Autism Services
Payment Policy

Policy
Blue Cross Blue Shield of Massachusetts (Blue Cross*) covers medically necessary applied behavior analysis (ABA) services in the home, outpatient, office, daycare, preschool, or community setting, for the treatment of autism spectrum disorders (ASD), when furnished or supervised by an appropriately trained psychologist or a licensed applied behavioral analyst (LABA).

Blue Cross’s definition and coverage of ABA services is consistent with Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism in the state of Massachusetts.

For purposes of this Autism Payment Policy, a LABA is a Blue Cross licensed applied behavioral analyst or a Blue Cross psychologist who has the appropriate training and education to provide behavior analytic services.

General Benefit Information
Services and subsequent payment are based on the member’s benefit plan and provider Agreement. Providers and their office staff may use our electronic technologies to verify effective dates and member copayments before initiating services. Please visit our eTools page to access links that provide information on member eligibility and benefits. Member liability may include, but is not limited to, copayments, deductibles, and co-insurance, and will be applied depending upon the member’s benefit plan.

Certain services may require prior authorization or referral. Please refer to the member’s subscriber certificate for more information and Authorization requirements by product.

Payment Information
Blue Cross reimburses health care providers based on:
- Network provider reimbursement or contracted rates
- Member benefits

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses:
- Applied behavior analysis services that include “the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvements in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.” (Source: Chapter 207 of the Acts of 2010)

Blue Cross does not reimburse:
- Indirect patient care services that are not ABA covered services.
- Program planning as a separate reimbursement.
- Supervision solely related to obtaining credentials, licensure, performance, or professional development.
- ABA services for educational purposes.
- A service or program, including a residential program, that is furnished in an educational, vocational, or recreational setting; or an “outward bound-type,” “wilderness,” “camp,” or “ranch” program. Also, a service furnished along with one of these non-covered programs, whether or not the service is usually a covered service.
- An ABA covered service that is furnished by a LABA to himself or herself or to a member of his or her immediate family. “Immediate family” means any of the following members of a health care provider’s family:
  - Spouse or spousal equivalent.
  - Parent, child, brother, or sister (by birth or adoption).
  - Stepparent, stepchild, stepbrother, or stepsister.
  - Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law. (For purposes of providing covered services, an in-law relationship does not exist between the provider and the spouse of his or her wife’s (or husband’s) brother or sister).
  - Grandparent or grandchild.
• For the purposes of this exclusion, the immediate family members listed above will still be considered immediate family after the marriage which had created the relationship is ended by divorce or death.

• ABA services performed via telemedicine.

• Behavior technicians directly for ABA services. The behavior technician must be employed or reimbursed for ABA services by the Blue Cross LABA who bills Blue Cross for the behavior technician’s ABA services.

**General reimbursement information:**

• Prior authorization is provided for ABA services required to render care to the member. Additional services should not be requested and held for future use.

• ABA services rendered by the LABA or behavior technician are billed under the Blue Cross LABA’s individual NPI number.

• Blue Cross does not credential or contract independently with behavior technicians.

• A psychologist should not bill for any behavioral health clinician or LABA’s services under the psychologist’s NPI. Each LABA affiliated with a psychologist’s practice must be individually credentialled and contracted with Blue Cross. ABA services must be billed with the LABA’s NPI.

• LABAs who are billing for services delivered by a paraprofessional are required to:
  o Provide clinical oversight to each behavior technician under his or her supervision.
  o Ensure that each behavior technician under his or her supervision possess a minimum of a high school diploma or national equivalent.
  o Assume the ultimate responsibility for the ABA services provided to Blue Cross members by behavior technicians under his or her supervision.
  o Not bill Blue Cross for ABA services when the services are delivered by a member of the patient’s family.
  o Perform a CORI check on each paraprofessional he or she supervises.
  o Make the Blue Cross member’s caregiver aware of the behavior technician status of the person providing the services.
  o Create and maintain a medical record and ensure that each increment of service is appropriately documented.
  o Create and maintain the member’s treatment plan

• Effective for dates of service April 1, 2017 and after, all applied behavior analysts rendering care to members or supervising behavior technicians must be credentialled and contracted as Blue Cross LABAs in order to bill and be reimbursed for ABA services.

• From October 1, 2016 through March 31, 2017 Blue Cross reimbursed LABAs who were not Blue Cross providers at the LABA fee schedule amount, provided that the LABA was affiliated with a Blue Cross LABA group.

All services rendered must be medically necessary and appropriately documented in the member’s medical record. For more information, see the *Medical and Behavioral Health Record Guidelines* section of our *Blue Book* [Provider Manual](#) (login required).

