

Clinical Policy: Autism Spectrum Disorder Services

Reference Number: GA.CP.BH.504

Date of Last Revision: 10/25

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This clinical policy describes the medical necessity criteria for autism spectrum disorder (ASD) services within Peach State Health Plan based off the Georgia Department of Community Health (DCH) Division of Medical Assistance Plans, Part II Policies and Procedures for ASD services.¹

Autism spectrum disorder (ASD) is a complex developmental condition involving persistent challenges with social communication, restricted interests, and repetitive behavior. While autism is considered a lifelong disorder, the degree of impairment in functioning because of these challenges varies between individuals with autism.²

Adaptive behavior services (ABS) focus on addressing specific target problems and treatment goals, as identified through assessments. It is grounded in principles such as the analysis and modification of contextual events and motivating factors, stimulus-consequence strategies, replacement behaviors, and monitoring of outcome metrics.²

As noted, in the DCH autism spectrum disorder services manual, ABS in no way precludes other treatment interventions such as physical therapy (PT), occupational therapy (OT), and other forms of behavioral therapy, family therapy, and/or medication management.¹

Note: For reference within this policy, the following service terms: Adaptive Behavioral Treatment (ABT), Adaptive Behavioral Services (ABS) and Applied Behavioral Analysis (ABA) are used interchangeably as services to support autism spectrum disorder (ASD).

Note: All documentation submitted must be clear and legible.

Policy/Criteria

- I. It is the policy of Peach State Health Plan that requests for adaptive behavior services (ABS) are **medically necessary** when meeting all the following:
 - A. Member/enrollee is under the age of 21 years;
 - B. Member/enrollee has a documented diagnosis of autism spectrum disorder (ASD) established by a licensed physician, psychologist, or other qualified licensed professional;
 - C. Requested services have been recommended by a licensed physician or other qualified licensed practitioner of the healing arts acting within their scope of practice under state law;
 - D. Member/enrollee exhibits behaviors that present as one of the following:
 1. Clinically significant health or safety risk to self or others;
 2. Significantly interfering with basic self-care, communication, or social skills;
 - E. Member/enrollee and caregivers can participate in adaptive behavioral services (ABS) and can implement ABS techniques in the home environment as instructed by the behavior analyst;
 - F. Comprehensive diagnostic evaluation meets all of the following, (1-3):

Note: School psychoeducational assessments are not acceptable for a diagnostic evaluation.

1. One of the following:
 - a. *Treatment initiation*, the CDE has been completed within the last five years;
 - b. *Treatment continuation*, diagnostic re-evaluation to re-confirm diagnosis has been completed when any of the following apply:
 - i. Provisional diagnosis of ASD;
 - ii. No formal psychological or neuropsychological evaluation was completed,
 - iii. More than five years have passed since the initial diagnosis and there is no evidence of ongoing assessment and treatment;
2. Documents all of the following:
 - a. Direct observation;
 - b. Parent/caregiver interview;
 - c. Results of the evaluation in report format, including a summary of each individual evaluation instrument, developmental history, and presenting concerns, as well as all of the following:
 - i. Summary of each individual assessment;
 - ii. Test administered with scores and date originally completed;
 - iii. Evaluators name, legible signature, and credentials;
 - iv. A minimum of two assessment tools (*one primary clinician tool and one caregiver tool*) as follows:
 - a) Primary clinician tool, one of the following:
 - i.) Autism Diagnostic Observation Schedule Second Edition (ADOS-2);
 - ii.) GARS-3 Gilliam Autism Rating Scale (GARS-3);
 - iii.) Childhood Autism Rating Scale (CARS2 ST/HF);
 - iv.) Screening Tool for Autism in Toddlers and Young Children (STAT);
 - v.) Communication and Symbolic Behavior Scales (CSBS);
 - vi.) TELE-ASD-PEDS;
 - vii.) Naturalistic Observational Diagnostic Assessment (NODA);
 - viii.) Diagnostic Interview for Social and Communication Disorders (DISCO);
 - ix.) Rapid Interactive Screening Test for Autism in Toddlers (RITA-T);
 - x.) Autism Detection in Early Childhood (ADEC);
 - xi.) EarliPoint;
 - xii.) Canvas DX;
 - b) Caregiver tool, one of the following:
 - i.) Autism Diagnostic Interview – Revised (ADI-R);
 - ii.) Diagnostic Interview for Social and Communication Disorders (DISCO);
 - iii.) Childhood Autism Rating Scale – Parent Questionnaire (CARS QPC);
 - iv.) Gilliam Autism Rating Scale (GARS 3);
 - v.) Social Communication Questionnaire (SCQ);
 - vi.) Modified Checklist for Autism in Toddlers (MCHAT);
 - vii.) Social Responsiveness Scale (SRS-2);
 - viii.) Autism Spectrum Rating Scale (ASRS);

