Due to the Patient Protection and Affordable Care Act (PPACA), applied behavioral analysis for the treatment of autism spectrum disorder is now considered an essential health benefit and must be included in the definition of “Habilitation Services” as ordered by the State of Michigan effective January 1, 2014 for PPACA compliant health plans.

Summary of Changes

Clarifications:

Deletions:

Additions:

- Pg. 2, Section I, Treatment Coverage, A, criteria updated to reflect the use of Behavioral Health InterQual® for the authorization of ABA, including continued stay authorization.

I. POLICY/CRITERIA

Eligibility

A. This policy applies to children and adolescents through age 18.

B. Applied Behavior Analysis (ABA) services for autism must be performed by a provider who is supervised by a state licensed Board Certified Behavior Analyst (BCBA). The ABA treatment plan must be developed and supervised by the BCBA. ABA treatment services must be prior approved through Priority Health’s Behavioral Health department.

C. For speech therapy treatment, physical therapy, and occupational therapy coverage is provided if performed by a contracted and licensed therapist. Prior authorization for these therapies is not required.

Diagnosis and Evaluation

Initial evaluation for diagnostic clarification, including psychological testing, is covered by the Plan. Priority Health may request a second diagnostic opinion from a contracted, licensed PhD psychologist with specialized training in autism spectrum disorders prior to authorizing ABA autism treatment. Diagnostic evaluation does not require prior authorization.
The evaluation should include:

A. Use of a semi-structured interview including family and developmental history

B. Use of semi-structured, standardized behavior observational assessment:
   • Autism Diagnostic Observation Schedule-2 (ADOS-2) (preferred)
   • Autism Diagnostic Observation Scale (ADOS)

C. Review of school records (if applicable)

D. Use of standardized checklist/behavior rating scale

**Treatment Coverage**

A. The diagnosis of Autism Spectrum Disorder may result in a recommendation for Applied Behavior Analysis (ABA). The course of treatment may vary in duration and length depending upon the individual needs of the child as determined by an assessment by a BCBA. Authorization for ABA is determined by the clinical findings and ABA indications recommended by Behavioral Health InterQual®. An ABA treatment plan must be supervised by a BCBA who oversees the treatment and coordinates with other medical professionals involved in the child’s treatment as necessary. Supervision of line staff by the BCBA should occur at a minimum of 1 hour of supervision for every 15 hours of treatment with the child.

Approved providers of ABA autism services will be required to document progress in the treatment plan for consideration of continuing stay approval. Continuing stay criteria includes demonstrating measurable progress based on a treatment plan that specifically addresses the Behavioral Health InterQual® criteria.

If the clinical interventions do not result in measurable progress as defined by Behavioral Health InterQual® then further treatment may be denied

**Exclusions**

A. Adults age 19 or older

B. Services provided by family or household members

C. Treatments that are not based in scientific evidence and unproven treatments are not covered by Priority Health. These treatments include, but are not limited to the following:
   1. Secretin therapy
2. Dietary interventions
3. Hormonal therapies
4. Vitamin therapies
5. Intravenous immunoglobulin therapy
6. Chelation therapy
7. Facilitated communication
8. Sensory Based Treatments
9. Auditory Integration Therapy
10. Relationship Development Intervention (RDI)
11. Floor Time or Individual Difference Relationship (DIR)
12. Non-biological complementary and alternative medicine treatments

II. MEDICAL NECESSITY REVIEW

A. EVALUATION & DIAGNOSTIC TESTING

Autism Spectrum Disorders
☐ Required ☒ *Not Required ☐ Not Covered

B. AUTISM TREATMENT SERVICES

Applied Behavior Analysis (ABA), including ABA treatment in the home environment
☒ *Required ☐ Not Required ☐ Not Covered

Mental Health Treatment for Autism Spectrum Disorders
☒ *Required ☐ Not Required ☐ Not Covered

Speech, Physical and Occupational Therapies for Treatment of Autism Spectrum Disorders
☐ Required ☒ *Not Required ☐ Not Covered


For Individual products, please see plan documents.

*NOTE:
All services in A and B above for Priority Health Medicaid and Healthy Michigan Plan members are managed through Michigan’s Department of Community Mental Health.
III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Covered Autism Spectrum Disorder services are specified in your Schedule of Copayments and Deductibles under treatment for Autism Spectrum Disorder.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Autism spectrum disorder is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communication behavior used for social interaction, and skills in developing, sustaining, understanding relationships. In addition to the social communication and interaction deficits, the diagnosis of ASD requires the presence of restricted, repetitive patterns of maladaptive behavior, interests, or activities.

Symptoms must be present in the early developmental period but may not fully manifest until social demands exceed limited capacities and/or may be masked by learned strategies later in life. Recent prevalence data estimates that about 1 in 68 children have been identified with an autism spectrum disorder (ASD).
V. CODING INFORMATION

Note: Services for Priority Medicaid and Healthy Michigan Plan Members are paid through Michigan’s Department of Community Mental Health.

