Provider training and experience in providing the services via telehealth.
- The monitoring and assessment tools in the treatment plan for determining the effectiveness of using telehealth.

If the service requires the physical presence of a caregiver to ensure the health and safety of the member, then ABA services via telehealth are not considered an appropriate method to deliver services to the individual.

5. Re-evaluation

To avoid breaks in treatment, the rendering provider shall submit an interim progress assessment and request for PA to continue services at least two weeks before the end of the approved treatment period. PA requests shall include a re-evaluation assessing progress toward treatment goals. The QI health plan or state agency may continue to authorize ABA services for members with ASD when the following criteria are met:

- a. Interim progress assessments include all “Critical Features of a Treatment Plan for Service Authorization” as described in the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#). The health plan and state agencies shall require documented measured progress as follows:
 - i. Interim progress assessments are submitted at least every 26 weeks based on clinical progress toward treatment plan goals; and
 - ii. The interim progress assessment measures progress towards each treatment plan goal using a standardized measurement system that may include VBMAPP or ABLLS-R®; and
 - iii. The interim progress assessment includes an anticipated timeline and treatment hours for achievement of the goal based on both the initial assessment and subsequent reevaluations over the duration of the intervention; and
 - iv. The interim progress assessment documents that services are delivered by a rendering provider who is licensed and actively enrolled in the State of Hawaii’s Medicaid Program.

Note: A qualified rendering provider may request a re-evaluation of the ASD diagnosis if there are significant concerns that the member’s presentation of symptoms do not meet the diagnostic criteria for ASD.

6. Administrative Requirements

a. Credentialing and Contracting of Rendering Providers

- i. QI health plans and state agencies will follow their established [and Department of Human Services, MQD reviewed and approved] credentialing and contracting processes for diagnosing and rendering providers involved in the screening, diagnosing, assessment, evaluation, treatment, or any other aspect of services for ASD.
- ii. QI health plans and state agencies shall ensure rendering providers are:
 - a. Licensed in the State of Hawaii;
 - b. Practicing within the scope of their license;
 - c. Actively enrolled in the State Medicaid Program;
 - d. For providers practicing as a BCBA-D, BCBA, BCaBA, or RBT, that the provider has obtained and currently maintains formal credentialing and certification within the profession of behavior analysts coordinated by the Behavior Analyst Certification Board (BACB);
 - e. For providers practicing as a BCaBA or a RBT, that the provider is working under the supervision of a BCBA-D, BCBA, or another licensed practitioner.
- iii. The licensed supervisor of BCaBA and RBTs is responsible for:
 - a. All aspects of clinical direction, supervision, and case management.
 - b. Knowledge of each member and of the treatment team's ability to effectively carry out clinical activities before assigning them.
 - c. Familiarity with the member's assessment, needs, treatment plan, and conducting regular direct observation of the treatment team implementing the plan through case supervision.
 - d. Case supervision, which is comprised of both direct and indirect hours. While responsive to individual member needs, case supervision generally consists of at least two hours for every 10 hours of service with at least one of the two hours being direct supervision. Direct supervision must always be provided at least 5% of all BCaBA and RBT hours.

b. Prior Authorization (PA) Requirements

- i. QI health plans shall have requirements for PA of ABA services that are consistent with [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers](#).
- ii. No PA is required for EPSDT services provided by a PCP.
- iii. No PA is required for a diagnostic evaluation. (The QI health plan may require a referral from the PCP. Additional psychological testing requires a PA).
- iv. QI health plans and state agencies shall determine and communicate requirements for each component of the assessment process. PAs may be required for the whole

Attachment A

assessment or health plans may allow a specific number of encounters prior to requiring authorization.

