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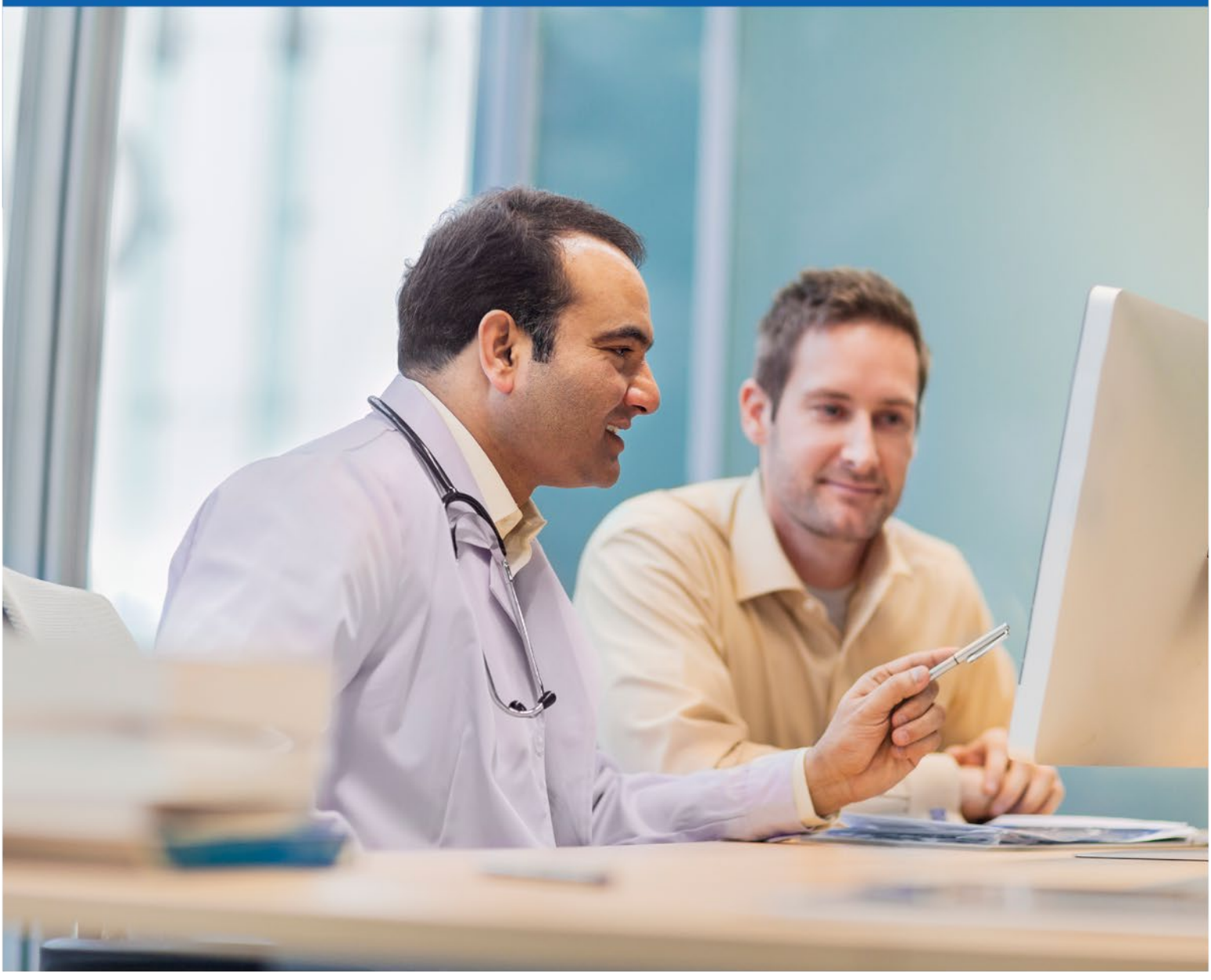
Applied Behavior Analysis Provider Resource Guide



Applied Behavior Analysis (ABA) Provider Resource Guide

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Topics and resources

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Introduction

This resource guide contains important information regarding key administrative requirements, policies, and procedures to assist in understanding the requirements for ABA services as well as appropriate and expected billing and documentation.

This resource guide is not intended to be a complete catalog of all Anthem policies and procedures. Other policies and procedures not included in this resource guide may be posted on the Anthem website or published in specially targeted communications, including but not limited to bulletins and newsletters. This guide does not contain legal, tax, or medical advice. Care providers should consult their advisors for advice on these topics.

