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

Effective October 1, 2015

Policy:
NHP reimburses for medically necessary Applied Behavioral Analysis (EI-ABA) and specialty services when 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:

<table>
<thead>
<tr>
<th>Membership</th>
<th>Age Group</th>
<th>Service</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>• Up to three years of age</td>
<td>Early Intervention-Applied Behavioral Analysis Services (EI-ABA)</td>
<td>• NHP Prior authorization is required</td>
</tr>
<tr>
<td>Commercial</td>
<td>• Ages three years and older</td>
<td>Applied Behavioral Analysis Services (EI-ABA)</td>
<td>• Contact Beacon Health Strategies for requirements</td>
</tr>
<tr>
<td>MassHealth</td>
<td>• All age groups</td>
<td>All ABA services including (EI-ABA) services</td>
<td>• Contact MassHealth for requirements</td>
</tr>
</tbody>
</table>

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:**
NHP will reimburse eligible and qualified providers according to the service limitations set forth in this policy.

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Description</th>
<th>Maximum Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0031</td>
<td>Mental health assessment, by non-physician</td>
<td></td>
</tr>
<tr>
<td>H0032</td>
<td>Mental health service plan development by non-physician</td>
<td></td>
</tr>
<tr>
<td>H2012</td>
<td>Behavioral health day treatment, per hour</td>
<td>• Maximum of three hours <em>per session</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maximum of six hours <em>per day</em></td>
</tr>
<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes</td>
<td></td>
</tr>
</tbody>
</table>

- Specialty services are covered for the following diagnoses on the autism spectrum:
  - *ICD-10 F84.5, F84.8*  
    Asperger’s Syndrome  
    Other pervasive developmental disorders  
  - *ICD-10 F84.0*  
    Autistic disorder  
  - *ICD-10 F84.3*  
    Other childhood disintegrative disorder  
  - *ICD-10 F84.9*  
    Pervasive developmental disorder, unspecified  
  - *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):**

NHP 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 NHP 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**

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Descriptor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AH</td>
<td>Clinical psychologist</td>
<td>Submit one of the following appropriate modifiers in the first modifier field identifying the servicing provider type when submitting service codes</td>
</tr>
<tr>
<td>AJ</td>
<td>Clinical social worker</td>
<td></td>
</tr>
<tr>
<td>GN</td>
<td>Services delivered under an outpatient speech pathology plan of care</td>
<td></td>
</tr>
<tr>
<td>GO</td>
<td>Services delivered under an outpatient occupational therapy plan of care</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td>Services delivered under an outpatient physical therapy plan of care</td>
<td></td>
</tr>
<tr>
<td>HN</td>
<td>Bachelors degree level</td>
<td></td>
</tr>
<tr>
<td>TD</td>
<td>RN</td>
<td></td>
</tr>
<tr>
<td>TJ</td>
<td>Program group, child and/or adolescent</td>
<td></td>
</tr>
</tbody>
</table>
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 NHP 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 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:
www.mass.gov/masshealth/childbehavioralhealth

Publication History:

<table>
<thead>
<tr>
<th>Topic: Autism Spectrum Disorders</th>
<th>Owner: Provider Network Management</th>
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</thead>
<tbody>
<tr>
<td>12/01/2012 Original documentation</td>
<td></td>
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<tr>
<td>09/02/2015 ICD-10 codes added</td>
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</tbody>
</table>

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. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan’s Provider Manual Billing Guidelines section for additional information on NHP’s billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org.