



**TO:** Physicians, Psychologists, Advanced Practice Nurses, and other Providers of Applied Behavior Analysis (ABA)- **For Action**  
Managed Care Organizations– **For Action**

**SUBJECT:** Provision of ABA services

**EFFECTIVE:** April 1, 2020

**PURPOSE:** The Division of Medical Assistance and Health Services, in collaboration with the Division of Children and Families (DCF), has launched a new program to support families with children diagnosed with Autism Spectrum Disorder (ASD). ASD is the name for a collection of neurodevelopmental disorders characterized by communication challenges, repetitive behaviors, and limited social skills. For the purposes of eligibility, these services are available to any NJ FamilyCare Medicaid eligible child, under the age of 21, who has been diagnosed with ASD as defined by ICD 10 diagnoses F84.0 through F84.9 by a qualified healthcare provider.

**BACKGROUND:** States are required under the Federal government's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to provide comprehensive services and furnish all medically necessary services needed to correct and ameliorate health conditions for Medicaid recipients under the age of twenty-one. To meet the needs of New Jersey's Medicaid population, NJ FamilyCare has expanded existing ASD services to offer a wider array of services designed to offer a combination of therapies, each targeting a different set of skills that will support a child's development. One of these new services is Applied Behavior Analysis (ABA) therapy.

**ACTION:** Effective April 1, 2020, ABA services shall be available to any NJ FamilyCare Medicaid eligible individuals with a diagnosis of ASD under the age of 21. For individuals enrolled in a Medicaid managed care organization (MCO), the MCO shall be responsible for providing all ABA services through their managed contracted network of providers. For all individuals enrolled in Medicaid, but waiting to be enrolled with a MCO, the State shall be responsible for fee-for-service (FFS) coverage of all medically necessary ABA services.

**Providers currently providing ABA services to children through DCF:**

- For children **who do not have Medicaid** but who are receiving ABA services under an identification number that starts with "3560", providers should continue to obtain authorization to provide services through PerformCare and continue to bill with the current PerformCare billing codes.

- For children **who have Medicaid**, PerformCare’s authorizations may extend beyond March 31, 2020. However, the MCOs must prior authorize any members beginning April 1, 2020. Providers must determine if the child has managed Medicaid or if they are pending managed care enrollment.
  - If the child is pending managed care enrollment, providers should continue to bill DXC Technology under the NJ FamilyCare FFS benefit, but should also begin billing with the new HIPAA compliant codes identified in this Newsletter.
  - If the child is currently enrolled, providers must notify the MCO and seek authorization to continue ABA services.

Any ABA service billed to a MCO shall be billed utilizing the HIPAA compliant codes in this newsletter. For those providers who are already contracted with the child’s MCO, the provider needs only to seek an authorization to provide and bill for ABA services. For those who are not contracted with the MCO, the provider must notify the MCO and request a single case provider agreement. This agreement will allow the provider to continue to provide services and ensure continuity of care.

**Determining the Need for ABA Services:**

ABA focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA therapy can help to increase language and communication skills and improve attention, focus, social skills, and memory. ABA can also improve academics and decrease problem behavior.

The need for ABA services must be determined by a qualified healthcare professional (QHP) capable of making a diagnosis of autism. QHPs include licensed health care professionals, who are qualified by education, training, or licensure/regulation (when applicable) to perform a professional service within his/her scope of practice. Once a child has a diagnosis of autism, a QHP must assess the child to determine the need for ABA therapy and to develop a treatment plan. It is not uncommon for one QHP to make the diagnosis (such as a physician) and a separate QHP to develop and supervise the treatment plan. Acceptable QHPs for the diagnosis and treatment planning for adaptive behavior services shall include:

- Physicians
- Psychologists: Requires an active board certified behavior analyst (BCBA) certification in good standing and a qualifying doctoral-level degree (BCBA-D).
- BCBA’s: Requires a graduate degree with behavior-analytic content and experience that qualifies the individual for the BCBA certification.

**Provision of ABA Services:**

Once an individual is properly diagnosed with ASD, the MCO shall authorize a QHP to assess the child for the development of a proposed treatment plan. Contingent upon approval of the treatment plan, ABA services shall be provided by:

- Board Certified Behavior Analyst Doctoral (BCBA-D)
- Board Certified Behavior Analyst (BCBA)
- Board Certified Assistant Behavior Analyst (BCaBA) possessing a bachelor’s degree with a defined period of supervised practice. A BCaBA may only practice under the supervision of a BCBA or BCBA-D. A BCaBA may supervise a registered behavior technician.

- Registered Behavior Technician (RBT) possessing a high school degree (or GED) with 40 hours of registered behavior therapy training and successful completion of a competency exam. They must practice under the close, ongoing supervision of a BCBA-D, BCBA or BCaBA.

**ABA services shall be provided and billed using the following HIPAA compliant HCPCS codes:**

97151	Behavior identification assessment, administered by a qualified healthcare professional, billed in 15 minute units, for face-to-face time with patient and/or guardian(s)/caregiver(s), administering assessments and discussing findings and recommendations, and non-face-to-face time 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 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 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 qualified healthcare professional, with two or more patients, every 15 minutes.
97155	Adaptive behavior treatment with protocol modification, administered by a 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 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 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 qualified healthcare professional, face-to-face with multiple patients, every 15 minutes.
0362T	Behavior identification supporting assessment, every 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the qualified healthcare professional who is on site; <ul style="list-style-type: none"> <li>• with the assistance of two or more technicians;</li> <li>• for a patient who exhibits destructive behavior;</li> <li>• completed in an environment that is customized to the patient's behavior.</li> </ul>
0373T	Adaptive behavior treatment with protocol modification, every 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> <li>• administered by the qualified healthcare professional who is on site;</li> <li>• with the assistance of two or more technicians;</li> </ul>

	<ul style="list-style-type: none"> <li>• for a patient who exhibits destructive behavior;</li> <li>• completed in an environment that is customized to the patient's behavior.</li> </ul>
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**Rates**

The following rates are for the NJ FamilyCare Fee-for-Service only. These rates are not required to be utilized by NJ FamilyCare managed care plans.

