

## 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)

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The following payment policy applies to Tufts Health Plan 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

**Massachusetts and Rhode Island members:** Tufts Health Plan covers medically necessary applied behavioral analysis (ABA) and habilitative services rendered by appropriately credentialed providers in the home, outpatient, or office setting, for the treatment of autism spectrum disorders (ASD), when rendered by a contracted and appropriately qualified professional, consistent with Massachusetts and Rhode Island state mandates:

- Massachusetts: Chapter 207 of the Acts of 2010 – [An Act Relative to Insurance Coverage for Autism](#).
- Rhode Island: Chapter 20.11 of H5275 Substitute A – [An Act Relating to Insurance – Autism Spectrum Disorders](#).

**New Hampshire members:** Tufts Health Freedom Plan provides coverage for medically necessary professional services and treatment programs rendered by appropriately credentialed providers including ABA, prescribed pharmaceuticals, consultative services, and outpatient therapy services (physical, occupational, and speech therapy), consistent with N.H. RSA 417-E:2.

### DEFINITIONS

ABA includes “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.”<sup>2</sup>

BCBAs meet the qualifications of the national Behavior Analyst Certification Board (BACB) by achieving a masters degree, training, experience and other requirements. BCBAs conduct behavioral assessments, design and supervise behavior analytic interventions, and develop and implement assessment and interventions for members with a diagnosis of ASD.

**Massachusetts:** BCBAs may supervise the work of board certified assistant behavior analysts (BCaBAs) and other paraprofessionals who implement behavior analytic interventions.

**Rhode Island:** BCBAs must meet any additional requirements required by RI state law. BCaBAs may also provide covered services. BCaBAs do not require a Rhode Island Department of Health clinical license but must have a supervising, clinically licensed BCBA who has been contracted by Tufts Health Plan.

**New Hampshire:** ABA services must be provided by a person professionally certified by the BACB or performed under the supervision of a person professionally certified by the national BACB.

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<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> M.G.L. Chapter 207 of the Acts of 2010.

## 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.

### **Massachusetts-based employer groups and individual plans**

Tufts Health Plan provides coverage for medically necessary ABA and habilitative therapy for members with a definitive diagnosis of ASD. Habilitative care is provided by licensed professionals and is "necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual"<sup>2</sup> diagnosed with ASD.

The mandate 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). Some self-insured groups may choose to voluntarily elect to offer coverage.

### **Rhode Island-based employer groups<sup>3</sup>**

Tufts Health Plan provides coverage for medically necessary ABA, PT, OT and ST services for the treatment of ASD. Coverage for PT, OT and ST is subject to the same benefit maximums as for all other medical diagnoses.

ASDs are "any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)".

The mandate 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. Some self-insured groups may choose to offer coverage.

### **New Hampshire-based employer groups: <sup>4</sup>**

- ABA services must be provided by a person professionally certified by the national BACB or performed under the supervision of a person professionally certified by this board.
- An insurer may require an updated treatment plan (including frequency and duration of treatment) no more frequently than on a semi-annual basis. The plan must state that the treatment is medically necessary for the patient and is consistent with nationally recognized treatment standards.
- The treatment plan must be signed by the PCP, an appropriately contracted treating specialist, a child psychiatrist, a pediatrician with a specialty in behavioral-developmental pediatrics, a neurologist with a specialty in child neurology, or a licensed psychologist with training in child psychology.
- Coverage shall not be denied on the basis that services are habilitative in nature.
- No yearly visit limits or dollar caps will be imposed for either small or large groups.

The mandate applies to New Hampshire-based employer groups with fully insured Commercial products. Some self-insured groups may choose to offer coverage.

## 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](#) for additional information.

Providers should contact the Behavioral Health Department at 800.208.9565 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,

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<sup>3</sup> R.I.G.L. [Chapter 20.11 of H 5275 Substitute A – An Act Relating to Insurance – Autism Spectrum Disorders](#).

<sup>4</sup> N.H. RSA . 417-E:2.

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**

Neither the AMA nor CMS have specific codes related to ABA services. 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.

<b>HCPCS Code</b>	<b>Description</b>
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

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

<b>CPT Code</b>	<b>Description</b>
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes (max. 8 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. 12 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>5</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)

### Diagnosis Codes for Autism

Providers who choose not to utilize these codes may follow existing official coding guidelines, which allow for the use of an unlisted code in the absence of a specific code.

**Note:** Claims with unlisted procedure codes must be submitted with supporting clinical documentation.

Once the appropriate coding entities provide guidance on the code sets that would reflect the component services of ABA or they develop separate codes for ABA services, Tufts Health Plan's coding criteria will be modified to reflect the official guidance.

Habilitative services should be billed using the codes specified on the Authorization for Services letter.

### ICD-10 Diagnosis Codes

<b>Diagnosis Code</b>	<b>Description</b>
F84.0	Autistic disorder
F84.2 <sup>5</sup>	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

### DOCUMENT HISTORY

- May 2019: Added ABA codes, effective for dates of service on or after July 1, 2019
- October 2018: Updated H0032 units

<sup>5</sup> Used for members who require two clinicians to provide services.

- 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 an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/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.