- a. PA is required for reimbursement of services provided under the treatment plan.
 - b. QI health plans and state agencies will prior authorize on-going services when the member is demonstrating documented improvement, ameliorating, or maintaining current developmental status in the following areas: social skills, communication skills, language skills, behavior change or adaptive functioning.
 - c. Rendering providers may request PA for additional treatment hours for school-aged members when school is not in session.
 - d. Rendering providers shall request prior authorization in hours/week for up to 26 weeks (i.e., six months).
 - e. Rendering providers shall document coordination of ABA service goals and delivery to a member between the member's QI health plan and other state agencies to insure coordination yet no duplication of services.
 - f. QI health plans and state agencies will follow their established (MQD reviewed and approved) policy for PA.
- c. Reimbursement/Coding
- i. Fee-for-service (FFS) reimbursements are based on the current published MQD FFS schedule rates. Attachment C is a list of codes with reimbursement rates under the Hawaii Medicaid's FFS program.
 - ii. QI health plans may reimburse providers for covered services at rates higher than the current published MQD FFS schedule rates.
 - iii. Payment for covered services shall only be made to a rendering provider if the following conditions are met:
 - a. For services performed by a BCBA-D, BCBA, BCaBA or RBT, the QI health plan shall reimburse the licensed practitioner or agency that contracts with or employs the licensed practitioner, the BCBA-D, BCBA, BCaBA or RBT.
 - b. A rendering provider may only bill for one member at a time except for provision of group services.
 - c. If multiple rendering providers (i.e., licensed practitioner, BCBA-D, BCBA, BCaBA, and RBT) are providing services to a member at the same time, only one rendering provider may bill for the services.
- d. Non-Coverage/Non-Reimbursable
- i. Treatment will not be covered when any of the following apply:
 - a. Care is primarily custodial in nature;
 - b. Member is not medically stable;
 - c. Services are provided by family or household members;
 - d. Treatment is provided as LTSS, HCBS, or respite service;

Attachment A

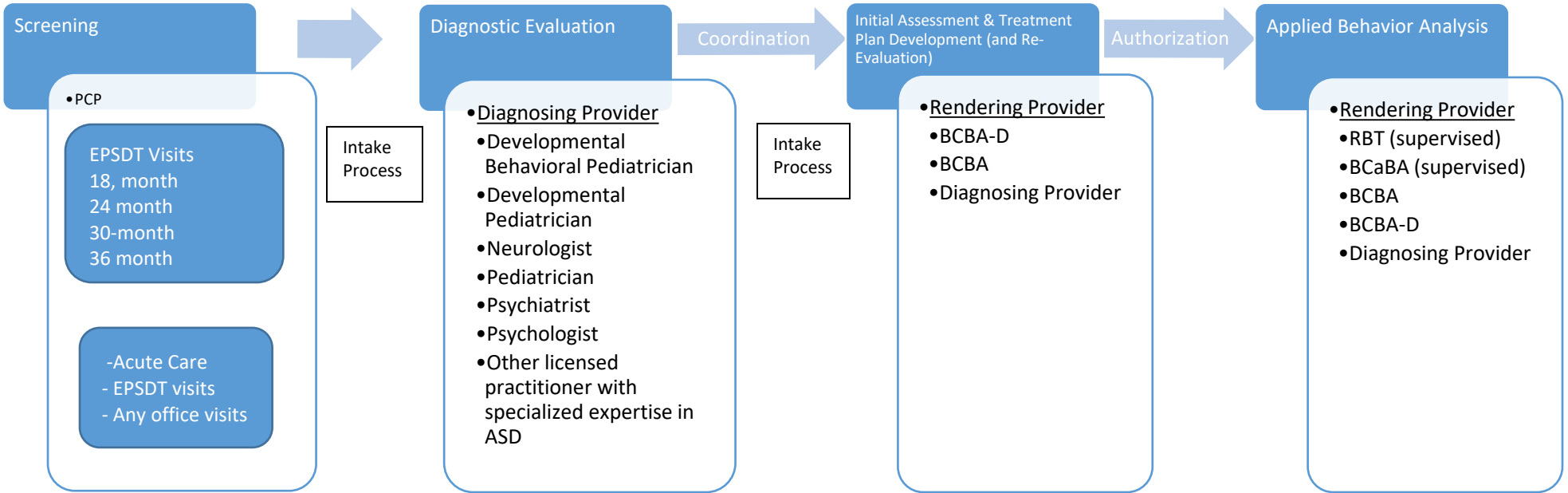
- e. Treatments are considered experimental or lack scientifically proven benefit; or
 - f. Services are provided outside of the State.
- e. Coordination of Benefits
- i. Medicaid is secondary to all other insurance coverage; and
 - ii. Diagnosing, rendering providers and members (or members' families/guardians) should check with their QI health plan on coordination of benefits.
- f. Coordination with Other State Programs
- a. Early Intervention Program (EIP) is responsible to provide EIP services to EIP eligible children aged zero to three. EIP services include Positive Behavioral Support services provided by licensed Behavioral Analysts in accordance with IDEA Part C. QI health plans provide medically necessary comprehensive ABA services for members in the EIP. QI health plans and the EIP will coordinate ABA services for EIP eligible members requiring comprehensive ABA. QI health plans and EIP will coordinate care for members to access additional medically necessary services too.
 - b. The I/DD Waiver provides home and community-based services to support members to live in their own home and participate in their community. QI health plans provide medically necessary ABA services for EPSDT eligible members in the I/DD Waiver. QI health plans and the I/DD Waiver will collaborate with the member's circle of support to coordinate access to additional services.
 - c. Department of Education (DOE) provides educationally necessary ABA services, which may also meet the criteria for medical necessity, to EPSDT eligible students in accordance with the IDEA while in school. The QI health plans will collaborate with the member's circle of support to coordinate access to additional services for members outside of school.
 - d. All medically necessary ABA services eligible for Medicaid matching will comply with the guidelines defined by this memorandum, its attachments, and the most current edition of the Council of Autism Service Providers (CASP) [Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and Managers.](#)
- g. Claims Submittal Requirements
- i. Claims for ABA services must be submitted on the CMS 1500 claim form or an electronic equivalent.
 - ii. The following claim submittal requirements are specific to ABA services:
 - a. **FL 24 D** - Use only the procedure codes and modifiers in Attachment C. All codes must have modifiers.
 - b. **FL 24 J** - The rendering provider must be a qualified health care provider with a Hawaii license.

