	Johns Hopkins Health Plans Provider Relations and Network Innovation Reimbursement Policy	<i>Policy Number</i>	RPC.003
		<i>Effective Date</i>	11/20/2023
		<i>Approval Date</i>	09/08/2023
	<i>Subject</i> Applied Behavior Analysis (ABA) Services	<i>Supersedes Date</i>	07/01/2018
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		<i>Page</i>	1 of 4

This document applies to the following Participating Organizations:

EHP

Priority Partners

US Family Health Plan

Keywords: ABA Therapy, Autism Spectrum Disorder

Table of Contents	Page Number
I. ABOUT OUR REIMBURSEMENT POLICIES	1
II. PURPOSE	2
III. POLICY STATEMENT	2
IV. GENERAL BILLING GUIDELINES FOR ABA SERVICES	2
V. INAPPROPRIATE BILLING OF ABA SERVICES	2
VI. EXCEPTION & EXCLUSIONS	3
VII. CODES, TERMS and DEFINITIONS	3
VIII. REFERENCES	4
IX. APPROVALS	4


I. ABOUT OUR REIMBURSEMENT POLICIES

The most current version of the reimbursement policies can be found on www.hopkinsmedicine.org.

Johns Hopkins Health Plan LLC (JHHP) reimbursement policies serve as a guide to assist in accurate claim submissions and outline the basis for reimbursement of services covered by a member's JHHP benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a guarantee that you will be reimbursed. Services must meet prior authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Providers are expected to and must follow proper billing and submission guidelines. Providers are required to use industry standard, compliant codes on all claim submissions. Services must be billed with valid ICD-10 diagnosis codes, Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes, place of service (POS) codes, and/or revenue codes as defined by the Centers for Medicare & Medicaid Services (CMS) and in the American Medical Association's (AMA's) "CPT Manual". The codes billed should denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the patient's medical record and/or office notes and JHHP reserves the right to request the records. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

JHHP policies apply to all practitioners, hospitals, providers, or suppliers eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. JHHP reimbursement policies are developed based on nationally accepted industry standards, coding principles, and follows CMS guidelines and the CMS developed National Correct Coding Initiative (NCCI) program to prevent inappropriate payment of services that should not be reported together. These policies may be superseded by mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. If appropriate, when coding/billing guidelines or current reimbursement policies are not followed, JHHP may:

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

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		<i>Original Date</i>	N/A
		<i>Page</i>	2 of 4

JHHP reserves the right to modify policies at any time and publish new versions when necessary. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHP strives to minimize these modifications. When there is an update, policies will be published on our website.

II. PURPOSE

To provide basic guidance on the billing and reimbursement for Applied Behavioral Analysis (ABA) services for participating and nonparticipating providers submitting claims to JHHP. This policy applies to all CPT/HCPCS codes reported on CMS-1500 or UB-04 claim forms or their electronic equivalent, to a JHHC product, from network and non-network physicians, providers, and suppliers. JHHP requires that the ABA provider must meet the qualifications they are legally authorized to furnish in accordance within federal and state law (or state regulatory mechanism established by state law), in the state where the services are performed and who may bill directly under applicable state law.

III. POLICY STATEMENT


Providers are responsible for obtaining a prior authorization/reauthorization before Applied Behavioral Analysis (ABA) services are rendered to a JHHP member. Additionally, providers are responsible for determining if a CPT/HCPCS code requires preauthorization. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted first to know what benefits are available for coverage. As such, there could be various factors that may impact reimbursement, including but not limited to legislative mandates, provider contracts, and/or the member's benefit coverage, including provisions addressing services rendered by non-participating providers, which may supplement, modify, or supersede this policy. In addition, providers must ensure that the documentation in the patient's medical record supports the level of service(s) reported, or payment can be denied.

IV. GENERAL BILLING GUIDELINES FOR ABA SERVICES

- A. Network and non-network provider claims for ABA services must be submitted with valid CPT/HCPCS codes.
- B. All claims must be submitted with the appropriate modifiers.
- C. Providers must adequately document any service or procedure in the medical record and maintain records as necessary to fully document the services provided.
- D. All health care providers that render ABA services must have a National Provider Identification (NPI) number.
- E. All claims for ABA services must include the correct taxonomy designation of each provider type rendering services.
 - a. To find the taxonomy code that most closely describes the provider type, classification, or specialization, use the [National Uniform Claim Committee](#) (NUCC) code set list.
- F. Comply with all applicable organizational and individual licensing or certification requirements that are extant in the State, county, municipality, or other jurisdiction in which ABA services are provided.
- G. Providers are to ensure that a site of service location is authorized by JHHP prior to services being rendered.
- H. Primary Care Provider/Physician (PCPs) and Primary Care Managers (PCMs) must follow JHHP's referral protocols.