Certifications, credentialing, and licensing

Applied behavior analysis (ABA) and treatment services are used to treat autism spectrum disorder through scheduled therapeutic appointments between the approved provider and the patient. Approved service providers include psychiatrists (MDs), psychologists (PhDs), licensed clinical social workers (LPCs), licensed marriage and family therapists (LMFTs) with special training and/or experience in applied behavior analysis, Board Certified Behavior Analysts (BCBA/BCBA-D), providers practicing under the direction and supervision of the BCBA, and other mental health service providers licensed or authorized by the state in which they practice and recognized by the Anthem affiliated health plan to be eligible for reimbursement.

For more information on our certification, credentialing, and licensing requirements for all providers, visit Credentialing with Anthem**.** Select the appropriate state to ensure you are viewing state-specific credentialing information.

Correct coding

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. The codes denote the services and/or procedures performed. Note: Please review your provider contract for any specific billing and submission requirements.

ABA – Category I codes[1]

These codes represent established and recognized ABA services such as assessments, individual and group interventions, and family-based interventions.

Code	Rate	Description
97151	per 15 minutes	**Behavior identification assessment** — Behavior identification assessment, administered by a physician or other qualified healthcare professional (QHP), each 15 minutes of the physician's or other QHP's time face-to-face

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Code	Rate	Description
		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.
97152	per 15 minutes	**Behavior identification-supporting assessment** — administered by one technician under the direction of a physician or other QHP, face-to-face with the patient, each 15 minutes.
97153	per 15 minutes	**Adaptive behavior treatment by protocol** – Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other QHP , face-to-face with one patient, each 15 minutes
97154	per 15 minutes	**Group adaptive behavior treatment by protocol** — administered by technician under the direction of a physician or QHP, face-to-face with two or more patients, each 15 minutes
97155	per 15 minutes	**Adaptive behavior treatment with protocol modification** — Adaptive behavior treatment with protocol modification, administered by physician or other QHP, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	per 15 minutes	**Family adaptive behavior treatment guidance** — administered by physician or other QHP (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	per 15 minutes	**Multiple family group adaptive behavior treatment guidance** — administered by physician or other QHP (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	per 15 minutes	**Group adaptive behavior treatment protocol** — administered by physician or other QHP, face-to-face with multiple patients, each 15 minutes

ABA therapy – Category III codes[2]

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These codes represent ABA therapy services.

Code	Rate	Description
0362T	Per 15 minutes	**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 QHP 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	Per 15 minutes	**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 QHP 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

Note: Refer to your provider contract and the member's health benefit plan for specific code coverage rules.

Definitions
These definitions are provided as informational when trying to determine the appropriate code to use.

Term	Definition
Applied behavior analysis	A detailed behavioral history, patient observation, administration of standardized and nonstandardized tests and structured guardian/caregiver interview to identify and describe deficient adaptive or maladaptive behaviors (such as impaired social skills and communication deficits, destructive behaviors, and additional functional limitations secondary to maladaptive behaviors).
Adaptive behavior treatment	Services provided to patients, presenting with deficient adaptive or maladaptive behaviors (such as impaired social skills and communication, destructive behaviors, or additional functional limitations secondary to maladaptive behaviors). These services are often administered by paraprofessionals based on a protocol developed in conjunction with a physician or other QHP. A distinct aspect of the treatment is ongoing protocol modification by a physician or other QHP. Specific target problems and treatment goals are based on results of previous assessments. Services are face to face with the patient and/or patient's family either alone or in a group.
Behavioral follow-up assessments	Follow-up assessments include use of structured observation and/or standardized and nonstandardized tests to determine levels of adaptive behavior. Areas assessed may include cooperation, motivation, visual

Term	Definition
	understanding, receptive and expressive language, imitation, requests, labeling, play and leisure, and social interactions. Specific destructive behavior(s) assessments include exposure, typically in a safe environment involving more than one trained expert, to examine events, cues, responses, and consequences associated with the behavior. The follow-up assessment may collate and address progress in deficits identified in the ABA.
Clinical staff member	A person who works under the supervision of a physician or other QHP, and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specific professional service but does not individually report that professional service. For example, a technician.
Group treatment	Focuses on identifying and targeting individual patient social deficits and problem behaviors. Physicians or other QHP can provide social skills training in a group setting. Services to increase target social skills may include modeling, rehearsing, corrective feedback, and homework assignments.
Individual treatment	Focuses on individual patient social deficits and problem behaviors in the individual face-to-face setting.
Family treatment	Assists the guardian/caregiver in identifying problem behaviors and deficits and assists/instructs them on interventions to reduce the maladaptive behaviors. Family treatment may be given without the patient present.
Family	Includes parents, guardians, siblings, and extended family, among others, may be included in various capacities.[3]
Qualified healthcare provider	An individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his or her scope of practice and independently reports that professional service. For example, BCBA.