Attachment A

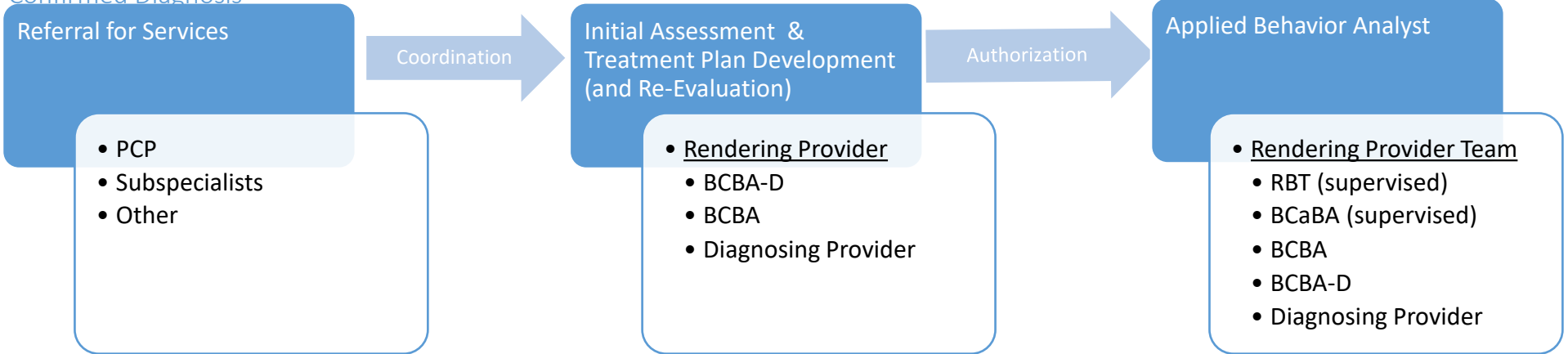
- c. All providers must have a National Provider Identifier (NPI) on file with MQD enrollment and be credentialed to submit a claim.
 - d. State tax is not covered.
-
- iii. Claims submitted need to include an ICD-10 code(s) on the CMS 1500 in FL#21.
 - iv. Information regarding appropriate ICD-10 codes for ABA services may be found on Attachment C.

