

Applies to:**Commercial Products**

- ☒ Harvard Pilgrim Health Care Commercial products
- ☒ Tufts Health Plan Commercial products

Public Plans Products

- ☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
- ☐ Tufts Health One Care – A dual-eligible product

Senior Products

- ☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- ☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health covers applied behavioral analysis (ABA) and habilitative services rendered by appropriately credentialed providers for members with a diagnosis of an autism spectrum disorder (ASD). Services are covered in accordance with the member's benefits, state law and regulations, and MassHealth and/or Rhode Island EOHHS requirements, as applicable.

Prerequisites

Applicable Point32Health referral, notification and authorization policies and procedures apply. Refer to the appropriate sections within the [Provider Manuals](#) for more information.

Refer to the applicable Medical Necessity Guidelines for clinical coverage criteria and coding.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Point32Health Reimburses

- Adaptive behavior treatment by protocol, both individual and group
- Behavior identification assessment
- Family adaptive behavior treatment guidance
- Habilitative services

Point32Health Does Not Reimburse

- Recreational therapy
- Respite care services outside the home
- Services provided in a school setting that are covered by the educational system's special education resources as part of the individual education plan (IEP)
- Services provided concurrent with another treatment modality, such as occupational or speech therapy, where the ABA provider's role is to escort/accompany the member to the appointment
- Services provided by an immediate family member (refer to the General Coding and Claims Editing policy for examples)
- Supportive respite care

- Treatment that is considered investigational or unproven, including but not limited to:
 - Auditory Integration Therapy (AIT)
 - Facilitated communication
 - Holding therapy
 - Higashi (Daily life therapy)
- Vocational rehabilitation

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Refer to the following medical necessity guidelines for applicable diagnosis and procedure codes:

Commercial products (including Tufts Health Direct)

- [ABA Therapy and Habilitative Services for Autism Spectrum Disorders: Massachusetts Products](#)
- [ABA Therapy for Autism Spectrum Disorders: Rhode Island Products](#)

Tufts Health Together

- [ABA Therapy for Autism Spectrum Disorders for Tufts Health Together](#)

Tufts Health RITogether

- [ABA Including Early Intervention for Tufts Health RITogether](#) (**Note:** Secondary ABA providers must submit procedure codes with the XP modifier)

Related Policies and Resources

Harvard Pilgrim Health Care Payment Policies

- Early Intervention
- General Coding and Claims Editing
- Maximum Units Per Day
- Physical, Occupational, and Speech Therapy

Tufts Health Plan Payment Policies

- Early Intervention
- General Coding and Claims Editing
- Maximum Units
- Outpatient Rehabilitation Facility
- Physical, Occupational, and Speech Therapy

Harvard Pilgrim Health Care Clinical/Authorization Policies

- Outpatient Rehabilitative Therapy Services

Tufts Health Plan Clinical/Authorization Policies

- Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders
- Outpatient Physical, Occupational, and Speech Therapy

Publication History

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|------------|--|
| 05/01/2025 | Annual policy review; clarified this policy does not apply to Tufts One Care and Senior Products; administrative updates |
| 05/01/2024 | Annual policy review; clarified examples of services not reimbursed; removed procedure code tables as coding is outlined in the respective medical necessity guidelines |
| 09/01/2023 | Policy moved to new template; added Harvard Pilgrim Health Care Commercial Products to applicable lines of business DOS on or after 11/1/23; added Max Units to related policies; administrative edits |

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the

provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and 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, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.