

PART II
POLICIES AND PROCEDURES
for
AUTISM SPECTRUM DISORDER SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

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Part II POLICIES AND PROCEDURES
FOR
AUTISM SPECTRUM DISORDER SERVICES

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601. Conditions.

In addition to the conditions for participation outlined in Part I, Autism Spectrum Disorder Providers must:

601.1 Credentials

Hold either a current and valid license to practice Medicine in Georgia, hold a current and valid license as a Psychologist as required under Georgia Code Chapter 39 as amended, or hold a current and valid Applied Behavior Analysis (ABA) Certification.

601.1.1. Applied Behavior Analysis (ABA) Certification.

In addition to licensed Medicaid enrolled Physicians and Psychologists, Georgia Medicaid will enroll Board Certified Behavioral Analysts (BCBAs) as Qualified Health Care Professionals (QHCPs) to provide ASD treatment services. The BCBA must have a graduate-level certification in behavior analysis. Providers who are certified at the BCBA level are independent practitioners who provide behavior-analytic services. In addition, BCBAs supervise the work of Board Certified Assistant Behavior Analysts (BCaBA), Registered Behavior Technicians (RBT) who implement behavior-analytic interventions.

The following providers are authorized to directly deliver ASD services:

- Licensed Physician (with or without BCBA certification): May be the enrolled QHCP. May supervise the work of Board Certified Assistant Behavior Analysts and Registered Behavior Technicians.
- Licensed Psychologist (with or without BCBA certification): May be the enrolled QHCP. May supervise the work of Board Certified Assistant Behavior Analysts and Registered Behavior Technicians.
- BCBA-D: Board Certified Behavior Analyst- Doctoral Level. May be the enrolled QHCP. A doctoral level independent practitioner qualified to provide direct services and supervise BCaBAs, RBTs and others who implement behavior-analytic interventions.
- BCBA: Board Certified Behavior Analyst. May be the enrolled QHCP. A masters/graduate level independent practitioner who provides behavior-analytic services. May supervise the work of Board Certified Assistant Behavior Analysts and Registered Behavior Technicians.
- BCaBA: Board Certified Assistant Behavior Analyst. May not be the enrolled QHCP. Bachelor's level practitioner, must be supervised by BCBA/BCBA-D; can supervise Registered Behavior Technicians.
- RBT: Registered Behavior Technicians. May not be the enrolled QHCP. Paraprofessional who implements the service plan under supervision of a Certified Behavior Analyst or Certified Assistant Behavior Analyst.

601.1.2. Facility Enrollment.

Individual practitioners (physicians, psychologists, BCBA-D, BCBAs) working for a facility will need to enroll as a provider associated with the facility they are providing services through and indicate through attestation the specific lower level practitioner(s) to whom they are providing supervision. BCaBAs and RBTs are not enrolled directly by the Division as providers because they are not independent practitioners. Level 4 and 5 practitioners work under the supervision of higher level practitioners. Facilities are required to bill at the appropriate practitioner level and service code for service rendered.

601.2 Standard Billing Practice.

The provider agrees to bill the Division the lowest price regularly and routinely offered to any segment of the general public for the same service or item on the same date(s) of service, or the lowest price charged to other third-party payers for the procedure code most closely reflecting the service rendered.

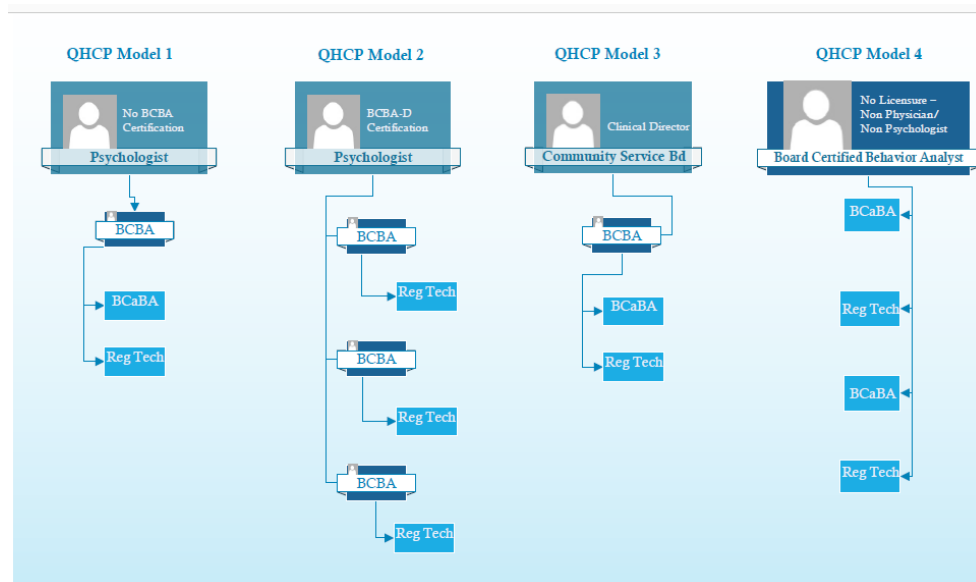
601.3. Direct Supervision.

