

# Autism



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**NOTE** — The revision date appears in the footer of the document. Links within the document are updated as changes occur throughout the year.

## I. Applied Behavior Analysts (ABA) Provider Network Eligibility & Enrollment

The following provider types may be eligible to enroll as a contracting provider with Blue Cross Blue Shield of Kansas (BCBSKS):

- LBA – Licensed Behavior Analyst
- BCBA – Board Certified Behavior Analyst
- BCBA-D – Board Certified Behavior Analyst, Doctorate
- LaBA – Licensed Assistant Behavior Analyst
- BCaBA – Board Certified Assistant Behavior Analyst
- AS – Autism Specialist
- RBT – Registered Behavioral Technicians
- IIS – Individual Intensive Support Provider

To determine eligibility LBA and LaBA provider types will have their license verified on the KSBSRB (Kansas Behavioral Sciences Regulatory Board) and must have a CAQH profile completed prior to submitting an enrollment request. The BACB (Behavior Analyst Certification Board) will be queried to verify certification for BCBA-D, BCBA, BCaBA, and RBT provider types. Autism Specialist and IIS provider types will submit a letter signed by the KDAS HCBS Autism Waiver Program Manager or HCBS Director.

Provider types BCBA-D, BCBA, and BCaBA who become licensed with the KSBSRB are asked to notify Provider Network Services (800-432-3587, Option 3) so that credentialing requirements can be met.

Any change of provider credentials should be immediately communication to BCBSKS. Please email update request and supporting documentation to [prof.relations@bcbsks.com](mailto:prof.relations@bcbsks.com).

ABA providers interested in enrolling should submit the [provider network enrollment Request](#) for available at [bcbsks.com](http://bcbsks.com) to begin the enrollment process.

**NOTE** – Services provided by tutors, special education teachers, and paraprofessionals are not eligible under the Autism benefit.

## II. Autism Spectrum Disorders Behavior Therapy Criteria

Lucet’s medical policy is used to review and make benefit decisions for ABA service requests for members with the diagnosis of Autism Spectrum Disorder (ASD). ASD is a medical, neurobiological, and developmental disorder, characterized by three core deficit areas: social interactions, social communication, and restricted, repetitive patterns of behavior. For complete BCBSKS Medical Coverage Criteria and BCBSKS Federal Employee Program Benefit Plan Coverage Criteria, go to <https://lucethealth.com/wp-content/uploads/2022/12/Provider-and-Facility-Manual.pdf>.

ABA is the behavioral treatment approach most commonly used with children with ASD. Techniques based on ABA include: Discrete Trial Training, Incidental Teaching, Pivotal

Response Training, and Verbal Behavioral Intervention. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and significant family involvement. ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses. Behavioral deficits may occur in the areas of communication, social and adaptive skills, but are possible in other areas as well. Examples of deficits may include: a lack of expressive language, inability to request items or actions, limited eye contact with others, and inability to engage in age-appropriate self-help skills such as tooth brushing or dressing. Examples of behavioral excesses may include, but are not limited to: physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior, and vocal stereotypy.

At an initial evaluation, target symptoms are identified. A treatment plan is developed that identifies the core deficits and aberrant behaviors, and includes designated interventions intended to address these deficits and behaviors and achieve individualized goals. Treatment plans are usually reviewed for medical necessity twice annually (frequency dependent upon the controlling state mandate) to allow re-assessment and to document progress in improving the gap between member's chronological and developmental age.

### **Coverage Guidelines**

Authorization for ASD-related services may only be granted if all the following criteria are met <https://lucethealth.com/providers/resources/2024-mnc/>. For FEP members, <https://lucethealth.com/wp-content/uploads/2023/11/Applied-Behavior-Analysis-for-the-Treatment-of-Autism-Spectrum-Disorder-Federal-Employees-2024.pdf>.

Please refer to Guidelines for Treatment Record Documentation section of Lucets' Provider Manual for rules on client file documentation.

Lucet will review requests for ABA treatment benefit coverage based upon clinical information submitted by the provider. Clinical Information includes submission of the Initial Treatment Plan form (available at <https://providerportal.lucethealth.com/s/login/>) accompanied by the Diagnostic Evaluation that specifies a diagnosis of ASD, current Vineland scores, and any additional documentation of the member's condition (i.e., Early Intervention Services, IEP, pertinent medical records). For ABA prior authorization request made by phone, please contact 877-563-9347.

### **Service Intensity Classification**

#### **Comprehensive**

Comprehensive ABA treatment targets members whose treatment plans address deficits in all core symptoms of Autism. This treatment level, which requires very substantial support, should initially occur in a structured setting with 1:1 staffing and should advance to the least restrictive environment appropriate for the member. This treatment is primarily directed to children ages 3 to 8 years old. Caregiver training is an essential component of Comprehensive ABA treatment. 20.5.005 Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder Page 4 Comprehensive treatments range from 25 to 40 total hours of direct services weekly. Comprehensive treatment includes ABA delivery from ABA provider directly to individual

recipient, caregiver training, case supervision, and treatment planning; it may also include ABA services provided in a group setting.