Process for Accessing Applied Behavior Analysis (ABA)

New Diagnosis



Confirmed Diagnosis



Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Code	Mod	Service	Provider	Unit/Rate	Notes
ASD Screening					
<i>ASD screening occurs in EPSDT visits, but ASD can be identified at any time during any visit with the member's PCP. Subsequent referral can be made for diagnostic evaluation. Note: this list does not include all possible screening codes.</i>					
99381-99385	EP	Initial new member preventive medicine evaluation by age	Primary Care Provider	\$120.00	<This section left blank>
99391-99395	EP	Established member periodic preventive medicine exam by age	Primary Care Provider	\$120.00	
99211	EP	Office visit, catch up	Primary Care Provider	\$30.00	
99212	EP	Office visit, catch up	Primary Care Provider	\$30.00	
99232	EP	Hospital visit	Primary Care Provider	\$120.00	
99238	EP	Hospital discharge day mgmt.: Modifier not covered	Primary Care Provider	\$50.28 no modifier	
99348	EP	Established member home visit	Primary Care Provider	\$120.00	
96110	EP	Developmental testing; limited (i.e., Developmental Screening Test II, Early Language, Milestone Screen), with interpretation and report	Primary Care Provider	\$39.85	

Revised 11/2022

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Code	Mod	Service	Provider	Unit/Rate	Notes
Diagnostic Evaluation for ASD					
96111	None	Developmental testing	MD/DO/Psychiatrist	\$79.69	Typical provider performing this service is a developmental behavioral pediatrician, developmental pediatrician, neurologist, pediatrician, psychiatrist, psychologist, other licensed practitioner with specialized expertise in ASD (at the discretion of the QI health plan). Other licensed practitioners use modifier TD for APRN or AJ for licensed clinical social worker (Payment is 75% of the psychologist/physician rate).
	AH		Psychologist		
	TD/AJ		APRN/LCSW	\$59.77	
96101	None	Psychological testing per hour; units over 10 require PA	MD/DO	\$59.90/hour	
	AH		Psychologist		
	TD/AJ		APRN/LCSW	\$44.93	
90791	None/AH	Psychiatric diagnostic exam	Psychiatrist/ Psychologist	\$104.43	
	TD/AJ		APRN/LCSW	\$78.32	
90792	None	Psychiatric diagnostic evaluation with medical services (includes medical assessment—history, physical exam, recommendations)	Psychiatrist Physician	\$104.43	
	AH		Psychologist		
	TD		APRN		

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Code	Mod	Service	Provider	Unit/Rate	Notes
Adaptive Behavior Assessment					
97151	HP	Behavior identification assessment , administered by a physician or qualified health care professional, each 15 minutes of the physician’s or other qualified health care 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.	BCBA-D (or qualified provider)	\$31.25 per 15 min	This code is used to report initial assessment and treatment plan development, reassessment, and progress reporting by the qualified practitioner. Code 97151 may be reported for non-face-to-face time for the qualified provider to score assessments, review records and data, and write or update the treatment plan. A behavior identification assessment (97151) may be followed by an observational assessment of behavioral functioning (97152) or exposure behavioral follow-up assessment(s) (0362T). BCBA or BCBA-D performs assessment/reassessment. and <u>cannot</u> be performed by a BCaBA or RBT (technician).
	HO		BCBA (or qualified provider)		
97152	HP	Behavior identification supporting assessment , administered by one treatment team member under the direction of a physician or other qualified health care professional, face-to-face with the member.	BCBA-D (or qualified provider)	\$31.25 per 15 min	97152 is used to report supplemental supporting assessments determined by the qualified provider as needed to develop the treatment plan or progress report. These supplemental assessments are conducted by any member of the treatment team. These assessments may occur in separate sessions but are bundled and reported under
	HO		BCBA (or qualified provider)		
	HN		BCaBA	\$18.75 per 15 min	