Agree to bill the Division for only those services rendered by the provider, or by a Qualified Health Professional under the provider direct supervision. Please see O.C.G.A. Title 43, Chapter 11 for statutes regarding direct supervision. Under no circumstances may a provider bill for services rendered by another practitioner who is enrolled or eligible to enroll as a provider of services in the Medical Assistance program.

"Supervision" means the direct clinical review, for the purpose of training or teaching, by a physician, psychiatrist, BCBA-D, or BCBA. The purpose of supervision is to promote the development of the practitioner's clinical skills. Supervision may include, without being limited to, the review of case presentations, audiotapes, videotapes, and direct observation of the practitioner's clinical skills. Supervision does not require the supervisor to be present at the work site with the supervisee. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type, and a brief summary of the pertinent activity for each supervision session to be submitted for auditing upon request. If there are any discrepancies the associated claims are subject to recoupment.

The Qualified Health Care Provider (QHCP) must supervise non-enrolled practitioners who are involved in the delivery of Adaptive Behavioral Services (ABS) to Medicaid members with ASD and for which such services are being claimed to Medicaid under the enrolled provider identification number of the QHCP and/or facility. A physician, psychiatrist, BCBA-D or BCBA may supervise up to six (6) certified BCaBAs and RBTs at any point in time. However, such supervision must be performed in accordance with the supervision guidelines of the Behavior Analyst Certification Board and this policy manual.

There are several potential models for enrollment and supervision. The exhibit below demonstrates example supervision models. The examples are not intended to reflect the full scope of all potential models.



Delegation by QHCP.

- The QHCP is responsible for the delegated work performed by any supervisees.

- The QHCP shall not delegate professional responsibilities to a person who is not qualified to provide such services. Physicians, Psychologists, BCBA-Ds, and BCBAs may delegate to the supervisee, with the appropriate level of supervision, only those responsibilities within the scope of practice.
- The QHCP must have completed education and training, including training on supervision rules and professional ethics as outlined by applicable administrative practice acts, standards of practice, or certification guidelines, to perform the delegated functions. The QHCP is responsible for determining the competency of the supervisee and will not assign or allow the supervisee to undertake tasks beyond the scope of the supervisee's training and/or competency. The QHCP is also responsible for providing the supervisee with specific instructions regarding the limits of the supervisee's role.
- If the *payee* for a QHCP is a facility (i.e., business agency/organization not owned by the QHCP), the QHCP must attest under the facility Medicaid ID and list all supervisees.
- The supervisee may be an employee or independent contractor of the QHCP. If not directly employed, the contract with the QHCP must maintain compliance with the Department's policies in the delivery of ABS, including Medicaid enrollment requirements.

601.4 Attestation.

The QHCP must provide supervision to any additional staff involved in the delivery of ABS to Medicaid members with ASD. The enrolled provider must attest to meeting the one (1) year of experience with serving youth with ASD. Other ABS direct care professionals supervised by the QHCP must also attest to meeting the one (1) year experience. One year of experience is in accordance with experience in the field of autism consistent with the Psychology practice as defined in licensing law. New providers will submit the Attestation upon enrollment, and existing providers must also do so in order to provide adaptive behavior services. Both the lead QHCP and supervised QHCPs must cite any Degrees, Certifications, and/or Licenses or other relevant credentials on the Attestation which is required to be on file with the Department. The Attestation must be updated and submitted to the Department within two (2) weeks of any change in staffing of QHCPs providing care. The Attestation can be found online at:

<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/FORMS/Autism%20Services%20Attestation%20Form%2020170417165401.pdf>

The attestation may be downloaded, completed, and submitted by facsimile to the Attention of DCH ABS Enrollment to 404-656-8366. The online attestation is scheduled to be available for electronic completion and online submission to GAMMIS by January 1, 2018.