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- ix.) Autism Behavior Checklist (ABC);
 - x.) Toddler Autism Symptom Inventory (TASI);
 - xi.) BASC (Behavior Assessment System for Children);
 - xii.) PDD-BI (PDD-Behavior Inventory);
 - xiii.) PEDS:DM (Parents' Evaluation of Developmental Status);
 - xiv.) ASQ-3 (Ages and Stages Questionnaire);
 - xv.) ASQ:SE2 (Ages and Stages Questionnaire: Social Emotional);
 - xvi.) CBRS (Conners Behavior Rating Scale);
 - xvii.) CDI (Child Development Inventory);
 - xviii.) CSBS DP Infant-Toddler Checklist;
3. Physical health concerns have been evaluated and ruled out as causal reasons for behavior (i.e., medical concerns, speech deficits, hearing deficits, heavy metal poisoning);
- G. Requested service meets one of the following:
- Note: Requests for behavioral assessments and treatment services are completed separately and authorized independently.*
1. **Behavioral assessment or reassessment** (*must be completed at least every six months or no more than 2 months prior to the start of the initial treatment authorization*);
 2. **Initial treatment services** requested in six-month increments, includes all of the following:
 - a. Recommendation for Applied Behavioral Analysis (ABA) is documented by both of the following:
 - i. Letter of medical necessity;
 - ii. Medicaid Cover Page (Appendix D);
Note: See page 45 of the Georgia Medicaid Part II Policies and Procedures for Autism Spectrum Disorder Services.
 - b. Behavioral assessment or reassessment (*completed at least every six months or no more than 2 months prior to the start of the initial treatment authorization*), includes all of the following:
 - i. Developed by the current treatment provider;
 - ii. Results of at least one of the following types of assessment (to include visual representations [graphs, tables, grids] as appropriate), depending on the member/enrollee's noted areas of need:
 - a) *Skill acquisition assessment* for members/enrollees who demonstrate the need for skill acquisition, such as, but not limited to, one of the following:
 - i) Verbal Behavior Milestones and Assessment Placement Program (VB-MAPP);
 - ii) Assessment of Basic Language and Learning Skills-Revised (ABLLS-R);
 - iii) Assessment of Functional Living Skills (AFLS);
 - iv) Promoting the Emergence of Advanced Knowledge Generalization (PEAK);
 - v) Essentials for Living;
 - vi) Other valid forms of evidence-based skills assessments which include

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- direct observation and measurement;
- b) *Maladaptive behavior assessment* for members/enrollees who exhibit problem behaviors that are disruptive and/or dangerous, such as, but not limited to, one of the following:
 - i) Functional behavioral assessments;
 - ii) Traditional functional analyses;
 - iii) Interview-Informed, Synthesized Contingency Analysis (IISCAs);
- c. Plan of care (treatment plan) aligns with the results of the behavior assessment and includes all of the following:
 - i. Brief background information including demographics, diagnostic history, medical history, living situation, school information, previous ABS services, previous hospitalization or out of home placements (if applicable), etc.;
 - ii. Current medications;
 - iii. Parent/caregiver concerns;
 - iv. Individualized goals with measurable, targeted outcomes and timelines, including transition/discharge planning, including all the following:
 - a) Identified in collaboration with the member/enrollee, family members and community providers;
 - b) Skill acquisition goals including baseline data and mastery criteria;
 - c) Behavior reduction goals including baseline data, operational definition/topography of behavior, treatment strategies and graphs;
 - d) Interventions focused on active core symptoms and emphasizing generalization and maintenance of skills in areas of need, including interventions related to development of spontaneous social communication, adaptive skills, and appropriate behaviors;
 - v. Individualized Family Service Plan (if applicable);
 - vi. Crisis plan;
 - vii. School plan, (required for services requested in all educational settings including public and private schools; exceptions made only for daycare or after-school setting) includes all of the following:
 - a) Target behaviors that are operationally defined with measurable data regarding the frequency, symptom intensity, duration, or other objective measures of baseline and current levels;
 - b) Days and times when problem behaviors occur at a high frequency, intensity, and duration;
 - c) Outline goals related to behavior reduction and functionally equivalent replacement behaviors that are desirable behaviors that achieve the same outcome or meet the same need as a less desirable problem behavior;
 - d) Titration plan outlines when school services can be reduced or stopped, based on a timeline with clear progress criteria;
 - e) Behavior reduction line graphs tailored for the school setting;
 - f) The most recent Individualized Education Plan (IEP) should be included for members/enrollees who attend a public school;
 - viii. Any other clinical documentation needed to support the plan of care;
 - ix. Evidence that services are not custodial or maintenance-oriented in nature;

