

## EARLY INTERVENTION-APPLIED BEHAVIORAL ANALYSIS SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

### Policy

AllWays Health Partners reimburses for medically necessary Applied Behavioral Analysis (EI-ABA) and specialty services for commercially insured children, up to age three years, who have a clinically determined diagnosis within the Autism Spectrum Disorders and are currently receiving services through an Early Intervention provider. EI-ABA services must be rendered by a qualified Massachusetts Department of Public Health (MDPH) Specialty Services Program (SSP).

### Membership Limitations

This policy applies to commercially insured members up to age three who qualify for services and have an Individual Family Service Plan (IFSP) with an Early Intervention provider. Members must have a clinically determined and documented autism spectrum disorder diagnosis from a physician or licensed psychologist.

### Authorization and Referral

Membership	Age Group	Service	Requirement
Commercial	<ul style="list-style-type: none"> <li>Up to three years of age</li> </ul>	Early Intervention-Applied Behavioral Analysis Services (EI-ABA)	<ul style="list-style-type: none"> <li>AllWays Health Partners Prior authorization is <b>required</b></li> </ul>
Commercial	<ul style="list-style-type: none"> <li>Ages three years and older</li> </ul>	Applied Behavioral Analysis Services (EI-ABA)	<ul style="list-style-type: none"> <li>Contact Optum Behavioral Health for requirements</li> </ul>
MassHealth	<ul style="list-style-type: none"> <li>All age groups</li> </ul>	All ABA services including (EI-ABA) services	<ul style="list-style-type: none"> <li>Contact MassHealth for requirements</li> </ul>

### Policy Limitations

This policy applies to all qualifying and authorized places of service (POS), as set forth in this policy and in accordance with the National POS code set.

### Member Cost-Sharing

There is no cost sharing for Early Intervention service, or for Early Intervention ABA services.

## Provider Limitations

All Early Intervention providers, Specialty Service programs, and their respective healthcare professional staff members, including salaried, contract, fee for services, consultants, or subcontracted specialists must be certified as Early Intervention Specialists by the Massachusetts Department of Public Health prior to billing for services rendered. Medically necessary services **must be** provided by or supervised by a qualified and certified Board Certified Behavioral Analyst (BCBA) specialist, as defined by MDPH in *Early Intervention Operational Standards, Revision 2006, Effective July 1, 2006 and Specialty Services for Children with Autism Spectrum Disorders in the Early Intervention System Operational Procedures, August 2011*.

## Service Limitations

AllWays Health Partners will reimburse eligible and qualified providers according to the service limitations set forth in this policy.

Service Code	Description	Maximum Allowable
H0031	Mental health assessment, by non-physician	
H0032	Mental health service plan development by non-physician	
H2012	Behavioral health day treatment, per hour	<ul style="list-style-type: none"> <li>• Maximum of three hours <i>per session</i></li> <li>• Maximum of six hours <i>per day</i></li> </ul>
H2019	Therapeutic behavioral services, per 15 minutes	

- Specialty services are covered for the following diagnoses on the autism spectrum:
  - o ICD-10 F84.5, F84.8
    - Asperger's Syndrome
    - Other pervasive developmental disorders
  - o ICD-10 F84.0
    - Autistic disorder
  - o ICD-10 F84.3
    - Other childhood disintegrative disorder
  - o ICD-10 F84.9
    - Pervasive developmental disorder, unspecified
  - o ICD-10 F84.2
    - Rett's Syndrome
  
- Children with a diagnosis of Autism Spectrum Disorder *should be classified* as Pervasive Developmental Disorder

## Service Limitations (continued)

AllWays Health Partners **Does NOT Reimburse** Early Intervention Providers and Specialty Services providers for:

- Intake services
- ASD research-based programs, experimental treatments, or use of tools not approved by MDPH
- Educational services such as tutoring or home schooling
- Recreational services not described or included within the scope of EIP or SSP services and as set forth in this policy
- Nutritional counseling rendered by EIP and/or SSPs as set forth in this policy
- Home or center-based visits not conducted by MDPH certified healthcare professional(s)
- Services billed using an ‘unassigned’ place of service code
- Services requiring authorization as defined in this policy, which were not authorized by AllWays Health Partners as defined in this policy
- Rescheduled, missed, or cancelled appointments

## Billing Requirements

EI-ABA and SSP providers are required to bill the appropriate HCPSC and corresponding modifier, where applicable, to denote type of service and/or qualification level of professional rendering the services. Please refer to the following table for applicable modifiers and their definitions.

