

## Autism Professional Payment Policy

Applies to the following Tufts Health Plan products:

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

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

---

The following payment policy applies to Tufts Health Plan contracting board certified behavior analysts (BCBA) 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 and consistent with the following state mandates:

- Massachusetts<sup>2,3</sup>: Chapter 207 of the Acts of 2010 – [An Act Relative to Insurance Coverage for Autism](#).
- Rhode Island<sup>4,3</sup>: Chapter 20.11 of H5275 Substitute A – [An Act Relating to Insurance – Autism Spectrum Disorders](#).
- New Hampshire<sup>5,3</sup>: RSA 417-E:2 – [Coverage for Certain Biologically-Based Mental Illnesses](#)

For more information, refer to the medical necessity guidelines for ABA therapy for [Massachusetts](#), [Rhode Island](#) and [New Hampshire](#) products.

**Note:** Coverage for PT, OT and ST is subject to the same benefit maximums as for all other diagnoses. Refer to the [Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders](#) Medical Necessity Guideline.

### 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

---

<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

<sup>2</sup> Applies to Massachusetts-based fully insured employer groups and individual plans with fully insured Commercial products, as well as to members enrolled through the Group Insurance Commission (GIC).

<sup>3</sup> Some self-insured groups may choose to offer coverage.

<sup>4</sup> Applies to Rhode Island-based large employer groups with fully insured Commercial products, as well as to services rendered within the state of Rhode Island.

<sup>5</sup> Applies to New Hampshire-based fully insured Commercial products.

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.

#### **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 [website](#) or by contacting the Behavioral Health Department at 800.208.9565 (for Commercial products) or 888.257.1985 (for Tufts Health Direct).

#### **AUTHORIZATION REQUIREMENTS**

Prior authorization is required for ABA and habilitative services. Refer to the medical necessity guidelines for [Massachusetts](#), [Rhode Island](#), and [New Hampshire](#) products for additional information and clinical coverage criteria.

Outpatient PT, OT, and/or ST require prior authorization for continuation of coverage. Refer to the [Physical, Occupational, and Speech Therapy for Members with Autism Spectrum Disorders Medical Necessity Guidelines](#).

Providers should contact the Behavioral Health Department at 800.208.9565 (for Commercial products) or 888.257.1985 (for Tufts Health Direct) for additional information.

#### **CareLink<sup>SM</sup> Members**

Prior authorization is required for ABA and habilitative services. Cigna, Tufts Health Plan, or another entity may administer ABA and habilitative treatment services based on employer plan design. Massachusetts-based CareLink fully insured employer group benefits include coverage for autism services mandated by the Commonwealth of Massachusetts. Rhode Island-based CareLink fully insured, large employer group benefits include coverage for autism services mandated by the state of Rhode Island.

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**

Tufts Health Plan follows AMA CPT/HCPCS coding guidelines. Refer to current industry standard coding guidelines for a complete list of procedure codes, modifiers and their usage. For more information refer to the [Professional Services and Facilities Payment Policy](#).

#### **Diagnosis Codes for Autism Spectrum Disorders**

<b>Diagnosis Code</b>	<b>Description</b>
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.

**Note:** Submitting provider must be a BCBA or early intervention provider in Massachusetts (for Tufts Health Direct members).

### ABA Codes for Commercial Products

Effective for dates of service on or after July 1, 2019, the following CPT codes should be billed for ABA services<sup>6</sup>:

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 <sup>7</sup>	Behavior identification supporting assessment, face-to-face, each 15 minutes (max. 24 units per day)
0373T <sup>5</sup>	Adaptive behavior treatment with protocol modification, face-to-face, each 15 minutes (max. 24 units per day)

### ABA Codes for Tufts Health Direct (or Early Intervention Providers)

HCPCS Code	Description
H0031	BH assessment by nonphysician, per hour (max. 2 units per day) If billing for ABA services: to be used for intake evaluation and treatment planning
H0032	BH service plan development by nonphysician (max. 2 units per day) If billing for ABA services: to be used for supervision of services. May be used to supervise paraprofessional in the home or office to establish treatment plan
H2012	BH day treatment, per hour (max. 8 units per day) Billing for ABA services: To be used for direct services by a BCBA
H2019	Therapeutic behavioral services, per 15 minutes (max. 32 units per day) Billing for ABA services: To be used for direct service by a paraprofessional

**Note:** Claims submitted for Tufts Health Direct members should have the UF modifier appended when submitting the HCPCS codes above. Maximum unit limitations do not apply.

<sup>6</sup> Early intervention providers rendering services in Massachusetts should continue to use HCPCS codes H0031, H0032, H2012, and/or H2019.

<sup>7</sup> Used for members who require two clinicians to provide services.

## COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates, 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](#)

## DOCUMENT HISTORY

- October 2019: Clarified maximum units allowed for 97155 is 24, 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
- July 2014: Updated ICD-10 implementation language, template updates
- March 2014: Formatting changes, template updates
- September 2013: Template conversion
- February 2013: Policy reviewed. Added ICD-10 codes effective October 1, 2014, template updates
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- December 2011: Added 299.00 which was inadvertently dropped from the policy
- October 2011: Added information regarding the Rhode Island Autism Mandate, beginning January 1, 2012, information regarding paper Statements of Accounts and the Summary of Account on Tufts Health Plan's secure Provider website and template updates
- January 2011: Newly created payment policy

## 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 CareLink<sup>SM</sup> 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.