



Connecticut Medical Assistance Program
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Roderick L. Bremby, Commissioner

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TO: Physicians, Physician Groups, APRNs, APRN Groups, Physician Assistants, Psychologists, LCSWs, LMFTs, LPCs, BCBA's, Outpatient Hospitals, Medical, Rehabilitation, and Behavioral Health Clinics, Enhanced Care Clinics, FQHCs

RE: New Autism Spectrum Disorder Services

Effective for dates of service on and after July, 1 2016, there will be several Autism Spectrum Disorder (ASD) Services available for members under the age of 21 and for whom these services have been determined to be medically necessary. All services referenced below require prior authorization from the behavioral health Administrative Services Organization, Beacon Health Options. All of the changes described below apply to services provided on dates of service on and after July 1, 2016.

As described in more detail in the operational policy concerning requirements for ASD services that the Department of Social Services (DSS) is implementing in regulation form pursuant to section 17b-10 of the Connecticut General Statutes, ASD services may be provided only by the following providers: Board Certified Behavior Analysts (BCBAs), physicians, advanced practice registered nurses, physician assistants, licensed psychologists, licensed clinical social workers, licensed marital and family therapists, and licensed professional counselors, **each of whom must meet the qualifications described in the operational policy.** The operational policy is posted at www.ct.gov/dss, click "Publications" then "Policies and Regulations", then "Notices of Intent, Operational Policies, and Proposed Regulations."

ASD treatment services may be provided by one of those providers listed above and also by a Board Certified Assistant Behavior

Analyst (BCaBA) or technician working under the supervision of one of the clinicians listed above.

Behavioral health clinics, medical clinics, rehabilitation clinics, and outpatient hospitals can bill for ASD services performed by one or more of the providers listed above who meet the same qualifications as providers in a group or independent practice.

Development of a Program Book: In addition to being able to bill using a procedure code and receiving reimbursement for the development of a Plan of Care, a Program Book allows the treating practitioner to continually and consistently expand the Plan of Care in a separate and distinct document in order to document intervention services that are most effective for the member. A Program Book is a comprehensive and dynamic collection of material that can be used by both the treating practitioner and caregivers. A Program Book is an instrument that can be used as an interactive tool or guide for the main treating practitioner, parent or other adult interacting with the member. It often contains concrete communication aids and skill building tools. This is something the behavior technician, caregiver, and member can reference and may work from directly within the home or community setting rather than a document in a medical record.

Program Books are not simply updates to the Plan of Care but may include data sheets,

safety/crisis plans, protocols, preventative/reactive strategies, data collection, status of implementation of behavior protocols, and task analysis for skills being taught. The Program Book contents should directly relate to the goals and objectives contained within the current Plan of Care corresponding to target behaviors and recommended interventions.

The Program Book can only be developed by a qualified BCBA or licensed practitioner as defined in the ASD operational policy (and cannot be developed by a BCaBA or technician). The Program Book must be billed using procedure code H0032 with modifier TS. This is an hourly procedure code. Initially, three units will be authorized along with 1 unit for Plan of Care/Treatment Plan Development. Any subsequent request for units will be given at 3 units every 90 days with corresponding updates to the Plan of Care.

Direct Observation and Direction: A qualified BCBA or licensed practitioner can be reimbursed in addition to the ASD treatment services provided by the technician or BCaBA when the BCBA or licensed practitioner directly observes and directs these services. In order to bill for this service, the BCBA or licensed practitioner must be in-person, in the same room, and directly observing the technician or BCaBA providing intervention services to a member. The goal of service is to allow experienced practitioners to provide instantaneous or “in the moment” direction to the technician or BCaBA who is delivering the ASD treatment services. Direct Observation and Direction must be billed using procedure code H0046. Please note that this code is billed in 15 minute increments and can be billed at the same time as ASD Treatment Services. The total amount of Direct Observation and Direction is dependent upon the qualifications of the technician and each member’s clinical need for direct observation and direction. Documentation of this service must include

the name and credentials of the licensed practitioner or BCBA, the date, the location, the duration of the direct observation and direction, and the name of the technician or BCaBA receiving the direct observation and direction.

