

## Important Notice About Coding for ABA Service

As you may be aware, in August of this year, Massachusetts enacted Chapter 207 of the Acts of 2010, which mandates coverage of services related to the diagnosis and treatment of Autism Spectrum Disorders. Under the law, health insurance carriers are required to cover treatment of Autism Spectrum Disorder, which includes "any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Disorders, including autistic disorder, Asperger's disorder and pervasive developmental disorders not otherwise specified." Further, the law requires coverage for habilitative or rehabilitative care, including applied behavioral analysis (ABA services).

The law takes effect on January 1, 2011. Unfortunately, neither the AMA nor CMS have specific codes related to ABA services. Recently, organizations representing health plans, hospitals and physicians sent letters to these organizations seeking official guidance on the code sets that would accurately reflect the individual components of ABA services. The absence of official guidance may cause some uncertainty over what codes to use. To minimize uncertainty and confusion in this area, we have been informed that several health plans are communicating to providers the following HCPCS Level II code sets to be used in billing for the component services for ABA services:

### **Diagnosis Codes for Autism**

299.00	Autism
299.10	Childhood Disintegrative Disorder
299.80	Asperger's Disorder, PDD NOS, Retts Disorder,

### **Procedure Codes**

H0031	Mental health assessment, by non-physician <b>Note:</b> To be used for treatment planning
H0032	Mental health service plan development by non-physician <b>Note:</b> To be used for supervision of services
H2012	Behavioral health day treatment, per hour <b>Note:</b> To be used for direct services 1, hour increment, BCBA
H2019	Therapeutic behavioral services, per 15 minutes <b>Note:</b> To be used for direct service, 15 minute increment, paraprofessional

Should you choose not to utilize these codes, you may also follow existing official coding guidelines, which allows for the use of an unlisted code in the absence of a specific code. However, official coding guidelines require the submission of supporting clinical documentation with the claim and health plans would require submission of this information. Additionally, some health plans may have specific requirements concerning the use of modifiers depending on the type of provider that is providing the service. We would encourage you to contact the health plan directly for any questions you may have about what their requirements are.

Once the appropriate coding entities provide guidance on the code sets that would reflect the component services of ABA or they develop separate codes for ABA services, we will be working with the health plans to communicate those changes to reflect the official guidance.