

Applied Behavioral Analysis (ABA) Service Definitions

The following service definitions describe HCPCS codes that may be used to bill for ABA services for Tufts Health Together members. For additional billing instructions for ABA services, refer to the [Autism Professional Payment Policy](#).

H2012-U2

Direct instruction by a licensed behavior analyst/parent training for in-home services (direct, face-to-face contact with caregiver only)

H2012-U2 includes the following service components billed in 60-minute increments (60 minutes = 1 unit):

- Direct instruction to the child (must be reviewed and pre-approved as medically necessary)
- Parent/caretaker/sibling training (minimum of two hours per month with two parent/caregiver/sibling-centered goals)

The following activities are not billable as separate units:

- Data collection and summarizing/charting of data to evaluate progress (billable under H0031)
- Family consultation by phone
- Revision of functional teaching curriculum based on data analysis
- Revision of behavior support plans based on data analysis
- Direct instruction hours to supplement paraprofessional services due to staffing constraints

H2019-U2

Direct instruction by a paraprofessional (direct, face-to-face contact only with client present)

H2019-U2 may be billed in 15-minute increments (15 minutes = 1 unit) and includes the following service components:

- Direct instruction
- Crisis intervention
- Social skills group (delivered by a licensed professional, such as a behavior analyst, social worker, psychologist, marriage and family therapist or mental health counselor)
 - Social skills group sessions may be billed for up to two hours per session up to 10 hours per week, with a maximum of eight individuals per group

Additional information:

- Writing progress notes is included in the rate and is not billable as a separate unit
- Recreational group activities are not included or billable under social skills group

H0031-U2

Assessment and case planning for in-home service by a licensed behavior analyst

H0031-U2 may be billed in 15-minute increments (15 minutes = 1 unit) and includes the following components:

- Initial assessment (8 hours = 32 units) and re-assessment (3 hours per authorization period)*
 - Direct assessment of functional skills
 - Conduct Functional Behavior Assessment (FBA)
 - Development of treatment plan and goals
 - Development and modification of safety plan as applicable

Case planning (one hour per week)*

- Summarizing/charting of data
- Completion of written functional skills teaching curriculum
- Attending meetings in person or via phone relating to a member's care planning within CBHI services, IEP, and/or state agency involvement (units for this activity should be requested as needed with supporting meeting information attached)

*Additional units requested are subject to medical necessity review

H0032-U2

Supervision for in-home services by a licensed behavior analyst (direct, face-to-face contact with paraprofessional and client only)

H0032-U2 may be billed in 15-minute increments and includes the following service components billed (15 minutes = 1 unit):

- Supervision of paraprofessional while doing direct instruction

The following activities are included in the rate and are not billable as separate units:

- Indirect supervision of paraprofessional (regarding data collection systems, curriculum/behavior support plan, implementation and revisions, coordination of care with other professionals, reporting progress toward treatment goals)

Nonreimbursable activities

- Staff meetings/professional development/staff trainings (this includes members of the same organization meeting to discuss a client without the member present)
- Completion of agency-related administrative documentation (e.g., travel vouchers, time sheets or billing logs)
- Breaks (including lunch)
- Verification of member eligibility
- Time spent completing authorization/review with MassHealth managed care plans
- Report writing
- Travel
- Development of visual aids, social stories, and other tools, except when created with the child/caretaker(s)

ADDITIONAL RESOURCES

- [Applied Behavioral Analysis Performance Specifications](#)

DOCUMENT HISTORY

- January 2020: Document created

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.