

# Medical Policy

**Policy:** 201723

**SUBJECT:** Applied Behavioral Analysis

**Initial Effective Date:** 01/01/2018

**Annual Review Date:** 06/15/2021

**Last Revised Date:** 02/17/2022

**Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.**

**Definition:** Applied behavioral analysis is an intensive educational and behavioral treatment program that utilizes negative and/or positive reinforcements to decrease or increase certain behaviors to improve cognitive and social functioning in the presence of an autism spectrum disorder (e.g., autistic disorder, Asperger's syndrome, pervasive developmental disorder).

**Medical Necessity:** The Company considers applied behavioral analysis **medically necessary** and eligible for reimbursement providing that **all** of the following medical criteria are met:

- Individual is less than 14 years old; and
- Individual has been diagnosed with autism spectrum disorder, as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, by a licensed medical professional; and
- Intervention is ordered by a developmental pediatrician or psychologist trained in autism spectrum disorder; and
- Intervention is provided by or under the supervision of a board-certified behavioral analyst.

## NOTES:

- **The Company uses CPT Codes 97151-97158 or HCPCS Code H2019 for reimbursement of applied behavioral analysis.** Claims submitted for applied behavioral analysis should be accompanied with these codes.
- Member specific benefits and any state or federal mandates may supersede the above criteria. Please refer to the applicable benefits or mandates to determine terms, conditions and limitations of coverage.
- Covered medically necessary services for applied behavioral analysis not to exceed 20 hours per week.
- The Company reserves the right to review the treatment plan annually as needed.

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*Medical Mutual of Ohio complies with the Mental Health Parity and Addiction Equality Act (MHPAE). This Corporate Medical Policy applies to covered plans (individual and group) which are subject to the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA) and to groups who may be exempt from the requirements of MHPAEA but still elect to provide coverage.*

## **Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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## Sources of Information:

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<b>Applicable Code(s):</b>	
<b>CPT:</b>	<b>97151-97158</b>
<b>HCPCS:</b>	<b>H2019</b>
<b>ICD10 Procedure Codes:</b>	

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