
Autism and Developmental Services Payment Policy

Policy Statement

This policy outlines Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage and reimbursement guidelines for autism and developmental services for children.

Scope

This policy applies to:

☒ **Medicaid** *excluding Extended Family Planning (EFP)*

☐ **INTEGRITY**

☒ **Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Behavioral Health: Home and Community Based Services Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Medicaid

Home Based Therapeutic Services (HBTS):

HBTS is an intensive home or community-based service for children and adolescents aged 3-21 who have chronic, moderate, or severe cognitive, developmental, medical/neurological, and/or psychiatric conditions whose level of functioning is significantly compromised. HBTS is a phased system approach that includes in person, high frequency, specialized treatment (including Applied Behavioral Analysis, Personal Assistance Services and Supports (PASS), Respite) and supervision of direct care

staff. HBTS is administered routinely with the child/adolescent and parents/guardians engaged in treatment. Children may require up to 20 hours per week, or more as clinically indicated. Key goals of this treatment are person/family centered and could include:

- a) Increased ability of caregiver to meet the needs of their child/adolescent;
- b) increased language and communication skills;
- c) improved attention to tasks;
- d) enhanced imitation;
- e) generalized social behaviors;
- f) developing skills for independence;
- g) decreased aggression and other maladaptive behaviors; and
- h) improved learning and problem-solving skills.

Children who are under 21 are eligible for HBTS if they meet the following requirements (Please refer to most updated RI EOHHS HBTS provider certification standards):

- Enrolled in Medicaid
- Live at home with their family/legal guardians
- Chronic and moderate to severe cognitive, physical, developmental and/or psychiatric diagnosis within
- At risk for out of home placement or hospitalization¹

Applied Behavior Analysis (ABA) is a type of therapy frequently applied to children with autism and other developmental disorders that focuses on imparting skills in specific domains of functioning. The goal of treatment is to help children function as independently and successfully as possible.²

Children who are under the age of 21 are eligible for ABA services if they meet the following requirements:

- Enrolled in Medicaid
- Living with their family, legal guardian or another caregiver
- Diagnosed with a cognitive, developmental and/or an Autism Spectrum Disorder within the last two years
- Experiencing significant social, behavioral and communication challenges³

Personal Assistance Services & Supports (PASS) is a comprehensive integrated program that includes intermittent, limited, or extensive one-to-one personal assistance services needed to support, improve or maintain functioning in age appropriate natural settings. These specialized consumer-directed services are available to children and youth under age 21 who have been diagnosed with certain physical, developmental, behavioral or emotional conditions living at home. PASS Services are designed to assist children and youth with attaining goals and identifying objectives within three areas: activities of daily living, making self-preserving decisions, and participating in social roles and social settings. The goals of the services provided are to support the family in helping the child participate as

¹ [Children's Services Policy | Executive Office of Health and Human Services](#)

² [Applied Behavior Analysis | Psychology Today](#)

³ [Children's Services Policy | Executive Office of Health and Human Services](#)



fully and independently as possible in natural community settings and to reach his or her full potential. This is achieved through maximizing control and choice over specifics of service delivery and the child's family assumes the lead role in directing support services for their child.

Children who are under 21 are eligible for PASS if they meet the following requirements:

- Enrolled in Medicaid
- Live at home with their family, legal guardians
- Chronic and moderate to severe cognitive, physical, developmental and/or psychiatric diagnosis within the last two years⁴

Respite

Respite Services give parents or guardians, caring for a child with disabilities, the ability to take some time off with the assurance that their child is well-cared for. Families find their own Respite workers either through a certified Respite Provider or through the Rewarding Work website.

Children who are under the age of 21 are eligible for Respite services if they meet the following requirements:

- The child is Medicaid eligible
- Income and resource requirements are met (child's income & assets only)
- The child lives at home
- The child requires an institutional level of care at home that is typically provided in a hospital, nursing facility or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)⁵

Coding

Home Based Therapeutic Services (HBTS)

Append modifier(s) to the services below when appropriate:

- **XP** - When 2 agencies are supporting the same member

CPT Code	Modifier	Description
H0046		Lead Therapy ; 30 min unit
H0046	U1	Lead Therapy ; 15 min unit
H0046	HO	Clinical Supervision/Home Based or Treatment Support Worker – Master's Level Clinician ; 30 min unit
H0046	HO/U1	Clinical Supervision/Home Based or Treatment Support Worker – Master's Level Clinician ; 15 min unit
H0046	HP	Clinical Supervision/Home Based or Treatment Support Worker – Doctoral Level Clinician ; 30 min unit

⁴ [Children's Services Policy | Executive Office of Health and Human Services](#)

⁵ [Children's Services Policy | Executive Office of Health and Human Services](#)

CPT Code	Modifier	Description
H0046	HP/U1	Clinical Supervision/Home Based or Treatment Support Worker – Doctoral Level Clinician ; 15 min unit
H2014		Treatment Consultation – Occupational, Physical, Speech and Language Therapists
H2014	HO	Treatment Consultation – Master’s Level Clinician
H2014	HP	Treatment Consultation – Doctoral Level Clinician
S9446		Patient education - Social Skills Group
T1013		Sign language or oral interpreter services, (up to 8 hours per month, 4 for supervision and 4 for parent training, not to be used with direct service)
T1016		Treatment Coordination
T1024		Home Based Therapy – Specialized Treatment/Treatment Support ; 30 min unit
T1024	U1	Home Based Therapy – Specialized Treatment/Treatment Support ; 15 min unit

Personal Assistance Services and Supports (PASS)

CPT Code	Modifier	Description
H2016		Comprehensive community support services, per diem
T1013	U1	Sign language or oral interpretive services, per 15 minutes
T1016	U1	Case management, each 15 minutes
T1019		
T1023		
T1027		Family training and counseling for child development, per 15 minutes

Respite

CPT Code	Description
T1005	Respite care services, up to 15 minutes
T2024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter

Commercial

Applied Behavior Analysis (ABA) is a type of therapy frequently applied to children with autism and other developmental disorders that focuses on imparting skills in specific domains of functioning. The goal of treatment is to help children function as independently and successfully as possible.⁶

Types of services include, but are not limited to:

- Behavior Identification/Mental Health Assessments
- Adaptive Behavior Treatment
- Mental Health Service Plan Development
- Behavioral Health Day Treatment
- Therapeutic Behavioral Services
- Community Based Wrap Around Services

Coding

The appropriate modifier must be billed to reflect the appropriate degree level of the provider rendering the service.

Modifier	Description
HN	Bachelor's Degree Level
HO	Master's Degree Level
HP	Doctorate Degree Level

CPT Code	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

⁶ [Applied Behavior Analysis | Psychology Today](#)

CPT Code	Description
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

Coverage Exclusions

- Services provided in a school setting as part of the individual education plan (IEP)
- Services must be ordered by a practitioner (MD, DO, NP, PA).
- ABA services are to be overseen by a Board-Certified Behavior Analyst (BCBA) or a licensed trained professional (e.g., Psychologist).
- Treatment Consultation cannot be duplicated across agencies, but all the other clinical positions can. XP modifier cannot be appended for interpreters or physical, occupational, or speech therapists.

Commercial

- HBTS, PASS and Respite are non-covered
- ABA is covered up to age 20

Claim Submission

Billable services are subject to contractual agreements when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.



Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Providers must obtain and maintain a current copy of the IEP.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
09/01/2025	Policy effective date