602. Standard Billing Practices

In addition to the conditions for participation outlined in Part I, Autism Spectrum Disorder Providers must bill according to the following practices:

602.1 Record Maintenance

Maintain copies of submitted claims clinical documentation and all corresponding supporting materials for a minimum of five (5) years from the date(s) the service(s) is provided.

602.2 Provider Changes

Agree to immediately notify the Division's Provider Enrollment Unit via the MMIS web portal should any change in enrollment status occur such as: new address or telephone number; additional practice or office locations; change in payee; close of any individual practice; dissolution of a group practice causing any change in the Division's records; change in staffing; and voluntary termination from the Medical Assistance program. Each notice of change must include the date on which the change is to become effective.

602.3 Rendered Services

Agree to bill the Division the procedure code(s) which best describes the service rendered and not to bill under separate procedure codes for services which are included under a single procedure code.

602.4 Record Documentation

It is the responsibility of all Georgia Department of Community Health (DCH) enrolled providers to ensure the health records of Medicaid members are documented accurately and maintained in compliance with both state, federal and national laws. Providers are responsible for being aware of record keeping requirements as outlined by the Centers for Medicare & Medicaid Services (CMS), Georgia DCH, other program affiliated associations and Health Insurance Portability and Accountability Act (HIPAA) guidelines. The Georgia DCH recommends the following record keeping guidelines. These recommendations should be considered *basic* - a minimum standard for each provider's practice. It is not inclusive of all record keeping requirements and providers will be responsible for any additional documentation requested in the event of audits. Records should include:

- A complete medical file on each patient containing sufficient information to validate the diagnosis and to establish the basis upon which treatment is given.
- A care plan that includes clear and specific coordination with all providers involved in the treatment of the individual. It should include (but not be limited to) individualized expectations, prescribed services, service frequency, scope and duration and goals to be achieved.
- Progress notes that are legible, detailed, complete, signed and dated.
- All documentation requiring signatures must be legible, original and belong to the person creating the signature. If illegible, the name should be printed as well as signed. All signatures must be dated the actual date signed. Rubber stamp signatures are not acceptable. Electronic signatures are acceptable in certain circumstances. See Part I Policies and Procedures for Medicaid/Peachcare for Kids, Section 106, General Conditions of Participation.
- If corrections are needed, they should be made by striking one line through the error, writing the correction, and including the initials of the person making the correction along with the date the correction is made. Whiteout **cannot** be used for corrections.
- Records should be documented in 'real time' and should **not** be back-dated.
- At a minimum, member records should include but not be limited to the following:
 1. Individual's name and/or other information related to their identification (SS#, Medicaid ID, etc...)
 2. Date and time of admission
 3. Admitting Diagnosis
 4. Verified Diagnosis
 5. The name, address and telephone number of the responsible party to contact in an Emergency
 6. Appropriate authorizations and consents for medical procedures
 7. Medical necessity of the service being provided
 8. Results of testing and/or assessments

9. Records or reports from previous or other current providers including previous assessments
10. Documented correlation between assessed need and care plan
11. Documentation of treatment that supports billing
12. Financial and insurance information
13. Pertinent medical information;
14. Physicians' progress notes
15. Nurses' notes
16. Practitioner and case management notes
17. Clear evidence that the services billed are the services provided
18. Treatment and medication orders
19. Date and time of discharge or death
20. Condition on discharge

602.5 Locum Tenens

Locum Tenens is a long-standing and widespread practice for a provider to retain a substitute provider to take over his/her professional practice when the regular provider is absent for reasons such as illness, pregnancy, vacation, or continuing provider education. The regular provider will be able to bill and receive payment for the substitute provider as though he or she performed the services himself/herself. The substitute provider is generally called 'locum tenens' provider. A member's regular provider may submit a claim and receive payment for services (including emergency visits and related services) of a locum tenens provider who is not an employee of the regular provider and whose services for members of the regular provider are not restricted to the regular provider's offices, if:

- The regular provider is unavailable to provide the visit services.
- The Medicaid Member has arranged or seeks to receive the services from the regular provider.
- The regular provider pays the locum tenens for his or her services on a per diem or similar fee-for-time basis.
- The substitute provider does not provide the visit services to Medicaid members for a period of time not to exceed sixty continuous days.
- The covering provider must be an enrolled Medicaid provider.
- The locum tenens should have a valid Medicaid number in the State of Georgia.
- Reimbursements will be for services which the regular provider (or group) is entitled to submit.
- A provider or other person who falsely certifies any of the above requirements may be subject to possible civil and criminal penalties for fraud.
- The common practice of one provider covering for another will not be construed as a violation of this section. The service furnished by the covering provider is an informal reciprocal arrangement. Providers should be aware that the services furnished by the substitute provider should be identified in the Member's medical record held by the regular provider, which is available for inspection.

