

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201867 DECEMBER 31, 2018

IHCP revises billing guidance for ABA therapy services

In *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201606](#), published January 19, 2016, the IHCP announced coverage of applied behavioral analysis (ABA) therapy for the treatment of autism spectrum disorder (ASD) for members 20 years of age and younger. At that time, the IHCP issued State-defined procedure codes for billing ABA therapy services. Per the billing guidance provided, these procedure codes (95150-96155) were to be billed with designated modifiers to indicate the services were for ABA therapy, as well as to specify the educational level of the rendering provider.



Effective January 1, 2019, the IHCP will cover the 2019 Category I ABA therapy procedure codes released in the 2019 annual Healthcare Common Procedure Coding System (HCPCS) update (see Table 1 in [BT201866](#)) as well as two previously released Category III ABA procedure codes. All newly covered ABA therapy procedure codes are reflected in [Table 1](#) in this bulletin. Coverage of these ABA procedure codes applies to dates of service (DOS) on or after January 1, 2019, for all IHCP programs, subject to the limitations of the member's benefit package. All ABA therapy services require prior authorization (PA) and must be billed on a professional claim (*CMS-1500* claim form, Portal professional claim, or 837P electronic transmission). The newly covered ABA therapy procedure codes are subject to all National Correct Coding Initiative (NCCI) guidelines and edits; allowances to bypass the medically unlikely edits are not in effect as was the case with the previous State-defined procedure codes.

To facilitate the transition to the new procedure codes and to reduce the administrative burden on providers, the IHCP will continue to cover the State-defined ABA therapy procedure codes described in [BT201606](#), including honoring PAs issued before January 1, 2019, and reimbursing claims for these procedure code/modifier combinations for DOS through June 30, 2019. Requests for system **updates to existing PAs** for these codes should use the State-defined ABA therapy procedure codes as submitted on the original PA request. The State-defined ABA therapy codes will be end dated effective June 30, 2019. New PA requests for ABA therapy submitted on or after January 1, 2019, must reference the procedure codes in [Table 1](#).

The *Mental Health and Addiction Services Codes* accessible from the [Codes Sets](#) web page at in.gov/medicaid/providers will be updated to reflect this revised billing guidance.

Table 1 – Newly covered procedure codes for billing ABA therapy services, effective for DOS on or after January 1, 2019

Procedure code	Description
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare 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
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes
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 healthcare professional who is on site; with 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
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 healthcare 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

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