Supervision

A QHP can only bill for 971555 if both the technician and QHP are face-to-face with the patient at the same time and the QHP is directing the technician. In this instance, codes 97153 and 97155 can be billed together.

Modifier	Modifier description	Licensure
HM	Less than bachelor's degree level	Less than bachelor's level counselors
HN	Bachelor's degree level	Bachelor's level counselors
HO	Master's degree level	Master's level counselor

3 Sourced to The Council of Autism Service Providers ("CASP"). "*Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder Guidance for Healthcare Funders, Regulatory Bodies, Service Providers, and Consumers.*" p. 46. Copyright © 2024 by The Council of Autism Service Providers ("CASP"). Third Edition.

Claim submission

Please follow correct billing guidelines as outlined by CMS for the *CMS 1500* for professional providers.

CMS-1500 Field 31

ABA therapy performed by therapy assistants, behavioral technicians, or paraprofessionals must show the supervising BCBA or other QHP in box 31 of the CMS claim form.

CMS for claims submission on a *CMS-1500*: Item 31 — Enter the signature of provider of service or supplier, or his/her representative and either the six-digit date (MM | DD | YY), eight-digit date (MM | DD | CCYY), or alphanumeric date (January 1, 1998) the form was signed.

Reporting timed units

Clearly document in minutes, the total treatment time for the 15-minute timed codes to support the number of units and codes billed for each treatment day. Also, document the total active treatment time (including timed and untimed codes) in the patient's medical record. We also require the start and stop times in the record.

Place of service (POS)

POS codes frequently used for ABA services include:

- 12 = Home
- 11 = Office/Clinic
- 99 = Community
- 03 = School
- 10 = Telehealth (member located in home while receiving services)
- 02 = Telehealth (member located outside of home while receiving services

Note: Subject to member's coverage and reviews by the plan. Also review the *Telehealth/virtual visits* section below for telehealth guidelines.

Record documentation

Per our Documentation Standards for Episodes of Care reimbursement policy, medical records should contain the below elements:

- All documentation for episodes of care must be legible to someone other than the writer.
- Each record must support the services billed and the level of care provided on each unique date.

For each episode of care, Anthem also requires:

- Information identifying the member be included on each page in the medical record.

- Documentation to be complete with the time noted, if applicable, and dated.
- Each entry in the medical record include author identification of the physician or other QHP, which may be a handwritten signature, unique electronic identifier, or initials and rendering provider credentials, as applicable.
- Timely entry of information into a medical record to be completed at the time of service or shortly thereafter. It should not exceed 30 days.
- Signature date within 30 days of the date of service and an additional entry of the signature time for services performed in a hospital setting.

To be considered complete, documentation for episodes of care will include, at a minimum, the following elements when applicable:

- Patient identifying information
- Consent forms
- Health history, including applicable drug allergies
- Physical examinations
- Physician orders
- Immunization records
- Medications prescribed
- Emergency care
- Smoking, alcohol, and substance abuse history
- Face-to-face evaluations
- Progress notes
- Referrals
- Consultation reports
- Laboratory reports
- Imaging reports (including X-ray)
- Surgical reports
- Admission and discharge dates and instructions
- Preventive services provided or offered, appropriate to member's age and health status
- Evidence of coordination of care between primary and specialty physicians
- Working diagnoses consistent with findings and test results
- Treatment plans
- When testing is performed over several days, all testing time should be reported on the last date of service.

Treatment plans

Treatment plans should be present within the record as required. Documentation must show that the treatment plan was reviewed and/or updated at a minimum of every six months. Providers should review their guidelines if treatment plans are required more frequently.

Telehealth/virtual visits

Please visit our Virtual Visits reimbursement policy that outlines our standard rules. Allowed codes may vary. Refer to the Allowed virtual services in addition to CPT Appendix P to obtain codes that are eligible for reimbursement in your state.

National Correct Coding Initiative (NCCI) — medically unlikely edits (MUE)

ABA codes may have associated MUE limits. In accordance with our Code and Clinical Editing Guidelines (CCEG) reimbursement policy, we administer National Correct Coding Initiative (NCCI) edits. NCCI edits are revised to align with CMS MUE updates once published.

Refer to CMS for the current list of MUE limits.