PART II - CHAPTER 700: SPECIAL ELIGIBILITY CONDITIONS.

701. Special Eligibility Conditions.

Services to treat Autism Spectrum Disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, include assessment and treatment services provided to Medicaid beneficiaries in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards and according to medical necessity. Pursuant to 42 CFR 440.130(c), services must be 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 individual.

Prior Authorization is required for all services. Services are authorized in two parts, 1) Assessment, and 2) Treatment Plan and Services. An Assessment is the administration of an industry-standard assessment tool, and is required to substantiate services. A Treatment Plan is a plan of care required to coordinate treatment.

The following ICD-10 CM Diagnosis Codes are required for reimbursement of treatment.

ICD 10 CM Code	Description
F84.0	Autistic Disorder
F84.2	Rett's Syndrome
F84.3	Other childhood disintegrative disorders
F84.5	Asperger's Syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

PART II - CHAPTER 800: PRIOR APPROVAL.

801. Prior Approval.

Adaptive Behavior Services Specific Information. Prior Authorization (PA) is required for all Medicaid-covered ABS. Services without a PA will not be covered. ABS is authorized in six (6) month increments.

All ABS PAs must be requested by the enrolled QHCP.

A documented diagnosis of ASD must be established by a licensed physician or psychologist, or other licensed professional as designated by the Medical Composite Board in order to perform a behavioral assessment and develop a resulting Plan of Care (POC). A PA to perform the assessment and/or follow-up assessment is required separately from the PA for treatment and to implement the services as detailed in the POC.

For the purposes of authorizing treatment services, Medicaid will accept for submission the findings from an assessment that was not approved/covered by Medicaid. The findings from the assessment may provide the necessary documentation for the treatment PA as long as the assessment was conducted/dated no more than six (6) months prior to the treatment PA request submission.

801.1 Assessment.

A PA is required for the behavioral assessment. An assessment is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functions, identifying the member/family's self-identified need and strengths. The QHCP must use valid and reliable evaluation tools that conform to industry standards (such as the ADOS) to conduct the assessment. Based on the assessment, the QHCP validates the individual's diagnosis of ASD and identifies the severity level of the ASD diagnosis according to the DSM-5 manual. Based on analysis of the assessment, the QHCP recommends ABS treatment and interventions and develops an individualized Plan of Care (POC). Should an ASD diagnosis not be validated/substantiated, the QHCP will make a referral to any other appropriate services and supports that may be needed by the member.

801.2. Treatment. A PA is required for ABS treatment. Treatment is dictated by the POC. Treatment should be commensurate with the member's assessed severity level. The documentation that must be submitted to substantiate the request for a treatment PA should include:

- Diagnosis and summary results of the Assessment as defined in 801.1 above.
- Proposed POC inclusive of information documenting all other services the member is receiving to ensure effective care coordination.
- Individualized Family Service Plan (if applicable).
- Individual Education Plan (if applicable).
- Psychological Assessment (if applicable).
- Previous Hospitalization or out-of-home placement documents (if applicable).
- Progress Notes.
- Any other clinical documentation needed to support the plan of care as supported by best practices.

PART II: CHAPTER 900 - SCOPE OF SERVICES.

901. General.

Federal regulations allow the state agency to place appropriate limits on medical necessity and utilization control. The Division has developed reimbursement limitations to ensure appropriate utilization of funds. These limitations consist of (a) prior approval requirements described in Chapter 800, and (b) service limitations described in Section 903.

902. Coding of Claims.

Coding of both diagnoses and procedures is required for all claims. Codes deleted from previous editions of the ICD are not accepted by the Division. The ICD -10-CM coding scheme consists of three volumes. Volumes I and II are needed by physicians. ICD 10 codes range that begin with V81.2XXA - Y36.0105 are not accepted by the Division. The remaining special category of codes that begin with "V" or "Z" are acceptable only if the "V" code or "Z" code (ICD 10) codes describes the primary diagnosis. The provider must select the diagnosis codes that most closely describe the diagnosis of the member. In coding a diagnosis on a claim, the code must be placed on the claim form using the identical format). Coding must be to the highest level.