V. INAPPROPRIATE BILLING OF ABA SERVICES

- A. Claims will be denied if the service requires an authorization and an authorization has not been issued/reissued.
- B. JHHP will deny payment for:
 - Applied behavioral analysis that it is experimental or investigational
 - Broken or missed appointments
 - Travel to and from site of service
 - Services rendered that are beyond the provider's scope of practice
 - The completion of forms and reports

	Johns Hopkins Health Plans Provider Relations and Network Innovation Reimbursement Policy	<i>Policy Number</i>	RPC.003
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	<i>Subject</i> Applied Behavior Analysis (ABA) Services	<i>Supersedes Date</i>	07/01/2018
		<i>Original Date</i>	N/A
		<i>Page</i>	3 of 4

- Any administrative tasks (i.e., filing, telephone, appointment scheduling), or supplies or items to include office supplies or therapeutic supplies (i.e., binders, building blocks, stickers, crayons, etc.).
 - Emails, letters, peer-to-peer consultations, and telephone calls.
 - A site of service location not authorized by JHHP.
 - Services whose purpose is vocationally or recreationally-based
 - Services that duplicate a service that a participant is receiving under another medical care program.
 - Telehealth services that do not meet the requirements of the JHHP Telemedicine and Telehealth policy.
- C. If an Autism school has a clinic setting as part of their offered services, the clinic must have a separate tax ID number in order to submit a claim.

VI. EXCEPTION & EXCLUSIONS


Please be advised that some state laws do not require that ABA be covered in all contracts; therefore, providers will need to contact the appropriate provider service department to verify the member's benefits.

- A. Refer to JHHP's [Non-Reimbursable Codes policy](#) for non-covered services.
- B. Refer to JHHP's [Unlisted Codes](#) policy.
- C. **PPMCO:**
- For Autism Spectrum Disorder (ASD), we provide care management services in coordination with our behavioral health vendor, Optum.
 - All ABA providers must first enroll with Maryland Medicaid to receive a Medicaid provider number and then must register with Optum Maryland.
 - Refer to [Maryland Medical Assistance Program Applied Behavior Analysis \(ABA\) Provider Manual](#) for additional billing guidance.
- D. **USFHP:**
- JHHP follows the TRICARE Manuals for the billing of ABA services and their associated CPT codes and their provisions/requirements.
 - Please consult the authoritative guidance found in the TRICARE Manuals to obtain specific information on policy, benefits, and coverage, as well as the TRICARE No Government Pay Procedure Code List (NGPCL).

VII. CODES, TERMS and DEFINITIONS

Definition of Terms

Term	Definition
Applied Behavior Analysis (ABA)	During the assessment or reassessment there is an evaluation of the participant's current level of functioning, skills deficits, and maladaptive behaviors using validated instruments; a treatment plan is also developed. The assessments and reassessments are administered to a child/adolescent by an ABA provider (licensed psychologist, BCBA-D or BCBA).
Applied Behavior Analysis (ABA) Therapy	ABA therapy involves behavioral interventions performed by an RBT or BCaBA. A licensed Psychologist, BCBA-D or BCBA develops the interventions and provides direct supervision during a portion of the treatment.

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Provider Relations and Network Innovation Reimbursement Policy	<i>Policy Number</i>	RPC.003
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		<i>Original Date</i>	N/A
		<i>Page</i>	4 of 4

Autism Spectrum Disorder (ASD)	ASD is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.
National Provider Identifier (NPI)	The NPI is a 10 digit number that is used to identify providers in all standard HIPAA transactions.
Taxonomy Code	A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Grouping, Classification, and Area of Specialization.

ABA Provider Abbreviations

Abbreviation	Definition
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst Doctoral Designation
BCaBA	Board Certified Assistant Behavior Analyst
QABA	Qualified Applied Behavior Analyst/Analysis
RBT	Registered Behavior Technician

VIII. REFERENCES

This policy has been developed through consideration of the following:

- CPT[®] Copyright American Medical Association. All rights reserved. CPT[®] is a registered trademark of the American Medical Association
- [Maryland Department of Health](#)
- [TRICARE NGPL](#)
- [TRICARE Reimbursement Manual](#)

IX. APPROVALS

Date	Review/Revision	Reason for Modification	Approved By
9/13/2023	Revision	<ul style="list-style-type: none"> • Updated policy format • Updated policy language • Added new table for "Definition of Terms" • Added new table for ABA provider definition • Updated references and links 	Reimbursement Policy Committee (RPC)