

**Applies to:****Commercial Products**

- Harvard Pilgrim Health Care Commercial products (**Effective for dates of service on or after 11/1/23**)
- Tufts Health Plan Commercial products

**Public Plans Products**

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health Unify – OneCare Plan (a dual-eligible product)

**Senior Products**

- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product)
- Tufts Medicare Preferred HMO, (a Medicare Advantage product)
- Tufts Medicare Preferred PPO, (a Medicare Advantage product)

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**Policy**

Point32Health covers applied behavioral analysis (ABA) and habilitative services rendered by appropriately credentialed providers for members with a diagnosis of an autism spectrum disorder (ASD). Services are covered in accordance with the member's benefits, state law and regulations, and MassHealth and/or Rhode Island EOHHS requirements, as applicable.

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**Prerequisites**

Applicable Point32Health referral, notification and authorization policies and procedures apply.

Harvard Pilgrim Health Care members refer to [Referral, Notification and Authorization](#)

Tufts Health Plan members refer to [Referral, Prior Authorization, and Notification Policy](#)

Refer to the applicable Medical Necessity Guidelines for Clinical Coverage Criteria (See Related Policies and Resources).

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**General Benefit Information**

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

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**Point32Health Reimburses**

- Adaptive behavior treatment by protocol, both individual and group
- Behavior identification assessment
- Family adaptive behavior treatment guidance
- Habilitative services

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## Point32Health Does Not Reimburse

- Recreational therapy
- Respite care
- Services provided in a school setting that are covered by the educational system's special education resources as part of the individual education plan (IEP)
- Supportive respite care
- Treatment that is considered investigational or unproven, including but not limited to:
  - Auditory Integration Therapy (AIT)
  - Facilitated communication
  - Holding therapy
  - Higashi (Daily life therapy)
- Vocational rehabilitation

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## Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules, regardless of the address where the service is rendered.

### Coding

These code tables may not be all inclusive

### Commercial Products

#### ABA Procedure codes

Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes
97155	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, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face, each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face, each 15 minutes
97158	Group adaptive behavior with protocol administered by physician or other qualified health care professional, 15 minutes
0362T	Behavior identification supporting assessment, face-to-face, two or more technicians, each 15 minutes
0373T	Adaptive behavior treatment with protocol modification, face-to-face, two or more technicians, each 15 minutes

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## Tufts Health Direct and Tufts Health Together

#### ABA Procedure codes

Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes

Code	Description
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face, each 15 minutes
97155	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, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face, each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face, each 15 minutes
H0031	BH assessment by nonphysician, each 15 minutes (Bill with modifier U2)

## Tufts Health RITogether

### ABA Procedure codes

Code	Description
H2014	Treatment Consultation- Master level clinician, append modifier HO; Doctoral level clinician, append modifier HP
H0046	Lead therapy
H0046	Clinical supervision: Behavioral health services, not otherwise specified- Master level clinician, append modifier HO; Doctoral level clinician, append modifier HP
S9446	Patient education- social skills group
T1013	Sign language or oral interpreter services, (up to 8 hours per month, 4 for supervision and 4 for parent training, not to be used with direct service)
T1016	Treatment coordination
T1024	Home-based therapy – specialized treatment/treatment support

\*Secondary ABA providers must submit the above procedure codes with the XP modifier

## Related Policies and Resources

### Harvard Pilgrim Health Care Payment Policies

- Early Intervention
- Maximum Units Per Day
- Physical, Occupational, and Speech Therapy

### Tufts Health Plan Payment Policies

- Early Intervention
- Maximum Units
- Outpatient Rehabilitation Facility
- Physical, Occupational, and Speech Therapy Professional
- Professional Services and Facilities

### Harvard Pilgrim Health Care Clinical/Authorization Policies

- Outpatient Rehabilitative Therapy Services

### Tufts Health Plan Clinical/Authorization Policies

- ABA (Applied Behavior Analysis) Therapy for Autism Spectrum Disorders for MassHealth Members
- Applied Behavioral Analysis (ABA) Therapy and Habilitative Services for Autism Spectrum Disorders: Massachusetts

## Products

- Applied Behavioral Analysis (ABA) Including Early Intervention for Tufts Health RITogether
- Applied Behavioral Analysis (ABA) Therapy for Autism Spectrum Disorders: Rhode Island Products
- Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders
- Outpatient Physical Therapy, Occupational Therapy and Speech Therapy

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## Publication history

09/01/2023 Policy moved to new template; added Harvard Pilgrim Health Care Commercial Products to applicable lines of business DOS on or after 11/1/23; added Max Units to related policies; administrative edits

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## Background and disclaimer information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.