## Required Modifiers

Modifier	Descriptor	Comments
AH	Clinical psychologist	Submit one of the following appropriate modifiers in the first modifier field identifying the servicing provider type when submitting service codes
AJ	Clinical social worker	
GN	Services delivered under an outpatient speech pathology plan of care	
GO	Services delivered under an outpatient occupational	
GP	Services delivered under an outpatient physical therapy plan of care	
HN	Bachelors degree level	
TD	RN	
TJ	Program group, child and/or adolescent	
U1	Medicaid care level1 1 state def	
U2	Medicaid care level1 2 state def	

## Billing Requirements (continued)

- When 2 or more specialty services are provided on the same date of service, list each service on separate lines with the number of units for each service provided. Include the appropriate servicing provider type modifier.
- Claims submitted must include the appropriate primary diagnosis from the ICD-9 list based on the clinical determination.

## Documentation Requirements

EI-ABA and SSP programs and providers must maintain, for a minimum of four years after discharge from the program, records for each member that includes at least all the information required by MDPH *Operational Standards, Revised 2006* and *Specialty Services For Children With Autism Spectrum Disorders in the Early Intervention System Operational Procedures, August 2011*; including but not limited to:

- The member's name, address, and AllWays Health Partners member ID and Mass Health identifier where applicable
- The name and address of the member's caregiver;
- The name of the service coordinator;
- The name and address of the member's primary physician, clinic, or coordinated health site;
- A schedule of visits, group sessions, assessments, progress reviews, and other services that have been or will be provided including the attendance record;
- A report for each reimbursable service provided, listing the date, duration, and type of service, the program staff involved, the ratio of staff to participants, and the work accomplished; and
- Copies of any correspondence and reports of any consultations about the member's treatment with the member's family or friends or other individuals not employed by the program.

## Definitions:

**Applied Behavioral Analysis (ABA)** is the process of applying interventions and techniques, which are based on the principles of learning derived from experimental psychology research, in order to systematically change behavior. Documentation must demonstrate that the interventions and techniques used are responsible for the observable improvement in behavior.

**Autism Intake Service:** A face-to-face meeting between the family and an autism specialty provider for the purpose of information gathering.

**Autism Spectrum Disorders:** The disorders are characterized by varying degrees of impairment in communication, social interactions, and where restricted, repetitive and stereotyped patterns of behavior, speech and interests occur. These disorders are commonly referred to as pervasive developmental disorders (PDD); which includes Asperger's syndrome, Autistic disorder, Childhood Disintegrative Disorder, and Rett's Syndrome. (See page 2, *Service Limitations*)

**Early Intervention Program:** In Massachusetts, a statewide, integrated, developmental service available to families of eligible children between birth and three years of age. EI provides family-centered services that facilitate the developmental progress of eligible children, and helps children acquire the skills they will need to continue to grow into happy and healthy members of the community. Services are determined collaboratively with families as integral members of the team based on the individual needs of the child and family.

EI Programs are certified by the Massachusetts Department of Public Health and provide coordinated developmental services: educational, therapeutic, and social in nature. Services include a combination of therapies (physical therapy, occupational therapy, speech therapy) which duration may last for months or years.

**Individual Family Service Plan (IFSP):** A treatment plan designed to address and meet the distinct needs of the child. In addition to the related services, the IFSP also includes family support services, and case management.

## References

Massachusetts Department of Public Health Early Intervention Services: Operational Standards, Revised 2006: <http://www.mass.gov/eohhs/docs/dph/com-health/early-childhood/opst-appendix-a.pdf>

Specialty Services for Children with Autism Spectrum Disorders in the Early Intervention System Operational Procedures <http://www.mass.gov/eohhs/docs/dph/com-health/early-childhood/operational-procedures.pdf>

Early Intervention Autism Specialty Services DPH Billing Requirements & Guidance: <http://www.mass.gov/eohhs/docs/dph/com-health/early-childhood/autism-billing-guidance.pdf>

Massachusetts Division of Medical Assistance Provider Manual Series: Early Intervention Program Manual, Transmittal Letter EIP-13: <http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-earlyintervention.pdf>

Massachusetts Division of Medical Assistance Provider Manual Series: Early Intervention Program Manual, Transmittal Letter EIP-18 dated 06/01/09.

MassHealth Children's Behavioral Health Initiative link: <https://www.mass.gov/masshealth-childrens-behavioral-health-initiative>

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## Publication History

<b>Topic: Autism Spectrum Disorders</b>	<b>Owner: Network Management</b>
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*December 1, 2012*      *Original documentation*

*September 2, 2015*      *ICD-10 codes added*

*January 1, 2019*      *Document restructure; codes, code descriptor and references updated*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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