 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE	JOHNS HOPKINS HEALTHCARE	Policy Number: RPC.003 Effective Date: July 1, 2016 Revision Date: July 1, 2018
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ACTION

- New Policy
- Repealed Policy Date: _____
- Superseded Policy Number: _____

The most current version of the reimbursement policies can be found on Hopkins Policies Online (HPO) for internal use only. All additional users may verify the information by going to www.jhhc.com.


These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Johns Hopkins HealthCare (JHHC) benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services must be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current Reimbursement Policies are not followed, Johns Hopkins HealthCare (JHHC) may:

- Reject or deny the claim
- Recover and/or recoup claim payment

JHHC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHC strives to minimize these variations.

JHHC reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on www.jhhc.com.

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POLICY:

The purpose of this policy is to define billing and reimbursement guidelines for Applied Behavioral Analysis Services. Medically necessary criteria to support reimbursement of these services are defined in the Applied Behavioral Analysis medical policy and can be viewed at www.jhhc.com. For US Family Health Plan members, the following TRICARE criteria must be met to participate in the Comprehensive Autism Demonstration which is in effect from July 25, 2014 to December 31, 2018 [TRICARE Policy Manual 6010.57-M: Applied Behavioral Analysis \(ABA\)](#).

Johns Hopkins HealthCare (JHHC) has developed an ABA Request Form to be included with any requests for ABA services. This form should be utilized for Employer Health Programs (EHP), Priority Partners Managed Care Organization (PPMCO), and US Family Health Plan (USFHP). When completing the ABA request form include the number of units for each service code under quantity. The frequency and duration should indicate, when appropriate, if the units are requested weekly or monthly. The total field should be the number of units requested in a three month time frame. Request for authorization of services should be submitted to the Johns Hopkins HealthCare's (JHHC) Utilization Management (UM) department via Fax at (410-762-5205).


Initial Assessment: Documentation of Autism by an Autism Spectrum Disorder (ASD) specialist along with the recommendation for ABA therapy. For USFHP dependents of Active Duty Service Members (ADSMs) must be registered in ECHO per paragraph 10.0.

Continued Treatment: After 3 months (PPMCO/EHP) a re-evaluation by the ABA provider including progress made toward goals.

After 6 months (PPMCO/EHP/USFHP) an evaluation by the ASD specialist who referred the member to ABA. The Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) should be included in the submission.

After 9 months a re-evaluation by the ABA provider is required to be submitted to the plan.

After 1 year another evaluation by the ASD specialist is required to be submitted to the plan. The IEP or IFSP should be included with the submission.

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DEFINITIONS

Autism Spectrum Disorder Specialist (ASD): Developmental Pediatrician, Child Neurologist, Child Neurologist or Psychiatrist.

Qualified Providers ABA Providers:

BCBA Board Certified Behavior Analyst

BCBA-D Board Certified Behavior Analyst Doctoral Designation

BCaBA Board Certified Assistant Behavior Analyst

QABA Qualified Applied Behavior Analysis

BT Behavior Technician

For coding, code allowable time, and appropriate modifiers please see the JHHC ABA Service Reference Guide.

CROSS REFERENCE (with other relevant policies, procedures, and/or workflows)

This policy has been developed through consideration of the following:

- TRICARE Policy Manual
- COMAR Maryland
- Johns Hopkins HealthCare Medical Policy CMS10.05 Applied Behavior Analysis
- Johns Hopkins HealthCare ABA Service Reference Guide
- Johns Hopkins HealthCare ABA Authorization Request Form


References:

TRICARE. (2012). Policy Manual 6010.57-M: Applied Behavioral Analysis (ABA). Chapter 7, Section 3.18.: [TRICARE Policy Manual 6010.57-M: Applied Behavioral Analysis \(ABA\)](#)

TRICARE. (2015) Operations Manual 6010.56-M February 1, 2008, Department Of Defense (DoD) Comprehensive Autism Care Demonstration: Chapter 18. : [Department Of Defense \(DoD\) Comprehensive Autism Care Demonstration](#)

COMAR (Maryland). Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder (10.09.56). Available: http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.09.56.*

COMAR (Maryland). Utilization Review of Treatment for Autism and Autism Spectrum Disorders (31.10.39.00-31.10.39.04): http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=31.10.39.*

