

Autism Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting board-certified behavior analysts (BCBAs) and habilitative treatment providers for services rendered in the home, outpatient or office setting.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary applied behavioral analysis (ABA) and habilitative services rendered by appropriately credentialed providers for members with a definitive diagnosis of an autism spectrum disorder (ASD), in accordance with the member's benefits, Massachusetts³, Rhode Island⁴, and New Hampshire⁵ state law and regulations, and MassHealth and/or Rhode Island EOHHS requirements, as applicable.

For information on early intervention intensive services provided in conjunction with ABA services, refer to the [Early Intervention Payment Policy](#).

Note: Coverage for physical, occupational, and/or speech therapy is subject to the same benefit maximums as for all other diagnoses.

DEFINITIONS

Autism Spectrum Disorder (ASD): any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Applied Behavioral Analysis (ABA): the process of applying interventions based on the principles of learning derived from experimental psychology research to systematically change behavior and to demonstrate that the interventions used are responsible for the observable improvement in behavior. ABA methods are used to increase and maintain desirable adaptive behaviors, reduce interfering maladaptive behaviors or narrow the conditions under which they occur, teach new skills, and generalize behaviors to new environments or situations.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

³ Chapter 207 of the Acts of 2010 – [An Act Relative to Insurance Coverage for Autism](#).

⁴ Chapter 20.11 of H5275 Substitute A – [An Act Relating to Insurance – Autism Spectrum Disorders](#).

⁵ RSA 417-E:2 – [Coverage for Certain Biologically-Based Mental Illnesses](#).

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Together or Tufts Health RITogether members.

REFERRAL, AUTHORIZATION AND NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information refer to the [Referral, Authorization and Notification Policy](#).

Prior authorization is required for ABA and habilitative services. Refer to the following medical necessity guidelines for additional information and specific clinical coverage criteria:

Massachusetts

- [ABA Therapy and Habilitative Services for Autism Spectrum Disorders: Massachusetts Products](#)
- [MA Early Intervention Intensive Services ABA Therapy for Autism Spectrum Disorders](#)
- [ABA Therapy for Autism Spectrum Disorders for MassHealth Members](#)

Rhode Island

- [ABA Therapy for Autism Spectrum Disorders: Rhode Island Products](#)
- [ABA including Early Intervention for RITogether](#)

New Hampshire

- [ABA Therapy for Autism Spectrum Disorders: New Hampshire Products](#)

Outpatient PT, OT, and/or ST require prior authorization for continuation of coverage. For Commercial and Tufts Health Direct members, refer to the [Physical, Occupational, and Speech Therapy for Members with Autism Spectrum Disorders Medical Necessity Guidelines](#). For Tufts Health Together and Tufts Health RITogether members, refer to the [Outpatient Physical, Occupational, and Speech Therapy Medical Necessity Guidelines](#).

Commercial products

Providers should refer to the medical necessity guidelines above for the appropriate prior authorization request forms and fax numbers for submission.

Tufts Health Public Plans products

Refer to the prior authorization and notification grids for [Tufts Health Direct](#), [Tufts Health Together](#) and [Tufts Health RITogether](#) for the appropriate prior authorization request forms and fax numbers for submission.

CareLinkSM Members

To authorize services in Massachusetts and/or Rhode Island, providers should contact the Behavioral Health Department at 800.208.9565. For coverage of services outside of Massachusetts and/or Rhode Island, contact Cigna at 800.88CIGNA (800.882.4462) or refer to Cigna's [website](#) for questions about medical management policies.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements or applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Diagnosis Codes for Autism Spectrum Disorders

Code	Description
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

Tufts Health Plan utilizes the following procedure codes that reflect the component services of ABA and should be used when billing for ABA services.

ABA Procedure Codes Commercial Products⁶

CPT Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes (max. 16 units per day)
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes (max. 8 units per day)
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes (max. 32 units per day)
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes (max. 32 units per day)
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face, each 15 minutes (max. 24 units per day)
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face, each 15 minutes (max. 16 units per day)
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face, each 15 minutes (max. 16 units per day)
97158	Group adaptive behavior with protocol administered by physician or other qualified health care professional, 15 minutes (max. 16 units per day)
0362T ⁷	Behavior identification supporting assessment, face-to-face, each 15 minutes (max. 24 units per day)
0373T ⁵	Adaptive behavior treatment with protocol modification, face-to-face, each 15 minutes (max. 24 units per day)

Tufts Health Direct and Tufts Health Together

Code	Description
97156	Family adaptive behavior treatment guidance, administered by a licensed professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
H0031	BH assessment by nonphysician, per hour
H0032	BH service plan development by nonphysician
H2012	Behavioral health day treatment, per hour (direct instruction by a licensed professional for home services by a licensed professional)
H2019	Therapeutic behavioral services, per 15 minutes

⁶ Effective for dates of service on or after July 1, 2019.

⁷ Used for members who require two clinicians to provide services.

Tufts Health Direct: append modifier UF when submitting the procedure codes above.

Tufts Health Together: append modifier U2 when submitting the procedure codes above. Refer to the MassHealth [ABA performance specifications](#) for more information on service components. For descriptions of services included with each HCPCS code, [click here](#).

Tufts Health RITogether (includes Early Intervention)

Code	Modifier	Description
H0031	U2	Behavioral health assessment, by nonphysician; assessment and treatment planning by BCBA
H0032	U2	Therapeutic behavioral services, per 15 minutes; assessment and treatment planning by BCBA
H2012	U2	Behavioral health day treatment, per hour; assessment and treatment planning by BCBA
H2014		Specialized treatment consultation – occupational therapist, per 15 minutes
	HO	Treatment consultation (masters-level clinician)
	HP	Treatment consultation (doctoral-level clinician)
H2019		Therapeutic behavioral services, per 15 minutes
	U2	Therapeutic behavioral services, per 15 minutes – paraprofessional direct service supervised by a BCBA
H0046	HO	Clinical supervision (master’s-level clinician), behavioral health services, not otherwise specified
	HP	Clinical supervision (doctoral-level clinician), behavioral health services, not otherwise specified
S9128		Speech therapy, in the home, per diem
S9129		Occupational therapy, in the home, per diem
S9130		Physical therapy; in the home, per diem

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

ADDITIONAL RESOURCES

- [Habilitative and Rehabilitative PT, OT and ST Professional Payment Policy](#)
- [Outpatient Therapy Services Payment Policy](#)

DOCUMENT HISTORY

- September 2019: Added 97156 to billable code table for Tufts Health Direct and Tufts Health Together
- January 2020: Policy reviewed by committee; added applicable Tufts Health Public Plans content, including ABA codes for Tufts Health Together and Tufts Health RITogether
- October 2019: Clarified maximum units allowed for 97155, effective for dates of service on or after July 1, 2019
- July 2019: Clarified ABA code tables for Commercial and Tufts Health Direct
- June 2019: Policy reviewed by committee
- May 2019: Added ABA codes, effective for dates of service on or after July 1, 2019
- October 2018: Updated H0032 units
- June 2018: Template updates
- January 2017: Policy reviewed by committee; template updates
- January 2016: Added information regarding coverage for Tufts Health Freedom Plan members
- September 2015: Template conversion, template updates
- June 2015: Template updates

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.