### Billing Information

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Narrative</th>
<th>Comments</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>97151</td>
<td>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 assessment, and preparing the report/treatment plan</td>
<td>• Services rendered by LABA only&lt;br&gt;• Allow up to 32 units, every six months (180 days), per LABA practice/business entity, per member</td>
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<tr>
<td>97152</td>
<td>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</td>
<td>• Services rendered by LABA or behavior technician&lt;br&gt;• Must be rendered within one month of assessment (30 or 31 days) (97151)</td>
<td></td>
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<td>CPT code</td>
<td>Narrative</td>
<td>Comments</td>
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<tr>
<td>97153</td>
<td>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</td>
<td>• Services rendered by LABA or behavior technician</td>
<td></td>
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</tbody>
</table>
| 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              | • Services rendered by LABA or behavior technician  
• Not reimbursed in the member’s home  
• Limited to eight patients                                                                                                                     |
| 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 | • Services rendered by LABA only  
• Must be face-to-face                                                                                                                                                                                   |
| 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 | • Services rendered by LABA only  
• Must be face-to-face with guardians or caregivers  
• Unit max 60 units per month per LABA group or business entity                                                                                                                                   |
| 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 | • Services rendered by LABA only  
• Must be face-to-face with guardian or caregiver  
• Limited to 32 units per month  
• Group limited to guardians and caregivers of no more than eight members                                                                                                                                |
| 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                      | • Services rendered by LABA only  
• Limit to four units, per day, per member, per LABA group or business entity  
• Limited to eight patients  
• Not reimbursed in the member’s home  
• Code is not to be used for supervision                                                                                                           |
| 0362T    | Behavior identification supporting assessment, each 15 minutes of technicians’ time face to face with a patient, requiring the following components: administered 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; completed in an environment that is customized to the patient’s behavior | • Services rendered by LABA and behavior technicians  
• Limited to one LABA NPI only. Cannot bill for three provider services (LABA and two behavior technicians under three LABA NPIs)  
• Code 97155 will not be reimbursed with 0362T                                                                                                  |
| 0373T    | Adaptive behavior treatment with protocol modification, each 15 minutes of technicians’ time face to face with a patient, requiring the following components: administered 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; completed in an | • Services rendered by LABA and behavior technicians  
• Limited to one LABA NPI only. Cannot bill for three provider services (LABA and two behavior technicians under three LABA NPIs)  
• Code 97155 will not be reimbursed with 0373T                                                                                                  |
Specific billing guidelines
Time-based service codes
- Time is face-to-face time with the patient. A unit of time is attained when the mid-point is passed. For example, for services billed in 15-minute units, providers should not report services performed for less than 8 minutes.

When submitting claims for reimbursement, report all services with:
- Up-to-date industry-standard procedure and diagnosis codes.
- Modifiers that affect payment in the first modifier field, followed by informational modifiers.

Related Policies
- Early Intervention Services
- General Coding and Billing Payment Policy
- Telemedicine Payment Policy
- Treatment Plan Guidelines for Applied Behavior Analysis

Policy Update History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>04/15/2011</td>
<td>Original documentation of policy</td>
</tr>
<tr>
<td>12/12/2014</td>
<td>Template update, annual review</td>
</tr>
<tr>
<td>07/28/2015</td>
<td>Annual review; template update</td>
</tr>
<tr>
<td>09/30/2016</td>
<td>Annual review; template update; inclusion of detailed documentation and specific billing guidelines on revised policy for LABA network effective 10/01/2016</td>
</tr>
<tr>
<td>10/04/2016</td>
<td>Minor edits for clarity on educational requirements</td>
</tr>
<tr>
<td>10/17/2016</td>
<td>Minor edits for clarity on specific billing guidelines</td>
</tr>
<tr>
<td>01/01/2017</td>
<td>Minor edits for clarity; inclusion of reimbursement guidelines for program development (G9012) and reassessment (0359T with modifier 52) effective 1/1/17; edits for clarity on time-based services codes</td>
</tr>
<tr>
<td>06/30/2017</td>
<td>Addition of codes: 0360T and 0361T effective 9/1/17; edits for clarity on the following codes: 0359T with modifier 52, G9012, 0370T, and 0371T; inclusion of reimbursement guidelines for autism services</td>
</tr>
<tr>
<td>09/01/2017</td>
<td>Inclusion of information on Blue Cross non-reimbursable services and programs</td>
</tr>
<tr>
<td>09/30/2017</td>
<td>Inclusion of link to treatment plan guidelines for applied behavior analysis</td>
</tr>
<tr>
<td>11/30/2018</td>
<td>Annual coding review effective 1/1/19; removed deleted codes 0359T-0361T, 0363T-0372T; added new CPT codes 97151-97158 and reporting instructions; added 0362T and 0373T</td>
</tr>
<tr>
<td>12/31/2018</td>
<td>Edits for clarity on reimbursement information for 97151, removal of 97151 with modifier 52 from the coding grid</td>
</tr>
</tbody>
</table>

Payment policies are intended to assist providers in obtaining Blue Cross Blue Shield of Massachusetts’ 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 provider’s 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.