**Focused**

Focused treatment targets a limited number of behavior goals requiring support of ABA treatment. Behavioral targets include marked deficits in social communication skills and restricted, repetitive behavior such as difficulties coping with change. In cases of specific aberrant and/or restricted, repetitive behaviors, attention to prioritization of skills is necessary to prevent and offset exacerbation of these behaviors, and to teach new skill sets. Identified aberrant behaviors should be addressed with specific procedures outlined in a Behavior Intervention Plan. Emphasis is placed on group work and caregiver training to assist the member in developing and enhancing his/her participation in family and community life, and developing appropriate adaptive, social, or functional skills in the least restrictive environment.

Focused treatments typically range from 10 to 25 total hours of direct services per week. This treatment may include delivery from ABA provider directly to individual recipient or group of recipients, caregiver training, case supervision, and treatment planning.

**Hours to be Authorized**

Total authorized hours will be determined based on all of the following:

- Lucet, formerly known as New Directions Behavioral Health (NDB), medical policy
- Provider treatment plan
- Member's age
- Severity of symptoms, including aberrant behaviors
- Developmental functioning as indicated by psychological testing such as the Vineland

**Caseload Size**

Caseload size for the Behavior Analyst (BCBA/AS) is typically determined by the following factors:

- Complexity and needs of the clients in the caseload
- Total treatment hours delivered to the clients in the caseload
- Total case supervision and clinical direction required by caseload
- Expertise and skills of the Behavior Analyst
- Location and modality of supervision and treatment (for example, center vs. home, individual vs. group)
- Availability of support staff for the Behavior Analyst

The recommended caseload range for one Behavior Analyst is as follows:

**Supervising Focused Treatment**

- Without support of a IIS/BCaBA is 10 to 15
- With support of a IIS/BCaBA is 16 to 24

**Supervising Comprehensive Treatment**

- Without support of a IIS/BCaBA is six to 12
- With support of a IIS/BCaBA is 12 to 16

### **Exclusions**

The following services have insufficient or no evidence to support efficacy and do not meet medical necessity:

- Services that are purely academic and duplicate or replicate academic learning in a school setting
- Services that are not congruent with this medical policy
- Cognitive Therapy (other than when provided as part of Applied Behavior Analysis services for eligible members) or retraining
- Services that address or treat symptoms other than the core symptoms of autism. For the purpose of this document the core symptoms of autism are defined as deficits in social communications and social interaction across multiple contexts and restricted, repetitive patterns of behavior, interests, or activities.
- Treatment that is considered to be investigational/experimental, including, but not limited to: Auditory Integration Therapy, Facilitated Communication, Floor Time (Developmental Individual-difference Relationship-based model), Higashi Schools/Daily Life, Individual Support Program, LEAP, SPELL, Waldon, Hanen, Early Bird; Bright Start, Social Stories, Gentle Teaching, Response Teaching Curriculum and Developmental Intervention Model, Holding Therapy, Movement Therapy, Music Therapy, Pet Therapy, Psychoanalysis, Son-Rise Program, Scotopic Sensitivity training, Sensory Integration training, Neurotherapy (EEG biofeedback), Gluten-free/Casein-free diets, Mega-vitamin Therapy, chelation of heavy metals, Anti-fungal drugs for presumed fungal infection, Secretin administration`
- Respite, shadow, para-professional, or companion services in any setting
- Personal training or life coaching
- ABA services in residential facilities to replace or augment the internal behavioral health or ABA program
- Custodial care with focus on activities of daily living (bathing, dressing, eating, maintaining personal hygiene, etc.) that do not require the special attention of trained/professional ABA staff
- Any program or service performed in nonconventional settings (even if the services are performed by a licensed provider), including: spas/resorts, vocational or recreational settings; Outward Bound; and wilderness, camp or ranch programs

### **Exclusion Definitions**

#### **Custodial Treatment**

1. Non-skilled, personal care – Examples include: help with activities of daily living, such as bathing, dressing, eating, getting in or out of a bed or chair, moving around, using the bathroom, preparing special diets, and taking medications
2. Care designed for maintaining the safety of the member or anyone else
3. Care with the sole purpose of maintaining and monitoring an established treatment program

#### **Respite Care**

Care that provides respite for the individual’s family or persons caring for the individual.

**Paraprofessional Care**

Services provided by unlicensed persons to help maintain behavior programs designed to allow inclusion of members in structured programs or to support independent living goals except as identified in state mandates or benefit provisions.