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- x. Evidence that applicable community resources have been identified and engaged;
- xi. Evidence and support for a reasonable expectation that the member/enrollee will benefit from the requested services;
- xii. Treatment setting with rationale for how the setting will maximize treatment outcomes, considering the assessed needs, strengths, and available resources;
- xiii. Number of treatment hours meets all the following:
 - a) Justified by the member/enrollee's skill deficit or behavior excesses identified in the behavioral assessment, along with level of impairment, severity of symptoms, domains requiring treatment, length of treatment history, and response to intervention;
 - b) Considers member/enrollee's age, school attendance requirements, and other daily activities (i.e., less than 20 hours per week if attending school full-time);
 - c) Incorporates supervision and parent caregiver training;
 - d) Outlines hours of therapy per day with the goal of increasing or decreasing the intensity of therapy as the member/enrollee's ability to tolerate and participate permits and all of the following:
 - i) Treatment hours provided to the member/enrollee meet one of the following:
 - 1) Do not exceed six hours per day up to a total of 30 hours per week;
 - 2) Clinical documentation justifies additional hours beyond six hours per day or a total of 30 hours per week, (i.e. member/enrollee exhibits high intensity, high frequency behaviors, and/or significant skill deficits);
 - ii) Treatment takes into consideration the developmental level of each member/enrollee, and treatment schedules support their needs, including rest and nutrition breaks, as well as opportunities for peer interaction;
- xiv. For requests that include 0373T (for severe destructive maladaptive behavior), all of the following:
 - i) Detailed plan on the method the additional behavior technician(s) are assisting with in the implementation of the behavioral interventions outlined in the treatment plan;
 - ii) The specific changes to the environment for each behavior being targeted for reduction;
 - iii) Titration plan that includes the reduction of 0373T units and utilization of 97153 units as the goal to transition to a less intensive model of intervention;
Note: The use of the code 0373T must include a BCBA who is onsite and immediately available to join the session;
- xv. Adaptive Behavior Treatment with Protocol Modification occurs for at least two hours per week or 10% of the direct service hours provided, whichever is greater;

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Note: One to two hours per week for less than 10 hours per week is acceptable.

- xvi. Coordination of care includes both of the following, as applicable:
 - a) Identifies each alternative provider who is responsible for delivering services;
 - b) Documentation of dates and outcomes from coordination of care efforts;
- xvii. Parent/Caregiver training that is performance based and caregiver-driven, including all the following:
 - a) Two to four parent/caregiver goals within the treatment plan including baseline data, expected behavior, and mastery criteria that identify their involvement in prioritizing target behaviors and training in behavioral techniques;
 - b) A documented plan for parent/caregiver training, for a minimum of two hours per month, with clinical documentation justifying the need for fewer hours;
 - c) An assessment for barriers to family engagement, and documented plan for addressing barriers;

Note: Inability to meet this requirement must be documented and will be considered on a case-by-case basis.

- xviii. Transition planning, including discharge considerations made with input from the caregiver and entire care team, involving a gradual step-down in services and a documented titration plan including all the following:
 - a) Specific titration goals and plan indicating how service hours will be titrated;
 - b) Individualized, realistic/attainable, and specific goals for discharge and/or transfer to alternative or less intensive levels of care;
 - c) Recommended services member/enrollee can access upon discharge;

3. **Continuation of treatment services**, all of the following:

- a. Results of a recent behavior assessment (within two months) meets criteria in I.G.2.b.;
- b. Documentation of percentage of scheduled sessions successfully completed for the member/enrollee and caregiver participation;

Note: If attendance falls below 80% of the authorized hours within an authorization period, as specified in the individualized treatment plan and caregiver training plan, supporting documentation is required to justify continuation of ABA services at the previously approved level. When absences are attributed to medical, educational, or family barriers, documentation must also demonstrate the actions taken to address such barriers.