902.3 General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Provider.

The Patient Protection and Affordable Care Act (PPACA) requires physicians and other eligible practitioners who order, prescribe, and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. CMS expanded the claim editing requirements in § 1833(q) of the Social Security Act and the providers definitions in §1861-r and §1842(b) (18) C to align with the PPACA. To comply with the PPACA, claims for services that are ordered, prescribed, or referred must indicate the ordering, prescribing, or referring (OPR) practitioner. The Division will utilize an enrolled OPR provider identification number to verify Georgia Medicaid enrollment. Any OPR physician, or other eligible practitioner, who are not enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the rendering provider. If the NPI of the OPR Provider denoted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, the claim will be denied.

Effective 1 April 2014, the Division will check claims for the NPI of all ordering, prescribing, and rendering providers in accordance with the OPR regulation. This edit will be informational until 1 June 2014. Effective 1 June 2014, inclusion of the ordering, prescribing and referring information will become mandatory. Claims that do not contain the required information will be denied.

- For CMS-1500 claim form: Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).
- For claims entered via the web: Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.
- For claims transmitted via EDI: The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information. The following resources are available for more information:
 - Access the Division's DCH-I newsletter and FAQs at: <http://dch.georgia.gov/publications>.
 - Search to see if a provider is enrolled at: <https://www.mmis.georgia.gov/portal/default.aspx> ○ Choose the 'Provider Enrollment/Provider Contract Status' option. Enter Provider ID or NPI and provider's last name.
 - Access a provider listing at: <https://www.mmis.georgia.gov/portal/default.aspx>.

903. Covered Services.

Treatment for Autism Spectrum Disorder (ASD) must:

- Demonstrate that ABS are not custodial, or maintenance-oriented in nature;
- Include coordination across all providers, supports and resources;
- Identify parent, guardian and/or caregiver involvement in prioritizing target behaviors, and training in behavioral techniques in order to provide additional supportive interventions;
- Include criteria and specific behavioral goals and interventions for lesser intensity of care and discharge;
- Provide evidence that applicable community resources have been identified and engaged;
- Provide evidence/support for a reasonable expectation that the member can benefit from the services proposed.

General Eligibility:

- Autism Spectrum Services are for individuals under the age of 21.
- For children with an Autism Spectrum Disorder (ASD) diagnosis, therapy can range from 10-30 hours per week, or more if medically necessary, and requires active parent/caregiver participation and involvement to increase the potential for behavior improvement/changes in those behaviors identified as causing limitations or deficits in functional skills that a child would normally have.
- Children must be able to participate in sessions.
- The member must exhibit behaviors that present as clinically significant health or safety risk to self or others, or are behaviors that are significantly interfering with basic self-care, communication or social skills.
- Members/Caregivers must be able to participate in ABS therapy and have the ability to implement ABS techniques in the home environment as instructed by their behavior analyst. If they 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 to be successful. Use of ABS in no way precludes other treatment interventions with ABS such as PT, OT, and other forms of behavioral therapy, family therapy, and/or medication management.

Diagnosis should be made and confirmed in early childhood using one of the following tools: Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI), the Diagnostic Interview for Social, Communication Disorders (DISCO), and/or other known evidence based tools. The diagnosis must be made by a practitioner with one year of experience in serving individuals with an autism diagnosis who is also enabled by the OCGA practice acts to diagnose behavioral health/intellectual/developmental conditions. The following must be ruled out as causal reasons for behavior:

- Primary Hearing deficits.
- Primary Speech Disorder.
- Heavy Metal poisoning

903.1. Service Descriptions

Assessment Descriptions

Service	Description	Authorized Provider Type
Behavior Identification Assessment	Behavior Identification Assessment, is delivered by a Physician or other Authorized Provider Type, face-to-face with the member and caregiver(s). It includes administration of standardized and non-standardized tests, detailed behavioral history, member observation and caregiver interviews, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of a report for a plan of care.	Physicians Psychologists BCBA-D BCBA
Observational Behavioral Follow-up Assessment	Observational Behavioral Follow-up Assessment is designed by the practitioner to identify and evaluate factors that may impede the expression of adaptive behaviors. The assessment utilizes structured observation and/or standardized and non-standardized tests to determine the levels of adaptive behavior. It enables the practitioner to evaluate a member's social behavior to determine if the member has a particular set of social skills, as well as the contexts in which social responses are either likely or unlikely to occur. Practitioners may assess cooperation, motivation, visual understanding, receptive and expressive language, imitation, request, labeling, play and leisure, and social interactions. Observational Behavioral Follow-up Assessment includes Physician or other Authorized Provider Type direction, with interpretation and report, administered by one of the Authorized Provider Types. The first thirty (30) minutes of the Authorized Provider Type's time, face-to-face with the member. Additional (30) minute increments are authorized in accordance with medical necessity.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience
Exposure Behavioral Follow-up Assessment	Exposure Behavioral Follow-up Assessment is designed by the practitioner to manipulate or stage environmental or social contexts in order to examine triggers, events, cues, responses, and consequences associated with maladaptive destructive behavior(s). This service requires the practitioner to provide on-site direction to technicians providing direct service. Exposure behavioral follow-up assessment often requires the use of protective gear and/or padded room to avoid injuries to member and others. Exposure Behavioral Follow-up assessment, includes Physicians or other Authorized Provider Type, direction with interpretation and report, administered by Physician or Authorized Provider Type with the assistance of one or more Authorized Provider Type; first thirty (30) minutes of the Authorized Provider Type's, face-to-face with the member. Additional (30)	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience

	minute increments are authorized in accordance with medical necessity.	
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Service Descriptions

Code	Description	Authorized Provider Type
Adaptive Behavior Treatment	Adaptive Behavior Treatment addresses the member's specific target problems and treatment goals as defined in assessments. Adaptive behavior treatment is based on principles including analysis and alternation of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior, and monitoring of outcome metrics. Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior, and improved communication and social functioning. Adaptive behavior skills tasks are often broken down into small, measurable units, and each skill is practiced repeatedly until the member masters it. Adaptive Behavior Treatment by protocol, administered by Authorized Provider Type, face-to-face with one member; first thirty (30) minutes of the Authorized Provider Type's time. Additional (30) minute increments are authorized in accordance with medical necessity. Adaptive Behavior Treatment can be provided on in an individual, group, family or multi-family setting.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience
Adaptive Behavior Treatment with Protocol Modification	Adaptive Behavior Treatment with Protocol Modification includes skills training delivered to a member who has poor emotional responses and/or deviation in rigid routines. The practitioner introduces small, incremental changes to the members expected routine along one or more stimulus areas. More intrusive changes in routines are faded into preferred daily activities until the member appropriately tolerates typical variation in daily activities without poor emotional responses. The service may include demonstration of new or modified protocol for a technician, guardian, and/or caregiver. The practitioner modifies the past protocol targeted for desired results to incorporate changes in the context and environment. Adaptive Behavior Treatment with protocol modification administered by Physician or other Authorized Provider Type with one patient; first thirty (30) minutes of patient face-to-face time. Additional (30) minute increments are authorized in accordance with medical necessity.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience
Adaptive Behavior Treatment Social Skills Group	Adaptive Behavior Treatment Social Skills Group is administered by a practitioner in a social skills group. The practitioner monitors the needs of the individual and adjusts therapeutic techniques in real-time to address targeted social deficits and problem behaviors using modeling, rehearsing, and corrective feedback. The practitioner develops group activities in which each patient has an opportunity to practice encounters. Adaptive Behavior Treatment Social Skills Group, administered by Physician or other Authorized Provider Type, face-to-face with multiple patients.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience
Exposure Adaptive Behavior Treatment with	Exposure Adaptive Behavior Treatment with Protocol Modification requires staged environmental conditions to train appropriate alternative responses under the	Physicians Psychologists BCBA-D

Protocol Modification	environmental contexts that typically evoke problem behavior. Exposure adaptive behavior treatment addresses one or more specific destructive behaviors. Practitioners directs the sequence of events utilizing real time observation. Exposure Adaptive Behavior Treatment with protocol modification requiring two (2) or more Authorized Provider Type for severe maladaptive behavior(s); first sixty (60) minutes of the Authorized Provider Type's time, face to face with member. Additional (30) minute increments are authorized in accordance with medical necessity.	BCBA BCaBA RBT who meets the minimum one year of required experience
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903.1.4 Covered Services by CPT or HCPCs.