Group Treatment Services: Many individuals who have a diagnosis of ASD may benefit from social skill building services. Group intervention may be a beneficial intervention for such individuals. The group intervention, as with all ASD services, must meet the Medicaid program’s statutory definition of medical necessity at section 17b-259b of the Connecticut General Statutes and should be based on evidence based group models for individuals with ASD. Use of the evidence based model by the BCBA or licensed clinician should inform the corresponding goals for target behaviors within the Treatment Plan and demonstrate the benefit of participating in group intervention. The maximum number of individuals in a group is eight members, regardless of payer. Group intervention must be provided by a qualified BCBA or licensed clinician and cannot be provided by a technician or BCaBA. Group intervention must be billed using CPT code 0372T. The minimum duration of a group intervention service is forty-five (45) minutes. Documentation for this service must reside in the member’s medical record and must include the name and credentials of the licensed practitioner or BCBA facilitating the group, the date, duration of the group, the clinical focus of the group, the member’s response or participation in the group, and the number of members in the group.

Technician and BCaBA Billing Code (effective September 1, 2016): There is a new billing code for services provided by a technician or BCaBA that **must be used when services are provided by a technician or BCaBA for dates of service on and after September 1, 2016.** A technician is defined

as a person who provides ASD treatment services (excluding group ASD treatment services, which must be performed directly by a qualified BCBA or licensed practitioner) under the supervision of a qualified BCBA or licensed practitioner (including BCBA's or licensed practitioners who are in solo practice, as part of a provider group, and/or who are affiliated with a clinic or outpatient hospital).

ASD treatment services provided by a technician or BCaBA must use CPT code 0364T for the initial 30 minutes and CPT code 0365T for all subsequent 30 minute units. **Please note, each of these CPT codes uses 30 minute units, not 15 minute units (unlike H2014).**

Direct Observation and Direction (H0046) may be billed in addition to 0364T or 0365T. The technician codes are not applicable to behavioral health clinics, including hospital outpatient clinics. Clinics should use the ASD treatment code H2014 for all BCaBA's and technicians providing ASD services. In addition, treatment services provided directly by a qualified BCBA or licensed clinician will continue to be reimbursed using CPT code H2014.

Federally Qualified Health Centers (FQHCs): The Department conferred with CMS on this matter and determined that since ASD services are considered preventive services in the Medicaid state plan, FQHCs that provide ASD services should use their existing encounter rate and billing guidelines, which requires the FQHC encounter code (T1015) and the applicable procedure code(s) for all services rendered on a date of service. FQHCs that provide ASD services should use the procedure codes listed on the Department's ASD fee schedule. FQHCs can bill for ASD services performed by one or more of the providers listed in the ASD

operational policy, each of whom must meet the same qualifications as providers in group or independent practice.

Outpatient Hospital Clinics: ASD services must be billed with the applicable HCPC/CPT and RCC combination. Hospitals will be reimbursed using the Clinic and Outpatient Hospital Behavioral Health Fee Schedule. In order to receive reimbursement, RCC 919 must be used in conjunction with the applicable ASD procedure code. To determine reimbursement for the above noted ASD services, use the newly assigned rate type of "OMH".

Accessing the Fee Schedules: The updated fee schedules for BCBA's and licensed clinicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program's Web site: www.ctdssmap.com. From this Web site, go to "Provider", then to "Provider Fee Schedule Download", click on "I Accept", then to the applicable fee schedule. For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Provider Authorization Questions: Please contact Beacon Health Options at 1-877-552-8247.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

Responsible Unit: DSS, Division of Health Services, William Halsey, Director, Integrated Care at (860) 424-5077

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