 JOHNS HOPKINS M E D I C I N E <hr/> JOHNS HOPKINS H E A L T H C A R E	JOHNS HOPKINS HEALTHCARE	Policy Number: RPC.003 Effective Date: July 1, 2016 Revision Date: July 1, 2018
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Johns Hopkins HealthCare Medical Policy CMS10.05 Applied Behavior Analysis
http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/policies/

APPROVALS

Steering Committee Approval Date: 4/13/2016

Last Review Dates:



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ABA Authorization Request Form



Servicing Provider	Service Codes	Code Allowable Time	Quantity	Frequency/Duration (ie. Weekly/Monthly)	Total
N/A	0359T	single unit of service			
N/A	0360T	30 minutes (initial)			
N/A	0361T	30 minutes (each additional)			
BCBA and BCBA-D	0364T- HO	30 minutes (initial)			
BCaBAs and QABA	0364T- HN	30 minutes (initial)			
BT	0364T-HM	30 minutes (initial)			
BCBA and BCBA-D	0365T- HO	30 minutes (each additional)			
BCaBAs and QABA	0365T- HN	30 minutes (each additional)			
BT	0365T-HM	30 minutes (each additional)			
N/A	0368T	30 minutes (initial)			
N/A	0369T	30 minutes (each additional)			
N/A	0370T	single unit of service			
				Grand Total	



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ABA Service Reference Guide



CPT	Description	Provider Performing Service	Code Allowable Time
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	N/A	single unit of service
0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient	N/A	initial 30 minutes
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	N/A	each additional 30 minutes
0364T- HO	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	BCBA and BCBA-D	initial 30 minutes
0364T- HN		BCaBAs and QABA	initial 30 minutes
0364T-HM		BT	initial 30 minutes
0365T- HO	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	BCBA and BCBA-D	each additional 30 minutes
0365T- HN		BCaBAs and QABA	each additional 30 minutes
0365T-HM		BT	each additional 30 minutes
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	N/A	initial 30 minutes

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ABA Service Reference Guide			
CPT	Description	Provider Performing Service	Code Allowable Time
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	N/A	each additional 30 minutes
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	N/A	single unit of service
Legend			
BCBA	Board Certified Behavior Analyst		
BCBA-D	Board Certified Behavior Analyst Doctoral Designation		
BCaBA	Board Certified Assistant Behavior Analyst		
QABA	Qualified Applied Behavior Analysis		
BT	Behavior Technician		
HO	Masters Degree Level Modifier		
HN	Bachelors Degree Modifier		
HM	Less than Bachelor Degree Modifier		

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Dear Provider,

Johns Hopkins HealthCare, LLC. (JHHC) has developed an ABA Authorization Request Form to be included with any requests for ABA services. I have included a copy of that form along with a reference guide of the service codes. Only select the boxes which are appropriate for the individual members care. When completing the form please include the number of units for each service code under quantity. The frequency and duration should indicate, when appropriate, if the units are requested weekly or monthly. The total field should be the number of units requested in a three month time frame.

Servicing Provider	Service Codes	Code Allowable Time	Quantity	Frequency/Duration (ie. Weekly/Monthly)	Total
BCBA and BCBA-D	0364T- HO	30 minutes (initial)	1	weekly	12
BCBA and BCBA-D	0365T- HO	30 minutes (initial)	2	weekly	24

Included in this packet for your reference are:

1. ABA Reference Guide – for reference. Not to be sent with the request.
2. ABA Authorization Request Form
3. A copy of JHHC’s current Medical Policy on Applied Behavioral Analysis

Per the attached policy the following documentation must be included along with the ABA Authorization Request Form when requesting an authorization for ABA assessments and services from Employer Health Programs (EHP), Priority Partners (PP) or the US Family Health Plan (USFHP):

- Initial Assessment: Documentation of Autism by an Autism Spectrum Disorder (ASD) Specialist (such as a Pediatric Neurologist, Pediatric Developmental Specialists etc.) along with their recommendation for ABA therapy. (And Referral)If a USFHP active duty dependent, enrollment into the ECHO program is required.
- Continued Treatment: After 3 months (PP/EHP) a re-evaluation by the ABA provider including progress made towards goals.
- After 6 months (PP/EHP/USFHP) An evaluation by the ASD specialists who referred the member to ABA. The IEP or IFSP should be included in this submission
- After 9 months- a re-evaluation by the ABA provider.
- After 1 year another evaluation by the ASD specialist. The IEP or IFSP should be included in this submission.

Request for authorization should be submitted to JHHC’s UM department fax (410-762-5205).

Sincerely,