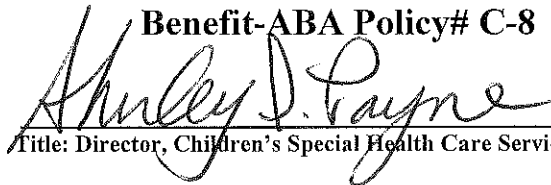


INTERNAL DRAFT DOCUMENT

**Children's Special Health Care Services
Administrative policy Manual**

Benefit-ABA Policy# C-8


Title: Director, Children's Special Health Care Services (CSHCS)

Revised Date: 01/01/2018

Effective Date: 01/01/2018

Revision Reason: New Policy (Replaces interim Policy which was effective 10/28/07)

Purpose: To specify coverage guidelines for ABA therapy for treatment of Autism Spectrum Disorder (ASD)

Rule References: IC19-35-2-10; IC 12-7-2-19(b); 410 IAC 3.2-6-2; 410 IAC 3.2-7-3

Policy:

- The CSHCS program will cover Applied Behavior Analysis (ABA) Therapy for treatment of enrolled participants diagnosed with ASD, ICD-10-CM codes F84.0, F84.5 or F84.9.
- The treatment must be ordered by a physician or psychologist, must be medically necessary, and cannot exceed 20 hours per week. The CPT codes that should be used for ABA therapy are 96152, H2014 or H2019, for 20 hours per week which equals 1040 units per 3 months. These codes are requested and billed in 15 minute increments. For the combination of 0368T, 0369T or 0364T, 0365T or 98960, 20 hours per week equals 520 units per 3 months. These codes are requested and billed in 30 minute increments. An evaluation may be authorized up to 3 units every 3 months using CPT codes 96116, H0031, H0032 or 0359T. These codes are requested and billed in one hour increments. CPT code H2012 is requested and billed in 1 hour increments. CPT code 96150 is requested and billed in 15 minute increments. Home therapy is permitted utilizing CPT codes 96152, 98960, H2019, H2014, H2012, 0368T, 0369T for the ABA therapy with Service Location -12.
- Prior Authorization (PA) is required for the ABA therapy, in clinic or home, and the evaluation.

- **The PA may be approved for a maximum of 3 months. The PA request must include the order of service from a physician or psychologist and the initial plan of care with treatment goals. Providers must include prior authorizations obtained from the private insurance and or Medicaid.**
- **Requests for continuing ABA Therapy must be submitted with a progress report every 3 months showing previous goals and progress towards those goals. A new plan of care is required for ABA therapy continuing beyond 12 months.**
- **The program has a \$10,000 maximum benefit limitation for ABA therapy in clinic or home per calendar year per participant. Please note that any remaining benefit for the year will be affected by claims not yet paid by the program.**
- **For requests for ABA therapy for school-aged children, the PA nurse should contact the parents to encourage them to have the school review their child's Individualized Education Plan (IEP) to determine if ABA therapy for ASD could be added if it is not included in the IEP.**
- **The intended provider of service must meet the requirements in one of the following three categories and provide documentation to support those qualifications with the provider agreement.**

Provider categories:

1. **The intended provider must be a Board Certified Behavioral Analyst (BCBA) practicing in the clinic or home. The following codes will be accepted: 96152, 0368T, 0369T.**
2. **The Board Certified Associate Behavioral Analyst (BCaBA) must practice under supervision of a BCBA in the clinic. The following codes will be accepted: 96152, 0368T, 0369T.**
3. **Rendered by the Registered Behavioral Technician (RBT) practicing under supervision of a BCBA in the clinic. The following codes will be accepted: H2012, H2014, H2019, 98960, 0364T, 0365T, 96152.**

The BCBA must provide documentation that the BCaBA and RBT are supervised by the BCBA in the clinic.

- **The Provider Relations staff will review the qualifications of the intended provider of service and discuss any questions about those qualifications with the PA Manager.**

- **The CSHCS program only covers direct 1:1 therapy with the participant.**
- **The Provider Relations staff will keep on file all valid certificates of each rendering provider. It is the provider's responsibility to ensure the CSHCS program receives all certificates for the BCBA, BCaBA, and RBT in a timely fashion.**
- **The CSHCS Program will not cover home ABA therapy administered by the RBT or BCaBA.**
- **Providers must request and bill the appropriate modifier (U1, U2, or U3) to indicate which practitioner will render or has rendered services.**
- **All providers rendering services to CSHCS participants with Medicaid coverage must be a Medicaid provider.**

Billing requirements

Providers must bill procedure codes with the following modifier codes:

U1 (ABA therapy or assessment provided by BCBA, BCBA-D or the HSPP)

U2 (ABA therapy or assessment provided by BCaBA)

U3 (ABA therapy provided by RBT)