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Code	Mod	Service	Provider	Unit/Rate	Notes
0362T	HP	Behavior identification supporting assessment, administered by one treatment team member under the direction of a physician or other qualified health care professional, face-to-face with the member, each 15 minutes Behavior identification supporting assessment, each 15 minutes of the team member's time face-to face with a member, requiring the following components:	BCBA-D (or qualified provider)	\$31.25 per 15 min	97152 with the assessment. When more than one provider is present in the same session with the member codes 97152, and 0362T are based on a single provider's face-to-face time with the member and not the combined time of multiple providers. Thus, if more than one BCBA-D, BCBA, or BCaBA, only one provider is billable per 15 minutes. If the physician or other qualified health care provider personally performs the BCBA/BCBA-D service, their time engaged in these activities are payable at the BCBA, BCBA-D rate and must be coded with the modifier that identifies that provider's credentials.
	HO		BCBA (or other qualified provider)		
	HN	<ul style="list-style-type: none"> · Administered by the physician or other qualified health care professional who is on site, · With the assistance of two or more treatment team members, · For a member who exhibits destructive behavior, · Completed in an environment that is customized to the member's behavior. 	BCaBA	\$18.75 per 15 min	

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Code	Mod	Service	Provider	Unit/Rate	Notes
Adaptive Behavior Treatment					
97153	HP HO	Direct treatment by protocol , administered by treatment team member under the direction of a physician or other qualified health care professional, face-to-face with one member.	BCBA-D or BCBA (or qualified provider)	\$31.25 per 15 min	An adaptive behavior service protocol encompasses a written description of procedures for implementing a specified procedure addressing a member’s assessment or treatment goal(s) and implementation of the procedures with the member.
	HN HM		BCaBAs RBT	\$12.50 per 15 min	
97154	HM	Group treatment by protocol , administered by RBT under the direction of a physician or other qualified health care professional, face-to-face with two to eight members	RBT	2 (UN): \$12.50/member (\$100/hr) 3 (UP): \$10.42/member (\$125/hr) 4 (UQ): \$9.38/member (\$150/hr) 5 (UR): \$8.75/member (\$175/hr) 6-8(US):\$6.25-8.33/member(\$200/hr)	A group includes at least 2 members but no more than 8. Report this code for each member attending the group session. For example, if five members attend the group session, report the code with modifier “UR” once for each member.
97155	HP	Direct treatment with protocol modification administered by physician or other qualified health care professional, which may include simultaneous direction of a treatment team member, face-to-face with one member.	BCBA-D (or qualified provider)	\$31.25 per 15 min	This code is reported when a qualified provider conducts 1:1 direct treatment with the member to observe changes in behavior or troubleshoot treatment protocols; or when the qualified provider joins the member and the technician during a treatment session to direct the treatment team member in implementing a new or modified treatment protocol.
	HO		BCBA (or qualified provider)		
	HN		BCaBA	\$18.75 per 15 min	
97156	HP	Family training , administered by physician or other qualified health care professional (with or without the member present),	BCBA-D (or qualified provider)	\$41.67 per 15 min	<This section left blank>
	HO		BCBA (or qualified provider)		

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Code	Mod	Service	Provider	Unit/Rate	Notes
	HN	face-to-face with guardian(s)/caregiver(s).	BCaBA	\$25.00 per 15 min	
97157	HP	Multiple-family training by a physician or other qualified healthcare professional (without the member present), face-to-face with multiple sets of guardians/caregivers.	BCBA-D (or qualified provider)	Per 15 min 2 (UN): \$31.75/family 3 (UP): \$29.58/family 4 (UQ): \$27.92/family 5 (UR): \$26.25/family 6-8 (US): \$24.58/family	Report this code for each set of caregivers for a given member who attend the group session. For example, if five families attend the group session, report the code once for each family.
	HO		BCBA (or qualified provider)		
	HN		BCaBA		
97158	HP	Group treatment with protocol modification , administered by physician or other qualified health care professional face-to-face with multiple members.	BCBA-D (or qualified provider)	Per 15 min 2 (UN): \$31.75/member 3 (UP): \$29.58/member 4 (UQ): \$27.92/member 5 (UR): \$26.25/member 6-8 (US): \$24.58/member	A group includes at least 2 members but no more than 8. Report this code for each member attending the group session. For example, if five members attend the group session, report the code with modifier once for each member.
	HO		BCBA (or other qualified)		
	HN		BCaBA		
0373T	HP	Direct treatment of severe maladaptive behavior administered by physician or other qualified health care provider (without the member present).	BCBA or BCBA-D (or qualified provider)	\$31.25 per 15 min	
	HO				
	HN		BCaBA	\$18.75 per 15 min	
	HM		RBT	\$12.50 per 15 min	