- c. Parent/Caregiver training that is performance-based and caregiver-driven, including all the following:
 - i. Goals for family involvement within the treatment plan including baseline data and mastery criteria;

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- ii. Documented family participation in treatment, for two hours per month at minimum, or there are documented attempts to engage caregivers, unless clinical documentation supports the need for fewer hours;
- iii. An assessment for barriers to family engagement, and documented plan for addressing barriers;
- d. Documented coordination of care and communication regarding additional provider responsibilities (i.e., school, prescribers, and physical, occupational and/or speech therapists) and including all the following:
 - i. Individualized expectations, prescribed services, service frequency, scope and duration, and goals to be achieved;
 - ii. Progress related to treatment/services provided;
 - iii. Documentation of coordination attempts if unsuccessful;
- e. Updated treatment plan completed at least every six months (or as clinically appropriate) and meets criteria I.G.2.c.i.-xvi. and transition planning meets all the following:
 - i. Transition planning and discharge considerations made with input from the entire care team and involving a gradual step-down in services;
 - ii. Documented titration plan includes the following:
 - a) Specific titration goals and plan indicating how service hours will be titrated;
 - b) Individualized, realistic/attainable and specific goals for discharge and/or transfer to alternative or less intensive levels of care;
 - c) Updated progress towards goals achieved over the prior authorization period;
 - d) Recommended services member/enrollee can access upon discharge;
- f. Documented progress toward goals since the last authorization including all the following:
 - i. Summary of previous goals and progress;
 - ii. Updated data collected during previous treatment authorization, corresponding to all treatment settings, including but not limited to, home, school, clinic, community setting, etc.;

Note: Updated data collected during the previous authorization period must be current and aligned with the most recent behavior assessment. For any new goals that were previously baselined but not yet introduced, probe data must be included. It should reflect the member/enrollee's current performance and must not be more than two months older than the effective date of the requested prior authorization.
 - iii. Progress with behavior reduction, as applicable, noted in a clear and legible graphic display, including: clear labels on each axis with indicators of treatment changes and environmental variables that could effect change, baseline data, behavior reduction progress over time, and frequency and/or duration of behaviors;
 - iv. Progress with skill acquisition goals including baseline data and updated progress data for each treatment goal;

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- g. If limited progress, both of the following:
Note: Limited progress is defined as minimal to no improvement toward: mastery of treatment goals, improvement in meaningful skills of independence and self-care, improved scores on direct skills assessments and/or minimal reduction in behaviors targeted for reduction.
 - i. Updated assessment identifies determining factors that may be contributing to inadequate progress;
 - ii. Changes to the treatment plan from the prior authorization period may include the following, as applicable:
 - a) Modification of treatment plan goals and intervention strategies;
 - b) Increased time and/or frequency working on targets;
 - c) Increased parent/caregiver training and supervision;
 - d) Increased staff supervision and training;
 - e) Identification and resolution of barriers to treatment implementation;
 - f) Newly identified co-existing conditions, as applicable;
 - g) Consideration of alternative treatment settings;
 - h) Consideration of the effectiveness of ABA;
 - i) Evaluation for other services that may be helpful for added support including but not limited to, speech therapy, occupational therapy, psychiatric evaluation, psychotherapy, case management, family therapy, feeding therapy, and school-based supports.
- II.** It is the policy of Peach State Health Plan that adaptive behavior services (ABS) may be appropriate for **discontinuation and/or transfer to alternative or less intensive levels of care** when meeting any of the following:
- A. Member/enrollee has achieved the desired socially significant outcomes, and treatment is not required to maintain functioning or prevent regression;
 - B. Services are in lieu of school, respite care, or other community-based settings of care;
 - C. There has been no clinically significant progress or measurable improvement towards treatment plan goals for a period of at least six months, and there is not a reasonable expectation that a revised treatment plan could lead to clinically significant progress;
 - D. Treatment or intensity of treatment is being provided for the convenience or preference of the member/enrollee, parent/guardian, or other non-ABS providers (school or other alternative providers);
 - E. The decision is made by the family or the behavior analyst to end or temporarily suspend services due to (but not limited to) any of the following:
 - 1. The parent/caregiver can continue the behavior interventions independently;
 - 2. The parent/caregiver wants to discontinue services and withdraws consent for treatment;
 - 3. The parent/caregiver and provider are unable to reconcile essential issues in treatment planning and delivery;
 - 4. The parent/caregiver's circumstances or interest in treatment change;
 - 5. The member/enrollee has transitioned to another provider or community resources for alternative treatment.

