Subject: Autism Spectrum Disorders: Diagnosis and Treatment

Medical Policy#: 1.4

Original Effective Date: 07/22/2009

Status: Reviewed

Last Annual Review Date: 08-27-2025

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Autism spectrum disorder is a DSM-5 disorder encompassing the previous DSM-IV autistic disorder (autism), Asperger's disorder, childhood disintegrative disorder, Rett's disorder, and pervasive developmental disorder not otherwise specified. New Mexico 13-7.16 "autism spectrum disorder" means a condition that meets the diagnostic criteria for the pervasive developmental disorders published in the Diagnostic and Statistical Manual of Mental Disorders, current edition, published by the American psychiatric association, including autistic disorder; Asperger's disorder; pervasive development disorder not otherwise specified; Rett's disorder; and childhood disintegrative disorder

Significant symptoms associated with ASD include, but are not limited to the following:

- Communication deficits
- Social behavior deficits
- Restricted, repetitive and stereotyped patterns of behavior, interests and activities

Coverage Determination

Prior Authorization is required, please access the following:

- **For Medicaid Care:**
  - nmMedicaidcare@magellanhealth.com
  - https://www.phs.org/providers/resources/Pages/portals.aspx for access to the PHP provider portal and this is preferred over email. Note: this is for BH Medicaid only. BH Medicaid Care Fax # 505-843-3019
- **For Commercial:**
  - www.magellanhealth.com/provider
  - Commercial Fax# 888-656-4942

Autism spectrum disorders (ASD) are covered for the following services:

1. Well-baby or well-child screening for diagnosing the presence of ASD,

   and

2. Treatment of ASD through
   - Speech therapy
   - Occupational therapy
   - Physical therapy
   - Applied behavioral analysis (Prior Authorization/Benefit Certification required)
3. Coverage for treatment of autism spectrum disorder with those therapies mentioned above shall not be denied to an enrollee on the basis of the enrollee's age.
4. Services for ASD are covered when the following criteria are met:

Diagnostic eligibility must be established, using the diagnostic criteria for autism spectrum disorder published in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, also known as DSM-5, published by the American Psychiatric Association.

Limitation

State of New Mexico mandates that all state regulated plans provide coverage for Autism Spectrum Disorder (ASD). According to the Affordable Care Act (ACA) and Autism and Related Conditions, "health insurance plans are no longer allowed to deny, limit, exclude or charge more for coverage to anyone based on a preexisting condition, including autism and related conditions". Health plans cannot put a lifetime dollar limit on most benefits and the law does away with annual dollar limits a health plan can place on most benefits.

This benefit may be limited to exclude coverage for services received under federal Individuals with Disabilities Education Improvement Act (IDEA) of 2004 and related state laws to school boards for providing specialized education and related services to children age 3 to 22 who have ASD.

Care Coordination oversight is required. Services, which may include speech therapy, physical therapy, occupational therapy and ABA therapies, must be certified as medically necessary. Services provided by family or household members will not be reimbursed.

Documentation

For Commercial members documentation from the ordering physician must include the following

- Diagnosis, including date of initial diagnosis by the appropriate specialist, and if required, annual evaluation to reconfirm the diagnosis
- Proposed treatment by types (i.e., ST, PT, OT or ABA)
- Frequency and duration of treatment
- Anticipated outcome stated as goals
- Frequency treatment plan will be updated
- Signature of treating physician

Applied Behavioral Analysis (ABA)

ABA services provide teaching, training and coaching activities designed to assist the recipient with autism disorders in acquiring, enhancing or maintaining social, behavioral and living skills necessary to function successfully within his home and community setting. ABA services must be supervised by a certified ABA provider (see definitions below).

1. **For Commercial members:**

   Prior Authorization is required for codes (H2019, H0031, H0032, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T and 0373T).

   The following documentation for ABA services should be completed by the certified ABA supervisor:

   An initial assessment to identify problem behaviors and analyze actions likely to trigger or support the problem behavior. This assessment should include clinical issues, legal and/or ethical issues, and family perspective.

   A behavioral treatment plan detailing goals of therapy and the targeted skills and behavior that will be addressed. The treatment plan should include the specific evidence-based ABA techniques to be used to increase the member's adaptive behaviors and modify maladaptive or inappropriate behaviors. In addition, the treatment plan should describe the parental/caregiver training to support and maintain the adaptive skills development for the member.