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Modifiers

Modifier	Description
EP	Services provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
HP	Doctoral level
HO	Master's degree level
HN	Bachelor's degree level
HM	Less than bachelor's degree level
UN	Two members or families served
UP	Three members or families served
UQ	Four members or families served
UR	Five members or families served
US	Six to eight members or families served
Modifiers for use when the Diagnostic Evaluation is performed by non-physicians, non-psychiatrist but by other licensed practitioners with specialized expertise in ASD	
TD	Advanced Practice Registered Nurse (APRN)
AJ	Licensed Clinical Social Worker
Modifiers for use when physician or other qualified health professional performs Assessment/Reassessment and Adaptive Behavior Treatment	
AF	Specialty Physician
AH	Clinical Psychologist
TD	Advanced Practice Registered Nurse (APRN)
AJ	Licensed Clinical Social Worker

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

Diagnosis Codes

Description	DSM-V	ICD-10
Autism Spectrum Disorder	299.00	
Atypical Autism		F84.1
Autistic Disorder		F84.0
Asperger's Disorder	299.00	F84.5
Childhood Autism		F84.0
Pervasive Developmental Disorder, NOS	299.00	F84.9
Other pervasive developmental disorders		F84.8
Overactive disorder associated with mental retardation and stereotyped movements		F84.4
Childhood Disintegrative Disorder, NOS		F84.3
Rett's Disorder		F84.2 Genetic disorder

Notes:

- Providers must bill with valid diagnosis code (table above) to be reimbursed for ASD treatment procedures
- Providers do not need to bill with autism related diagnosis code for EPSDT/similar screening visit or for diagnosing providers

Attachment C - FFS Coding/ Rates for Autism Spectrum Disorder (ASD) Screening, Procedures, Diagnostics and Treatment

IBT providers (partial list):

Board Certified Behavioral Analyst/Doctorate[®] (BCBA / BCBA-D[™]):

The BCBA and BCBA-D are independent practitioners who also may work as employees or independent contractors for an organization. The BCBA conducts descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises behavior analytic interventions. The BCBA can effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases. The BCBA seeks the consultation of more experienced practitioners when necessary. The BCBA teaches others to carry out ethical and effective behavior analytic interventions based on published research and designs and delivers instruction in behavior analysis. BCBA's supervise the work of Board-Certified Assistant Behavior Analysts and others who implement behavior analytic interventions.

Board Certified Assistant Behavior Analyst[®] (BCaBA[®]):

The BCaBA conducts descriptive behavioral assessments and can interpret the results and design ethical and effective behavior analytic interventions for clients. The BCaBA designs and oversees interventions in familiar cases (e.g., like those encountered during their training) that are consistent with the dimensions of applied behavior analysis. The BCaBA obtains technical direction from a BCBA for unfamiliar situations. The BCaBA can teach others to carry out interventions and supervise behavioral technicians once the BCaBA has demonstrated competency with the procedures involved under the direct supervision of a BCBA. The BCaBA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA. Governmental entities, third-party insurance plans and others utilizing BCaBAs must require this supervision.

Registered Behavior Technician[™] (RBT[™]):

The RBT is a paraprofessional who practices under the close, ongoing supervision of a BCBA or BCaBA ("designated RBT supervisor"). The RBT is primarily responsible for the direct implementation of skill-acquisition and behavior-reduction plans developed by the supervisor. The RBT may also collect data and conduct certain types of assessments (e.g., stimulus preference assessments). The RBT does not design intervention or assessment plans. It is the responsibility of the designated RBT supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The designated RBT supervisor is ultimately responsible for the work performed by the RBT.

Note: Individuals who hold the BCBA credential should be considered as having met and exceeded standards for the BCaBA and RBT credentials. Individuals who hold the BCaBA credential should be considered as having met and exceeded standards for the RBT credential. However, individuals holding a BCBA credential should represent themselves using only the highest credential awarded to them by the BACB.

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