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Background

Applied Behavioral Analysis (ABA) is the leading evidenced based, validated treatment for autism spectrum disorder (ASD). It is based on the premise that behavior is determined by past and current environmental events in conjunction with organic variables such as genetic attributes and physiological variables. It focuses on analyzing, designing, implementing, and evaluating social and other environmental modifications to produce meaningful changes in behavior. Services may be provided in various settings (e.g., home, clinic, school, community) and modalities (e.g., in-person, telehealth) to increase adaptive skills and decrease challenging behaviors. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.²

*The Georgia Department of Community Health Division of Medicaid Part II Policies and Procedures for Autism Spectrum Disorder (ASD) Services*¹

ASD services do not include educational services otherwise available through a program funded under 20 USC Chapter 3, section 1400 of the Individuals with Disabilities Education Act (IDEA). Congress reauthorized the IDEA in 2004 and most recently amended the IDEA through Public Law 114-95, Every Student Succeeds Act, in December 2015. Information about the IDEA Act is found on the U.S. Department of Education site at: Individuals with Disabilities Education Act (IDEA) <https://sites.ed.gov/idea/>.

Services to treat ASD include “assessment and treatment provided to Medicaid beneficiaries in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and according to medical necessity.

School Plans:

A school plan is required for all educational settings to include home school, public and private schools (with exception only for daycare or after-school settings). If ABA therapy is being provided in the school setting, the plan of care must outline a separate school plan that clearly defines the behaviors that are being targeted for reduction specific to this setting, lists behavior reduction goals and include line graphs that meet ASD policy guidelines. Skill acquisition goals should not be implemented in this setting as the primary objective should be reducing maladaptive behaviors that impede the member/enrollee’s ability to engage in academic tasks. Please note that training for school personnel is not reimbursable.

Graph Requirements (Appendix D):

Graphs serve as a visual representation to demonstrate baseline data and progress summary. The following graph requirements are necessary when assessing behavior reduction goals.

1. All graphs must be legible with the x axis (horizontal) of the line graph labeled with session dates and the y axis (vertical) of the line graph providing the quantifiable measurement of the behavior that was recorded.
2. The line graph should be in a ratio of 2:3 (i.e., If the y axis is 4 inches, the x axis should be 6 inches).
3. Condition labels and legends should be utilized when more than one behavior is being graphed.

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4. Maximum number of three (3) behaviors or targets on a single graph.
5. *Graph date format:* The behavior assessment graph should include the member initials as well as the date in a month/day/year format and must have been conducted/dated no more than two (2) months prior to the Treatment Services PA request effective date.
6. *Baseline Data:* Baseline is a data measurement that is collected prior to intervention that provides a starting point for comparison. This data must be measurable and indicate the member/enrollee’s present level of responding directly related to treatment plan goals. Phase change lines or other indicators should be used to separate baseline data from intervention data as well as any changes to the intervention and/or varying levels of service.

*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision (DSM-5 TR)*⁴
 The DSM-5 TR lists the following severity levels for autism spectrum disorder. They are divided into two domains (social communication and interaction and restrictive, repetitive behaviors). To fulfill DSM-5 TR criteria for ASD, all three deficits listed in social communication need to be present, in addition to two of the four related restrictive and repetitive behaviors.

Severity Level	Social Communication	Restricted, repetitive behaviors
Level 3 “Requiring very substantial support”	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and when he/she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changes focus or action.
Level 2 “Requiring substantial support”	Marked deficits in verbal and nonverbal communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interest, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer in a variety of context. Distress and/or difficulty changing focus or action.
Level 1 “Requiring support”	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who can speak in full sentences and engages in communication but whose to and from conversation with others fails, and who attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more context. Difficulty switching between activities. Problems of organization and planning hamper independence.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American

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Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
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 (with or without the patient present), 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 (without the patient present), 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
0362T	Behavior identification supporting assessment, 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.

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CPT® Codes	Description
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.

