
Description: POLICY REACTIVATED AND EFFECTIVE 03/15/2020

Autism spectrum disorder (ASD) is a complex, pervasive developmental disability characterized by the core symptoms of variable social and communicative deficits with repetitive, restricted behaviors and for many, significant cognitive impairment. The Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition, (DSM-V) defines the required diagnostic criteria for the disorder under the heading of ASD. The Center for Disease Control (CDC) estimates the prevalence of ASD as 1 out of every 68 children occurring in all ethnic, racial, and socioeconomic groups but 4-5 times more likely in boys than girls. A CDC report published in 2009, reported that an average of 41% of ASD individuals met a definition of intellectual disability.

Applied Behavioral Analysis (ABA) is the behavioral treatment approach most commonly used with children with ASD. Techniques based on ABA include: Discrete Trial Training, Incidental Teaching, Pivotal Response Training, and Verbal Behavioral Intervention. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and significant family involvement. ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses. Behavioral deficits may occur in the areas of communication, social and adaptive skills, but are possible in other areas as well. Examples of deficits may include: a lack of expressive language, inability to request items or actions, limited eye contact with others, and inability to engage in age-appropriate self-help skills such as tooth brushing or dressing. Examples of behavioral excesses may include, but are not limited to: physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior, and vocal stereotypy.

ABA treatment is considered either comprehensive or focused based on the core symptoms targeted and the intensity of the intervention.

Telemedicine is the use of telecommunication for the delivery of healthcare when distance separates the provider and the patient. Telemedicine has been advocated as a means to provide healthcare to underserved areas and to facilitate timely consultation in urgent situations.

Telemedicine includes consultation, diagnostic, monitoring, and therapeutic services delivered via a two-way, synchronous, HIPAA compliant audio and video telecommunication system. A telemedicine visit involves an exchange between a patient and a provider at geographically different locations.

The Originating Site is the office or hospital facility where the patient is located. The originating site must have a Presenter and adequate medical personnel in attendance to facilitate a high-quality interaction, including both the telecommunication and clinical aspects of the telemedicine visit. For psychiatric or psychological telemedicine visits, medical personnel may be unnecessary at the Originating Site.

Coding guidelines:
Only the following codes are eligible for reimbursement under the pilot as authorized by NDBH and meeting the requirements of ABCBS policy 2011053:

97155 ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL MODIFICATION
97156 FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE
The provider must also use POS 2 (telemedicine distant site) when billing CPT or HCPCS with a GT or 95 modifier.

**Policy/Coverage:**

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For purposes of a limited, in-state only pilot, the delivery of up to 50% of supervisory services in the treatment of a child with autism spectrum disorder with applied behavioral analysis (meeting all of the criteria and requirements of the ABA for ASD policy 2011053) by telemedicine (meeting the requirements as specified in the Arkansas state law for telemedicine and provided by a HIPPA compliant means) will be covered during the specified dates and meeting the below requirements:

- Applicable only for members residing in Arkansas.
- Applicable only for contracts with a benefit for ABA.
- Applicable only when a recognized provider (registered behavioral technician, board certified associate behavioral analyst, or board certified behavioral analyst) will be providing direct (line) services on-site (home or office).
- Only in-state BCBA providers contracted with ABCBS are eligible for this pilot.

**Prior Authorization:** All requests for coverage of ABA treatment will require prior authorization. Intense and Focused Treatment cannot be provided concurrently. Authorization is managed for applicable contracts through New Directions Behavioral Health.

**Rationale:**

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Arkansas has underserved areas of need for ABA. Allowed telemedicine BCBA supervision/counseling services only will facilitate these services to underserved areas without an immediate prospect of service (BCBA). However, this pilot is designed to promote development of an in-state network of providers contracted with ABCBS.

**2020 Update**

Annual policy review completed with a literature search using the MEDLINE database through December 2019. No new literature was identified that would prompt a change in the coverage statement.

**CPT/HCPCS:**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97155</td>
<td>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</td>
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<tr>
<td>97156</td>
<td>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</td>
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**Revisions:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>January 2017</td>
<td>New Pilot Policy.</td>
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<tr>
<td>January 2018</td>
<td>Policy reviewed with no change to policy statement.</td>
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<tr>
<td>January 2019</td>
<td>CPT code 97155 added (replaces deleted codes 0368T and 0369T). CPT code 97156 added (replaces deleted code 0370T). Description updated with new coding. Annual policy review completed with no change to coverage statement.</td>
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<tr>
<td>January 2020</td>
<td>ARCHIVED based on utilization and Medical Policy Committee decision.</td>
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<tr>
<td>March 2020</td>
<td>Policy reactivated with effective date of 03/15/2020.</td>
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Group specific policy will supersede this policy when applicable. This policy does not apply to the Wal-Mart Associates Group Health Plan participants or to the Tyson Group Health Plan participants.

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