**III. Telehealth/Telemedicine**

Telehealth/Telemedicine for parent education and direct supervision activities can be covered if allowed as an eligible telehealth/telemedicine service under the member benefit plan. It is recommended that telehealth/telemedicine service delivery be combined with face-to-face service delivery of direct supervision activities.

All telemedicine services should be billed with place of service 02 or 10 and the GT modifier.

For more information, see [Policy Memo No. 2](#), VI. Telemedicine.

**IV. General Billing Guidelines**

All contracting providers who are defined as eligible providers under the member's BCBSKS contract and who are providing services as defined in their Kansas licensure or certification, shall bill their charges to BCBSKS under their own billing National Provider Identifier (NPI) or specific rendering provider number. For more information, see [Policy Memo No. 1](#).

**Concurrent Care**

BCBSKS does not allow billing of ABA services concurrently. Only one provider will be reimbursed for overlapping session times.

## Autism Coding Guidelines

Code	Description	Details
<b>97151</b>	<p><b>BEHAVIOR IDENTIFICATION ASSESSMENT</b>                      administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.</p>	<ul style="list-style-type: none"> <li>• Face-to-face member assessment component</li> <li>• Review of history of current and past behavioral functioning</li> <li>• Review of previous assessments and health records</li> <li>• Interview parent/caregiver to further identify and define deficient adaptive or maladaptive behaviors</li> <li>• Administration of non-standardized test such as VB-MAPP, ABLLS, EFL</li> <li>• Interpretation of results</li> <li>• Discussions of findings and recommendations with primary caregiver(s)</li> <li>• Preparation of report</li> <li>• Development of care plan and which may include behavior identification supporting assessment (97152) or behavior identification assessment with four required components (0362T)</li> </ul> <p><i>May be reported only once within a six-month interval.</i></p>
<b>97152</b>	<p><b>BEHAVIOR IDENTIFICATION – SUPPORTING ASSESSMENT</b>                      administered by one technician under direction of a physician or other qualified health care professional, face-to-face with the patient each 15 minutes.</p>	<ul style="list-style-type: none"> <li>• Face to Face with member</li> <li>• May include collection of data for functional behavior assessment, functional analysis, or other structured procedures</li> <li>• Utilized to evaluate deficient adaptive behavior(s) maladaptive behavior(s), or other impaired functioning in the following:                             <ul style="list-style-type: none"> <li>○ Communication: receptive and expressive language, echolalia, lack of pragmatic language, visual understanding, requests and labeling</li> <li>○ Social behavior: lack of empathy, lack of social reciprocity, little or no functional play skills</li> <li>○ cooperation, motivation, imitation, play and leisure, and social interactions</li> <li>○ Ritualistic and repetitive behaviors and self-injurious behaviors</li> </ul> </li> <li>• Line Therapist may complete under direction of BCBA, qualified professional off-site.</li> <li>• The time that the member is face to face with the line therapist(s) correlates with the physician's or other qualified health care professional's work, which includes: technician direction; analysis of results of testing and data collection; preparation of report and plan of care; and discussion of findings and recommendations with the primary guardian(s)/ caregiver(s)</li> <li>• Requires clinical rationale for need</li> </ul>
<b>97153</b>	<p><b>ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL</b> administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one patient each 15 minutes.</p>	<ul style="list-style-type: none"> <li>• May be administered by a line therapist</li> <li>• Face to face with one member</li> <li>• BCBA or qualified health care provider directs service by:                             <ul style="list-style-type: none"> <li>○ Designing treatment plan goals and objectives</li> <li>○ Analyzing data</li> <li>○ Determining whether use of treatment goals and objectives is producing adequate progress</li> </ul> </li> </ul>