   Progress reports will address the outcomes of ABA therapy, and if appropriate, modify treatment goals and ABA techniques of intervention. Progress reports should summarize the member's progress and challenges in meeting the goals, as well as the parental/caregiver participation. ABA treatment plan and progress reports modifying the treatment goals should be approved by the ordering physician.

2. **For Medicaid Care members:**

   Prior Authorization is required for 0373T and 97153

   PHP follows NMAC (8.321.2.12 NMAC) Applied Behavior Analysis (ABA). In addition to the program rule contained in this NMAC there are other rules, which are discussed in the following documents, that must also be met prior to reimbursement: (1) see the most recent ABA Fee Schedule; (2) see also the recent updated ABA guidance contained in the State of New Mexico Medical Assistance Program Manual Supplement Number for guidance.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

For Applied Behavior Analysis (ABA) proposed fee schedule for Medicaid see the current effective document.

CPT	Code status. For Medicaid, see above ABA link on how to use these codes and their modifiers.
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
0362T	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, 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 with one patient, 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 with two or more patients, 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 with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional, face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
H2019	Therapeutic Behavioral Services
H2019-TT	(use of modifier TT), More than one patient in same setting
H0031	Initial Intake evaluation and treatment planning
H0032	Supervision of para-professional in home or office to establish treatment plan

ICD10 Codes	Covered Diagnosis Description
F84.0	Autistic Disorder. Includes Autism spectrum disorder, Infantile autism, Infantile psychosis, Kanner's syndrome.
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorder
F84.9	Pervasive developmental disorder, unspecified (Atypical autism)

Reviewed by / Approval Signatures

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Date Approved: 08-27-2025
Reviewed by:
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References

1. NM Statutes, Rules, and Const. 2017 NMSA (Unannotated) CHAPTER 13 Public Purchases and Property ARTICLE 7 Health Care Purchasing , Universal citation: NM Stat 13-7-16 (2017)). [Cited 06-04-2025]
2. NM Statues, Autism Spectrum Disorder Coverage, 2019 Regular Session – HB 322, SGND by Gov (Apr.2), Ch. 119. Final version 04/02/2019. [Cited 06/04/2025]
3. NMAC# 8.321.2, Specialized Behavioral Health Provider Enrollment and Reimbursement, Effective date: December 10, 2024(see 8.321.2.10 for Applied Behavior Analysis). [Cited 06-04-2025]
4. New Mexico Medicaid, Fee for Service, Applied Behavior Analysis (ABA) Fee Schedule For Medicaid Fee for Service, Updated: Effective 01/01/2025. [Cited 06-04-2025]
5. U.S. Department of Health & Human Services, The Affordable Care Act and Autism and Related Conditions, Content last reviewed March 11, 2024. Web link can be found https://www.hhs.gov/programs/topic-sites/autism/aca-and-autism/index.html [Cited 08/22/2024]
6. State of New Mexico Medical Assistance Program Manual, Supplement, Applied Behavioral Analysis Guidance, Number 22-02, Date September 17, 2024. [Cited 06/04/2025]

Publication History

03-22-17 Annual Review. Accessed NMAC 8.321.2.10. (unchanged) and Supplement # 16-08 dated 08-23-16. Change in language from "all stages require Prior Auth "to "some stages require Prior Auth".

07-31-19 Annual Review: Update criteria with the new information from 2019 HB 322. NMAC 8.321.2.10 remains the same. Update with new fee schedule. Updated NMAC links. MPM reviewed by Gray Clark.

11-18-20 Annual review. Reviewed by PHP Medical Policy Committee on 10-28-2020. Policy reviewed by Dr. Clark. No change to policy since NMAC 8.321.2.10 and NM Stat 13-7-16 (2017), remains the same. Update the ABA fee schedule (Oct 2019). Will resume PA for 0373T, 97153, 97154, 97155, 97156, 97157, and 97158.

