

# Clinical Policy: Adaptive Behavior Services for Autism Spectrum Disorder

Reference Number: GA.CP.BH.504

Date of Last Revision: 11/23

[Coding Implications](#)

[Revision Log](#)

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

## Description

This policy applies to all staff involved in the design, implementation, operations, and management of Behavioral Health utilization management services for Peach State Health Plan. This clinical policy outlines the utilization management of authorization requests for autism spectrum disorder (ASD) services within Peach State Health Plan based off the Georgia Department of Community Health (DCH) Division of Medicaid Part II Policies and Procedures for Autism Spectrum Disorder Services.

According to the Georgia DCH, 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.”<sup>1</sup>

Adaptive behavioral services (ABS) in no way precludes other treatment interventions with ABS such as physical therapy (PT), occupational therapy (OT), and other forms of behavioral therapy, family therapy, and/or medication management.<sup>1</sup>

## Policy/Criteria

- I. It is the policy of Peach State Health Plan and Centene Advanced Behavioral Health that autism spectrum disorder (ASD) services are **medically necessary** when meeting all of the following:
  - A. Member/Enrollee is under the age of 21;
  - B. ASD services are recommended by a licensed physician or other licensed practitioner of the healing arts acting within their scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health of the member/enrollee;
  - C. Member/Enrollee has a diagnosis of autism spectrum disorder (ASD), established by a licensed physician or psychologist, or other licensed professional as designated by the Georgia Medical Composite Board;
  - D. The ASD diagnosis evaluation meets the following:
    1. Includes 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);

## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

- 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. The following tools are excluded:
  - a) Vineland-3 (VABS);
  - b) ABAS-3;
- 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);
  - 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. CBRIS (Conners Behavior Rating Scale);
  - xvii. CDI (Child Development Inventory);
  - xviii. CSBS DP Infant-Toddler Checklist;
  - xix. Other known evidence-based tools;
- 2. All of the following are ruled out as causal reasons for the behavior:
  - a. Primary hearing deficits;
  - b. Primary speech disorder;
  - c. Heavy metal poisoning;
- 3. A summary of each individual assessment, submitted in a report format, includes all of the following:
  - a. Summary of each individual evaluation instrument;
  - b. Developmental history;
  - c. Presenting concerns;
- 4. Date the test was administered, and the specific test administered with scores;
- 5. Evaluator's signature, name, and credentials;
- E. The 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;
- F. The member/enrollee and their caregivers have the ability to participate in adaptive behavioral services (ABS) therapy and can implement ABS techniques in the home environment as instructed by their behavior analyst. Note: If the member/enrollee and their caregiver are unwilling/unable to implement therapeutic interventions in the home, consideration will be given to other modalities of treatment as ABS needs to be consistently applied in all environments for it to be successful;
- G. Prior authorization request for a behavioral assessment and treatment services are

## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

completed *separately* and authorized *independently*, meeting one of the following:

1. *Behavioral assessment (or reassessment)* includes all of the following:
  - a. The administration of an industry-standard behavioral assessment tool for *skill acquisition* such as but not limited to 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. Skills assessments;
  - b. The administration of an industry-standard behavioral assessment tool for maladaptive behavior such as but not limited to the following:
    - i. Functional behavioral assessments;
    - ii. Traditional functional analyses;
    - iii. Interview-Informed, Synthesized Contingency Analysis (IISCA)s;
  - c. Documentation to substantiate the need for services, all of the following:
    - i. Diagnostic evaluation;
    - ii. Letter of medical necessity;
    - iii. Individualized family service plan (if applicable);
    - iv. Individual education plan (if applicable);
    - v. Previous hospitalization of out-of-home placements documented (if applicable);
    - vi. Medicaid cover page (Appendix F) Note: Located on page F-1 of the Georgia Medicaid Part II Policies and Procedures for Autism Spectrum Disorder Services<sup>1</sup>;
    - vii. Any other clinical documentation needed to support the plan of care;
  - d. The results of the behavioral assessment are summarized and used to develop future interventions in the form of a proposed plan of care (POC) Note: Include visual representations (graphs, tables, grids) as appropriate;
  - 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);
2. *Initiation of treatment services*, all of the following:
  - a. The results of the behavioral health assessment conducted or dated no more than two months prior to the requested start date;
  - b. Proposed plan of care (POC) includes:
    - i. Goals focusing on the following:
      - a) Parent/Caregiver training, both of the following:
        - 1) Documentation and tracking of two to four specific goals;
        - 2) The goals include baseline data, behavior that is expected to be demonstrated and mastery criteria, date introduced, date mastered, etc.;
      - b) Skill acquisition, all of the following:
        - 1) Areas identified as in need of remediation, with special focus on pivotal, functional skills related to the core deficits of ASD;
        - 2) Based on assessment performance or data from other providers;

## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

- 3) Baseline data, measurement, and mastery criteria aimed to address the core deficits of ASD Note: Visual representations (graphs, tables, grids) as appropriate;
- c) Behavior reduction;
- d) School plan, as applicable, both of the following:
  - 1) Clearly defines the behaviors that are being targeted for reduction specific to the school setting (includes public and private schools; exceptions are made only for daycare or after-school settings);
  - 2) Lists behavior reduction goals and includes line graphs that meet ASD policy guidelines. Note: 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;
- e) Destructive maladaptive behavior, as applicable, all of the following:
  - 1) Detailed plan on the method in which the additional behavior technician(s) are assisting in the implementation of the behavioral interventions outlined in the treatment plan;
  - 2) Environmental configurations that will be in place specific to each behavior that has been targeted for reduction;
  - 3) Requests for 0373T units (severe destructive maladaptive behavior) include all of the following:
    - i) Detailed plan on the method in which the additional behavior technician(s) are assisting in the implementation of the behavioral interventions outlined in the treatment plan;
    - ii) Environmental configurations that will be in place specific to each behavior that has been targeted for reduction;
    - iii) Titration plan that includes the reduction of 0373T units and utilization of 97153 units as the goal to transition the member/enrollee 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;
- c. Documentation criteria noted on [I.G.1.c](#), to substantiate the request for treatment:
- d. Services include the following:
  - i. Demonstrates ABS are not custodial or maintenance-oriented in nature;
  - ii. Includes coordination across all providers, supports, and resources;
  - iii. Identifies parent, guardian, and/or caregiver involvement in all of the following:
    - a) Prioritizing target behaviors and training in behavioral techniques in order to provide additional supportive interventions;
    - b) Increasing the potential for behavior improvement/changes in areas identified as causing limitations or deficits in functional skills;
  - iv. Includes specific criteria, behavioral goals, and interventions for lesser intensity of care and discharge;
  - v. Provides evidence that applicable community resources have been identified and engaged;
  - vi. Provides evidence and support that the member/enrollee will benefit from the services proposed;
  - vii. Treatment corresponds with the member/enrollee's skill deficit or behavioral excesses as identified in the behavioral assessment;
- e. Frequency of services requested in six-month increments;

## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

3. *Continuation of treatment services*, all of the following:
  - a. Documentation includes all of the following:
    - i. Criteria noted in [I.G.1.b through d](#) continue to be met;
    - ii. All updated data collected during previous treatment authorizations;
    - iii. A summary of previous goals and progress made, with visual representation that includes the following (as applicable):
      - a) 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;
    - iv. Results of a behavioral assessment completed within two months, identifying the member/enrollee's current skill deficit or behavioral excesses;
    - v. 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;
    - vi. Individualized goals for the individual and caregivers
    - vii. A diagnostic reevaluation (including at a minimum, one clinician observational assessment) to reconfirm the ASD diagnosis if any of the following are indicated in the initial request. Note: School psychoeducational assessments are not acceptable for diagnostic evaluations:
      - a) A *provisional diagnosis* of ASD (as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders) was established by a licensed physician or psychologist, or other licensed professional as designated by the Georgia Composite Medical Board;
      - b) No formal neuropsychological evaluation was completed/conducted;
      - c) More than five years has lapsed from initial diagnosis;
      - d) There is no evidence of ongoing assessment and treatment.

### Background

According to the Journal of the American Academy of Child and Adolescent Psychiatry, “autism spectrum disorder is characterized by patterns of delay and deviance in the development of social, communicative, and cognitive skills that arise in the first years of life. Although frequently associated with intellectual disability, this condition is distinctive in its course, impact, and treatment. Autism spectrum disorder has a wide range of syndrome expression, and its management presents challenges for clinicians. Individuals with an autism spectrum disorder can present for clinical care at any point in development. The multiple developmental and behavioral problems associated with this condition necessitate multidisciplinary care, coordination of services, and advocacy for individuals and their families.”<sup>2</sup>

#### *The Georgia Department of Community Health Division of Medicaid<sup>1</sup>*

Autism Spectrum Disorder 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, The 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).<sup>1</sup>

## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

#### *Part II Policies and Procedures for Autism Spectrum Disorder (ASD) Services (Appendix F)<sup>1</sup>*

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

#### Graph Requirements:

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.
4. Maximum number of three (3) behaviors or targets on a single graph.

#### Graph Data 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.

#### 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'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 Disorder<sup>3</sup>*

The Diagnostic and Statistical Manual of Mental Disorder, list the following as the severity levels for autism spectrum disorders. They are divided into two domains (social communication and social interaction and restrictive, repetitive patterns of behaviors) To fulfill diagnostic criteria for ASD by using the DSM-5 TR, all 3 symptoms of social affective difference need to be present in addition to 2 of 4 symptoms related to 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.



## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

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 contexts. 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 2022, American 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

## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

CPT® Codes	Description
	in an environment that is customized to the patient's behavior.
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
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)	11/23	



## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

Reviews, Revisions, and Approvals	Revision Date	Approval Date
“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.		

#### References

1. Georgia Department of Community Health Division of Medicaid. Part II Policies and Procedures for Autism Spectrum Disorder (ASD) Services. <https://www.mmis.georgia.gov>. Revised April 1, 2023. Accessed October 30, 2023.
2. Volkmar F, Siegel M, Woodbury-Smith M, et al. Practice parameter for the assessment and treatment of children and adolescents with autism spectrum disorder [published correction appears in J Am Acad Child Adolesc Psychiatry. 2014 Aug;53(8):931]. J Am Acad Child Adolesc Psychiatry. 2014;53(2):237-257. doi:10.1016/j.jaac.2013.10.013
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington D.C.: American Psychiatric Association; 2013.

#### **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 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

## CLINICAL POLICY

### Adaptive Behavior Services for Autism Spectrum Disorder

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 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.

©2023 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.