Code	Description	Details
97154	<p><b>GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL</b> administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients each 15 minutes.</p>	<ul style="list-style-type: none"> <li>• May be administered by a line therapist</li> <li>• Face to face with two or more members</li> <li>• BCBA or qualified health care provider directs service by:                             <ul style="list-style-type: none"> <li>○ Designing treatment plan- goals and objectives</li> <li>○ Analyzing data</li> <li>○ Observation of treatment implementation for potential program revision,</li> <li>○ Determining whether use of treatment goals and objectives is producing adequate progress</li> </ul> </li> <li>• Maximum member per group - 8</li> </ul>
97155	<p><b>ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION</b> administered by a physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient each 15 minutes.</p>	<ul style="list-style-type: none"> <li>• Administered by BCBA or qualified health care professional</li> <li>• Face to face with a single member or member and line technician</li> <li>• Resolves one or more problems with the protocol and may simultaneously direct a line technician in administering the modified protocol while member is present</li> <li>• Direction to technician without the member present is not reported separately</li> <li>• Billing for the time of this activity is allowed only for BCBA or qualified health professional time even if other professional providers are present</li> </ul> <p>The BACB recommends 2 hours of direct supervision per 10 hours of line therapy. Clinical rationale must be provided for requests that exceed the BACB recommendation for adaptive treatment by protocol modification</p>
97156	<p><b>FAMILY ADAPTIVE BEHAVIOR TREATMENT WITH GUIDANCE</b> administered by a physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.</p>	<ul style="list-style-type: none"> <li>• Administered by BCBA or qualified health care professional</li> <li>• Face-to-face with parents, guardian, and caregiver_with or without members present</li> <li>• Utilized to implement treatment protocols designed to address deficient adaptive or maladaptive behaviors</li> </ul>
97157	<p><b>MULTIPLE FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE</b> administered by a physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 minutes.</p>	<ul style="list-style-type: none"> <li>• Administered by BCBA or qualified health care professional</li> <li>• Face-to-face with parents, guardians and/or caregivers of multiple members without members present</li> <li>• Utilized to implement treatment protocols designed to address deficient adaptive or maladaptive behaviors</li> <li>• Maximum member per group - 8</li> </ul> <p>This code is typically used during the initial treatment phase to educate and orientate families in ABA behavioral nomenclature and techniques.</p>
97158	<p><b>GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION</b> administered by a physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes.</p>	<ul style="list-style-type: none"> <li>• Administered by BCBA or qualified health care professional</li> <li>• Face-to-face with two or more members</li> <li>• Member must have direct participation in treatment protocol/interactions in order to meet their own individual treatment goals</li> <li>• Protocol adjustments are made in real time dynamically during the session</li> <li>• Maximum member per group - 8</li> </ul>

Code	Description	Details
<b>0362T</b>	<b>BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIANS' TIME FACE-TO-FACE WITH A PATIENT</b>	<ul style="list-style-type: none"> <li>On-site direction by BCBA, qualified health care professional</li> <li>With the assistance of two or more line therapists/ assistants to assist in treatment protocol with supervision of BCBA, qualified health care professional</li> <li>For member who exhibits destructive behavior (e.g. elopement, pica, or self-injury requiring medical attention; aggression with injury to other(s); or breaking furniture/walls/ windows)</li> <li>Requires safe, structured customized environment with possible use of protective gear and padded room</li> </ul> <p>Requires clinical rationale for need based on frequency, severity, and intensity of the destructive behaviors.</p> <p>BCBA/qualified health care professional shapes environmental or social contexts to examine triggers, events, cues, responses and consequences linked to maladaptive destructive behaviors</p>
<b>0373T</b>	<b>ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS' TIME FACE-TO-FACE WITH A PATIENT</b>	<ul style="list-style-type: none"> <li>On-site direction by BCBA, qualified health care professional</li> <li>With the assistance of two or more line therapists/ assistants to assist in treatment protocol with supervision of BCBA, qualified health care professional</li> <li>For member who exhibits destructive behavior (eg, elopement, pica, or self-injury requiring medical attention; aggression with injury to other(s); or breaking furniture/walls/ windows)</li> <li>Requires safe, structured customized environment with possible use of protective gear and padded room</li> </ul> <p>Requires clinical rationale for need based on frequency, severity, and intensity of the destructive behaviors.</p> <p>Staged environment to teach members appropriate alternative response to severe destructive behaviors. Typically delivered in intensive outpatient, day treatment, or inpatient facility, depending on dangerousness of behavior.</p>

**Note** – All ABA codes are billed in 15 minute units. "If the BCBA or other qualified health care professional personally performs the line technician activities, his or her time engaged in these activities should be included as part of the line technicians time to meet the components of the code ." AMA CPT, 2022

**Revisions**

01/01/2019	Redesigned manual.
	Pages 12-13 – Added telemedicine information.
	Pages 14-16 – Updated Autism Coding Guidelines.
03/01/2021	Page 3 – Updated ABA Provider Network Eligibility & Enrollment.
01/01/2022	Page 4 – Updated ABA Provider Network Eligibility & Enrollment section to reflect current practices.
	Page 9 – Updated General Billing Guidelines verbiage.
	Page 9 – Clarified Concurrent Care section
	Page 10 – Added section IV – General Billing Guidelines.
01/01/2023	Page 9 – Clarified Concurrent Care section
01/01/2024	Throughout manual updated references of New Directions Behavioral Health (NDBH) to Lucet
	Page 3 – Updated where to find coverage criteria under section II.
	Page 9 – Updated Telehealth/Telemedicine section to reflect current guidelines
	Page 9 – Updated Concurrent Care to reflect updated billing guides
02/13/2024	Page 6 – Added ABA prior auth phone number
05/07/2024	Page 4 – Updated Coverage Guidelines section to reflect current guidelines
	Page 4 – Updated Service Intensity Classification to reflect current classifications
	Page 6 – Updated exclusions list to be current

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