09-22-21 Annual review. Policy reviewed by Dr. Clark. The following are changes to policy:

1. Medicaid (NMAC 8.321.2.12) updated the Applied Behavior Analysis (ABA) as of 08/10/2021, which includes the following:
   A. Coverage criteria
   B. Eligible providers
   C. Identified Type of populations: (At risk for ASD and Diagnosed with ASD)
   D. Covered services: clarifying Stage one thru stage three ABA services
   E. Prior authorization to continue ABA stage three services must be secured every six months
   F. Non-covered services
2. New codes for Commercial LOB added to policy which are still being updated: H2019 –Therapeutic Behavioral Services; H2019 modifier TT – More than one patient in same setting; H0031 – Initial Intake evaluation and treatment planning; H0032 – Supervision of para-professional in home or office to establish treatment plan. Code list without the modifiers: T1026, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T and 0373T.
3. Clarification of PA language: The codes listed in the policy are under review for PA and will be determined at a later date.

09-28-22 Annual review. Reviewed by PHP Medical Policy Committee on 08/12/2022.
For Medicaid: No change to coverage determination. Continue PA requirement for 97153 and 0373T and continue no PA requirement for: T1026, 97151, 97152, 0362T, 97154, 97155, 97156, 97158. Throughout policy removed Centennial with Medicaid.

For Commercial: No change to coverage determination. Continue PA requirement for: H2019, H0031, H0032, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T. Remove PA requirement for code T1026. The fax number has been updated: 888-656-4967 to 4219.

09-27-23 Annual review.

For Centennial

- No change noted for HSD ABA fee schedule for the following codes: T1026, 97151, 97152, 0362T, 97153, 97154, 97155, 97155, 97156, 97157, 97158, and 0373T
  - ✓ Prior Authorization required for: 97153 and 0373T.

- ✓ The Applied Behavior Analysis (ABA) Fee Schedule for Medicaid is still in effective October 01, 2019.
- No change noted for NMAC (8.321.2.12 NMAC)
- Supplements to MAD NMAC Program Rules – 2023 (23-02) was updated on April 13, 2023
  - ✓ Added PA is required for 0373T and 97153.
  - ✓ The guideline language removed from policy and reformatted to only include 8.321.2.12 weblinks.
- Please review the language that was updated:
  - ✓ Removed, "*Refer to NMAC (8.321.2.12 NMAC) ABA fee schedule 2019, and State of New Mexico Medical Assistance Program Manual Supplement Number 22-02 for guidance."*
  - ✓ Replaced and/or updated language "*PHP follows NMAC (8.321.2.12 NMAC) Applied Behavior Analysis (ABA). In addition to the program rule contained in this NMAC there are other rules, which are discussed in the following documents, that must also be met prior to reimbursement: (1) see the most recent ABA Fee Schedule; (2) see also the recent updated ABA guidance contained in the State of New Mexico Medical Assistance Program Manual Supplement Number 23-02 for guidance*."

For Commercial:

- No change
- Prior authorization required for: *H2019, H0031, H0032, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, and 0373T.*
- No PA required for: T1026.

ICD-10

- No change for CY 2023: F84.0, F84.2, F84.3, F84.5, F84.8, F84.9.
- Fax number for Commercial was updated to 888-656-4942 from 888-656-4219.

10-23-24 Annual review. Reviewed by PHP Medical Policy Committee on 09-27-2024. No change. Continue coverage for ALOB. Continue PA for Commercial: H2019, H0031, H0032, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T and 0373T. Continue PA requirement for codes 97153 and 0373T for Medicaid. Continue no PA for: T1026, 97151, 97152, 0362T, 97154, 97155, 97156, 97158 for Medicaid.

08-27-25 Annual review. Reviewed by PHP Medical Policy Committee on 08/01/2025. No change.

For Medicaid

- Updated HSD ABA fee schedule has no change for codes: T1026, 97151, 97152, 0362T, 97153, 97154, 97155, 97155, 97156, 97157, 97158, and 0373T. Continue PA for 97153 and 0373T. No change noted for NMAC (8.321.2.12 NMAC) Removed NMAC (8.321.2.12 NMAC) and replaced with new (8.321.2.13 NMAC)- effective 12/10/2024

For Commercial:

- No change. Continue prior authorization for: *H2019, H0031, H0032, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, and 0373T.* No PA required for: T1026.

ICD-10: No change for CY 2023: F84.0, F84.2, F84.3, F84.5, F84.8, F84.9.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.