ICD-10 Codes:
The following services are covered under this policy when billed with the following dx. Services billed with these diagnoses for persons over 18 are not covered.
F84.0   Autistic disorder
F84.5   Asperger's syndrome
F84.8   Other pervasive developmental disorders
F84.9   Pervasive developmental disorder, unspecified

CPT/HCPCS Codes:
BEHAVIORAL HEALTH SERVICES – Prior authorization required
Mental Health Treatment Revenue Codes (facility only)
0914   Individual therapy

Mental Health Treatment CPT/HCPCS Codes – Prior authorization required
90832   Psychotherapy, 30 minutes with patient
90833   Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure);
90834   Psychotherapy, 45 minutes with patient;
90836   Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure);
90837   Psychotherapy, 60 minutes with patient

ABA TREATMENT SERVICES – in center, office, or home – prior authorization required
HCPCS Codes and intended use
* New codes billable for dates of service from 1-Jan-2017
H0031   Mental health assessment, by nonphysician
Initial Assessment which includes face-to-face time and development of initial treatment plan.
H0032   Mental health service plan development by nonphysician
Reassessment includes face-to-face reassessment and update of treatment plan.
H2019   Therapeutic behavioral services, per 15 minutes
AKA line therapy provided by a BCBA or behavior technician who works under the direct supervision of the BCBA.
H2014   Skills Training, per 15 minutes
Skills Training is delivered in a small group format by a BCBA or behavior technician.
S5108   Home care training to home care client, per 15 minutes.
Billed for the BCBA for face to face supervision during line therapy.
S5111   Home care training, family; per session.
Parent training administered by BCBA.
SPEECH THERAPY - no prior authorization required

Revenue Codes (facility only)
0440 – 0449 Speech Therapy-Language Pathology

CPT/HCPCS Codes
92521 Evaluation of speech fluency (eg, stuttering, cluttering)
92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524 Behavioral and qualitative analysis of voice and resonance
S9152 Speech therapy, re-evaluation
92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals

PHYSICAL & OCCUPATIONAL THERAPY - no prior authorization required

Revenue Codes (facility only)
0420 – 0429 Physical Therapy
0430 – 0439 Occupational Therapy

CPT/HCPCS Codes
97161* Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

97162* Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family

97163* Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or
participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.97164* Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

97165* Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97166* Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

97167* Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to
complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.

97168* Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes

**BEHAVIORAL HEALTH EVALUATION** - prior authorization is required for Medicaid/Healthy Michigan Plan members for these services regardless of diagnosis.

*These services are NOT dependent on diagnoses above and are not subject to the autism benefit:*

90791 Psychiatric diagnostic interview examination

90792 Psychiatric diagnostic evaluation with medical

**BEHAVIORAL HEALTH TESTING** - no prior authorization required

96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report

96110 Developmental screening, with interpretation and report, per standardized instrument form *(Not payable to facility providers)*
### Developmental testing

96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report

96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96118 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96119 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

96120 Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

See also: Policy 91318 Rehabilitative Medicine Services
Policy 91336 Speech Therapy
Policy 91537 Neuropsychological and Psychological Testing

### Codes not covered regardless of diagnosis:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0359T</td>
<td>Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report</td>
</tr>
<tr>
<td>0360T</td>
<td>Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient</td>
</tr>
<tr>
<td>0361T</td>
<td>Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)</td>
</tr>
<tr>
<td>0362T</td>
<td>Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient</td>
</tr>
<tr>
<td>0363T</td>
<td>Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of</td>
</tr>
</tbody>
</table>
technician(s) time, face-to-face with the patient (List separately in addition to code for
0364T Adaptive behavior treatment by protocol, administered by technician, face-to-
face with one patient; first 30 minutes of technician time
0365T Adaptive behavior treatment by protocol, administered by technician, face-to-
face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
0366T Group adaptive behavior treatment by protocol, administered by technician,
face-to-face with two or more patients; first 30 minutes of technician time
0367T Group adaptive behavior treatment by protocol, administered by technician,
face-to-face with two or more patients; each additional 30 minutes of
technician time (List separately in addition to code for primary procedure)
0368T Adaptive behavior treatment with protocol modification administered by
physician or other qualified health care professional with one patient; first 30
minutes of patient face-to-face time
0369T Adaptive behavior treatment with protocol modification administered by
physician or other qualified health care professional with one patient; each
additional 30 minutes of patient face-to-face time (List separately in addition to
code for primary procedure)
0370T Family adaptive behavior treatment guidance, administered by physician or
other qualified health care professional (without the patient present)
0371T Multiple-family group adaptive behavior treatment guidance, administered by
physician or other qualified health care professional (without the patient
present)
0372T Adaptive behavior treatment social skills group, administered by physician or
other qualified health care professional face-to-face with multiple patients
0373T Exposure adaptive behavior treatment with protocol modification requiring two
or more technicians for severe maladaptive behavior(s); first 60 minutes of
technicians' time, face-to-face with patient
0374T Exposure adaptive behavior treatment with protocol modification requiring two
or more technicians for severe maladaptive behavior(s); each additional 30
minutes of technicians' time face-to-face with patient (List separately in
addition to code for primary procedure)

VI. REFERENCES

Ben-Itzchak E, Zachor DA. The effects of intellectual functioning and autism
severity on outcome of early behavhioral intervention for children with

Centers for Disease Control and Prevention. Community Report from the Autism
Community-Report.pdf.

Eikeseth S, Smith T, Jahr E, Eldevik S. Intensive behavioral treatment at school
for 4 - 7-year-old children with autism. A 1-year comparison controlled


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