

Effective: November 1, 2024

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Notification Required</b> IF <u>REQUIRED</u> , concurrent review may apply	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

#### Applies to:

##### Commercial Products

- ☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
- ☒ Tufts Health Plan Commercial products; 617-972-9409
- CareLink<sup>SM</sup> – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

##### Public Plans Products

- ☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- ☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- ☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- ☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

##### Senior Products

- ☐ Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- ☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- ☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- ☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

**Note:** While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

## Overview

The Plan covers Applied Behavioral Analysis (ABA) Therapy for Members with a definitive diagnosis of an Autism Spectrum Disorder (ASD) when it is medically necessary and when the benefit is part of Member's plan. As defined by R.I.G.L. c.27-20.11, ABA is 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. "Involvement by parents [legal guardians] is considered essential to long-term treatment success; parents [legal guardians] are taught to continue behavioral modification training."<sup>1</sup>

## Clinical Guideline Coverage Criteria

The Plan considers ABA therapy as reasonable and medically necessary for Autism Spectrum Disorder after a comprehensive evaluation and a referral (as needed) when **ALL** of the following are met:

1. Member has a definitive diagnosis of an Autism Spectrum Disorder from a Neurologist, Pediatric Neurologist,

Developmental Pediatrician, Psychologist, Psychiatrist, or other licensed physician experienced in the diagnosis and treatment of autism; **and**

2. The diagnostic evaluation includes, without limitation, behavioral and cognitive evaluation, prenatal (if known) and perinatal history, developmental history, and medical screening for comorbid medical issues; **and**
3. From initial evaluation through the entire course of treatment, **ALL** of the following must be met:
  - a. Contemporaneous progress notes signed by the rendering Provider must include the procedure, participants, setting, content of therapeutic intervention, time and date of each session; **and**
  - b. Documentation must support the position that therapy will achieve functional gains beyond those expected as a result of growth and maturation and there is clear evidence that the symptoms of the illness are active, resulting in substantial impairment in daily functioning; **and**
  - c. There is a clear treatment plan with measurable goals that address the signs and symptoms of the illness; **and**
  - d. There is no less intensive or more appropriate level of services which can be safely and effectively provided; **and**
  - e. Member's condition can be classified with at least one of the diagnosis codes listed below; **and**
  - f. Parent(s) and/or Guardian(s) involvement in the training of behavioral techniques must be documented in Member's medical record and is critical to the generalization of treatment goals to Member's environment; **and**
  - g. ABA services are provided by a Board-Certified Behavior Analyst (BCBA), or paraprofessional (H2019) supervised by a BCBA, or provided or supervised by a licensed clinical psychologist practicing within their scope of practice and are billed with the procedure codes listed below.

[ABA Autism Service Request Form](#)

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## Limitations

The following do not meet the medical necessity guidelines, and therefore coverage will not be authorized:

1. Services that duplicate services under an individualized family service plan or an individualized education program, as required under the federal Individuals with Disabilities Education Act or the provision of services to an individual under any other federal or state law.
2. Treatment that is investigational or unproven including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, Higashi (Daily Life Therapy).
3. Personal training, life coaching.

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## Codes

The Member must have one of the following ICD-10 diagnoses to be considered for coverage

Please refer to the [Autism Professional Payment](#) Policy for information regarding billing of these services

**Table 1: ICD-10 Codes**

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

The following code(s) require prior authorization:

**Table 2: CPT/HCPCS Codes**

Code	Description
97151	Behavior identification assessment, 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

Code	Description
	assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
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 with two or more patients, each 15 minutes
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 with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior

## References:

1. Geller, 1972; Lovaas, 1987; Smith et al, 2000; Butler et al., 2003; Shea, 2004 quoted in Hayes, Inc., Intensive Behavioral Intervention Therapy for Autism., 2012; page 7

## Approval And Revision History

October 21, 2020: Reviewed by the Medical Policy Approval Committee (MPAC); renewed without changes  
Subsequent endorsement date(s) and changes made:

- September 15, 2021: Reviewed by IMPAC, renewed without changes
- April 5, 2022: Template updated.
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- August 16, 2023: Reviewed by MPAC, renewed without changes; template updated effective November 1, 2023
- November 2023: Unify name changed to One Care effective January 1, 2024
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024

## Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria

based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.