<b>2019 HIPAA Code</b>	<b>Description</b>	<b>NJ FamilyCare FFS Rate</b>
97151	Behavior assessment by physician, QHP	\$25.00
97152	Supporting assessment by Tech	\$11.20
97153	Adaptive treatment by tech	\$11.20
97154	Group adaptive treatment by tech	\$4.80
97155	Adaptive treatment with modification by QHP	\$21.25
97156	Family adaptive treatment by QHP with or without patient present	\$25.00
97157	Multiple family group adaptive guidance by QHP	\$12.40
97158	Group adaptive treatment by QHP	\$5.60
0362T	Behavior identification assessment requiring administration by QHP, assistance of two or more techs, to address destructive behavior, in a customized environment	\$25.00
0373T	Adaptive treatment with modifications by QHP, assistance of two or more techs, to address destructive behavior, in a customized environment to address behavior	\$16.40

**ABA services shall be provided in 15 minute units by the allowable provider specialties only. EPSDT services are provided to meet individual medical necessity. The following limits are for guidance purposes only and may be overridden when medically necessary based on individual need.**

<b>Code</b>	<b>Unit</b>	<b>Suggested Limits</b>	<b>Allowable Provider Specialties</b>
97151	15 minutes	32 units	BCBA, BCBA-D
97152	15 minutes	8 units	RBT, BCaBA
97153	15 minutes	32 units	RBT, BCaBA
97154	15 minutes	12 units	BCBA/BCBA-D, BCaBA/RBT
97155	15 minutes	24 units	BCBA, BCBA-D
97156	15 minutes	16 units	BCBA-D, BCBA or BCaBA
97157	15 minutes	16 units	BCBA-D or BCBA
97158	15 minutes	16 units	BCBA-D or BCBA
0362T	15 minutes	8 units	BCBA-D or BCBA with 2 or more RBT or BCaBAs
0373T	15 minutes	32 units	BCBA-D or BCBA with 2 or more RBT or BCaBAs

### **Service Provision:**

- **Code 97151** is to be used for billing for development of the initial assessment and development of a treatment plan as well as reassessment and progress reporting by the QHP. Allowable activities include face-to-face time with the patient and/or caregivers to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report.
- **Code 97152** is to be used for billing assessments conducted by the BCaBA or RBT/BT. These assessments are determined necessary by the QHP and used to develop the treatment plan or progress report (billed separately under 97151). When the QHP reviews the assessment with the technician, the QHP activity is not separately billable and is bundled into the 97152 rate.
- **Codes 97153-97155-** Code 97153 (individual adaptive treatment) and 97154 (group adaptive treatment) are provided by or under the direction of a QHP. If the QHP is overseeing the activities of the technician, the time of direct supervision by the QHP shall be concurrently billable using code 97155. Billing for 97155 is limited to time where the QHP is either engaged directly with the patient or is directing a technician in implementing a modified protocol with the patient. Billing for supervision where the technician is not present is **not** allowed. Code 97155 may be billed when the QHP provides direct treatment with the patient to observe changes in their behavior to confirm or adapt treatment interventions or to when the QHP directly supervises the RBT/BT while implementing a new or modified treatment intervention.
- **Code 97156-** is billed when the QHP provides treatment guidance with or without the child present. Providers may bill for 97156 for direct services they deliver to caregivers while the RBT/BT delivers direct treatment to the child provided in a separate location.
- **Code 97157-** is billed by the QHP for treatment guidance services provided to multi-families with an autistic child without the child present. Family members/caretakers are taught to apply the same treatment protocols and interventions to reduce unwanted behaviors and reinforce appropriate behavior.

The provider may bill for each set of parents/caregivers. In the event of two autistic children with the same parents/caregivers, you would only allow billing for the parents or caregivers once.

- **Code 97158** is billed for QHP led group sessions for a minimum of 2 individual patients to a maximum of 8 individual patients. Billing is made for each child in the group session.

### **Revised Category III Codes**

- **Code 0362T-** is for billing for supportive assessment for an individual presenting with destructive behavior. Services are provided by multiple technicians with the QHP immediately available to join sessions as needed. Services must be provided in a customized environment to reduce risk of injury for the child. This may include a special room that has been adapted for these purposes but remains in the individual's home. When more than one technician is present with the patient, billing for 0632T are based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians.
- **Code 0373T-** is for billing for adaptive behavior treatment provided by multiple RBT/BTs with a QHP immediately available to join sessions as needed. Services must be provided in a customized environment with customized equipment to reduce injury for technicians and the child. This may include a special room that has been adapted for these purposes in the individual's home. Billing is limited to one individual technician's time. Providers may not bundle the time of multiple providers. In addition, providers may not bill for the QHP time concurrently. If three technicians are present for two hours, the provider bills for eight 15 minute units totaling 2 hours.

### **Location of ABA Services:**

ABA services may be provided in the therapist's office, a community setting or the child's home. Services may not be provided within a school facility.

### **Prior Authorization:**

Effective 4/1/2020, ABA providers shall contact the child's NJ FamilyCare MCO to receive authorization to provide services. For children who are pending assignment to an MCO, services shall be covered under NJ FamilyCare Fee-for-Service (FFS) and no prior authorization shall be required until a managed care plan has been assigned.

If there are any questions regarding the information listed in this Newsletter, please contact The Office of Customer Service at 609-631-4642.

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**