HCPCS® Codes	Description
N/A	

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New policy adapted based off Georgia Department of Community Health (DCH) Division of Medicaid Part II Policies and Procedures for Autism Spectrum Disorder Services.	06/23	
Additional criteria added to align with the updated Georgia Department of Community Health Division of Medicaid. Part II Policies and Procedures for Autism Spectrum Disorder (ASD) Services, effective July 01,2023. Added an additional caregiver tool to I.D.b.vii. “Social Responsiveness Scale (SRS-2)”. In I.G.1. removed the statement “(...which can be requested prior to the end of the initial treatment authorization period).” In I.G.1.d. added “Note: Include visual representations (graphs, tables, grids) as appropriate.” Added I.G.1.e. “Request is for one initial assessment or reassessment during the six-month treatment authorization period (no more than two months prior to the effective date of the next treatment authorization); Added I.G.2.b.i.(a) through (e) which incorporates goals focusing on: parent/caregiver training, skills acquisition, behavior reduction, school plan and destructive maladaptive behavior. Added I.G.2.e. “Frequency of services requested in six-month increments.” Clarified I.G.3.a. ii. “...with visual representation (graphs, tables and grids), as appropriate.” Added I.G.3.a. iv. “A graphic display of behavior reduction progress since the intervention was initiated, with interventions over long periods of time consolidated to weekly/monthly/etc. units of measurement or otherwise adjusted to be all inclusive of data collected. Note: see policy background for specific graph requirements.” Clarified statement in I.G.3.v.: “(including at a minimum, one clinician observational assessment).	07/23	07/23

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
<p>Ad hoc review. Additional criteria added to align with the updated Georgia Department of Community Health Division of Medicaid. Part II Policies and Procedures for Autism Spectrum Disorder (ASD) Services, effective October 01,2023. Updated description with no clinical significance. Added I.3.D. “A summary of each individual assessment...” Added I.D.5. “Evaluator’s signature, name, and credentials.” Updated I.G.1.c.vi to reflect a change in page number from “pg.64” to “pg. F-1”. Added I.G.2.b.i. e).3) “Request for 0373T units...” Added I.G.3.a.i. “Criteria noted in I.G.1.b through d continue to be met”. Updated background section to include graph requirements, with clinical significance. Referenced reviewed and updated.</p>	11/23	02/24
<p>Annual Review. Added 2/24 approval date in previous revision log entry. Updated description. Removed the list of excluded primary clinician tools in I.D.1.a. xi. “a) Vineland-3 (VABS) and b) ABAS-3 and caregiver tool listed in I.D.1.b.xix. “Other known evidence-based tools” as these are not noted in the GA ASD manual. Added I.D.1.a.xi.” Earlipoint” as a primary clinician tool. Restructuring for clarity in I.G.1 and 2. Added I.G.2.a “completed at the onset of services by the current provider”. Added guidelines for behavior reduction goals to I.G.3.c.i.d). Added new guidelines to the school plan in I.G.3.c.i.e). Removed the graph requirements and added to the background with a note referring to it in its new location. Background section reviewed and updated. References reviewed and updated.</p>	05/24	
<p>Annual review. Description updated with no impact to criteria and notes added to indicate "Adaptive Behavioral Treatment..." and “All documentation...clear and legible” Criteria reworded and restructured throughout policy for clarity. Added note under I.F. “A diagnostic reevaluation...” Updated I.G.2. a. “Behavioral assessment or reassessment...” Added clarifying language to I.G.2.a.ii.a) and b). Added “direct observation...” to I.G.2.a.ii.a) v. In I.G.2.a.iii.b) added “within the last year.” Removed duplicative criteria under I.G.3 “Continuation...” Added criteria II. for “discontinuation and/or transfer...” Background updated with no impact to criteria. References reviewed and updated.</p>	02/25	
<p>Removed “dated within the last year” from criteria I.G.2.a.iii.b).</p>	05/25	05/25
<p>Annual review. Removed "Centene Advanced Behavioral Health" from policy statements throughout. Restructured CDE criteria under I.F. with minor verbiage updates. Added "requested in six-month increments" to I.G.2. Reorganized criteria previously under I.G.2.b and moved under I.G.2.c. Added criteria I.G.2.b.ii.a)v) "Essentials for Living." Added criteria I.G.2.c.iv "Individualized goals..." Added criteria I.G.2.b.xii "Treatment setting..." Added criteria I.G.2b.xiii. "Number of treatment hours..." Added criteria I.G.2.b.xvi "Coordination of care...." Added criteria I.G.2.b.xvii "Parent/Caregiver training....". Added criteria under I.G.2.b.xviii "Transition</p>	10/25	

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planning..." Updated all criteria under I.G.3. "Continuation of treatment services..."		

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally

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accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound

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by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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