All services are to be billed with modifiers specific for practitioner level and service delivery setting/modality. See Appendix A for Covered Services Procedure Code and Rate Schedule.

903.2. Medicare Deductible/Coinsurance.

If a member is eligible for both Medicaid and Medicare, all claims must be sent to the Medicare carrier first. Medicare upper limits of reimbursement will apply for all services covered by Medicare. Policies and procedures for billing these services and detailed coverage limitations are described in Chapter 300 of Policies and Procedures for Medicaid PeachCare for Kids Part 1 Manual and Chapter 1000 of this manual.

APPENDIX A ABS CODES AND RATES

Autism Assessment, Therapies and Supports					
Service Description	Procedure	Practitioner Level Modifier	Service Location	Unit	Rate
Behavior Identification Assessment, Practitioner Level 1, In-Clinic	0359T	U1	U6	90 mins	349.26
Behavior Identification Assessment, Practitioner Level 2, In-Clinic	0359T	U2	U6	90 mins	233.80
Behavior Identification Assessment, Practitioner Level 3, In-Clinic	0359T	U3	U6	90 mins	180.06
Behavior Identification Assessment, Practitioner Level 1, In-Clinic	0359T	U1	GT	90 mins	349.26
Behavior Identification Assessment, Practitioner Level 2, In-Clinic	0359T	U2	GT	90 mins	233.80
Behavior Identification Assessment, Practitioner Level 3, In-Clinic	0359T	U3	GT	90 mins	180.06
Behavior Identification Assessment, Practitioner Level 1, Out-of-Clinic	0359T	U1	U7	90 mins	444.54
Behavior Identification Assessment, Practitioner Level 2, Out-of-Clinic	0359T	U2	U7	90 mins	280.56
Behavior Identification Assessment, Practitioner Level 3, Out-of-Clinic	0359T	U3	U7	90 mins	220.07
Observational Behavioral Assessment Follow-Up, Practitioner Level 1, In-Clinic	0360T	U1	U6	30 mins	116.42
Observational Behavioral Assessment Follow-Up, Practitioner Level 2, In-Clinic	0360T	U2	U6	30 mins	77.94
Observational Behavioral Assessment Follow-Up, Practitioner Level 3, In-Clinic	0360T	U3	U6	30 mins	60.02
Observational Behavioral Assessment Follow-Up, Practitioner Level 4 In-Clinic	0360T	U4	U6	30 mins	40.60
Observational Behavioral Assessment Follow-Up, Practitioner Level 5, In-Clinic	0360T	U5	U6	30 mins	30.26
Observational Behavioral Assessment Follow-Up, Practitioner Level 1, In-Clinic	0360T	U1	GT	30 mins	116.42
Observational Behavioral Assessment Follow-Up, Practitioner Level 2, In-Clinic	0360T	U2	GT	30 mins	77.94
Observational Behavioral Assessment Follow-Up, Practitioner Level 3, In-Clinic	0360T	U3	GT	30 mins	60.02
Observational Behavioral Assessment Follow-Up, Practitioner Level 4, In-Clinic	0360T	U4	GT	30 mins	40.60
Observational Behavioral Assessment Follow-Up, Practitioner Level 5, In-Clinic	0360T	U5	GT	30 mins	30.26
Observational Behavioral Assessment Follow-Up, Practitioner Level 1, Out-of-Clinic	0360T	U1	U7	30 mins	148.18
Observational Behavioral Assessment Follow-Up, Practitioner Level 2, Out-of-Clinic	0360T	U2	U7	30 mins	93.52
Observational Behavioral Assessment Follow-Up, Practitioner Level 3, Out-of-Clinic	0360T	U3	U7	30 mins	73.36
Observational Behavioral Assessment Follow-Up, Practitioner Level 4, Out-of-Clinic	0360T	U4	U7	30 mins	48.72
Observational Behavioral Assessment Follow-Up, Practitioner Level 5, Out-of-Clinic	0360T	U5	U7	30 mins	36.30
Observational Assessment Follow-up - additional 30 min, Practitioner Level 1, In-Clinic	0361T	U1	U6	30 mins	116.42

Observational Assessment Follow-up - additional 30 min Practitioner Level 2, In-Clinic	0361T	U2	U6	30 mins	77.94
Observational Assessment Follow-up - additional 30 min Practitioner Level 3, In-Clinic	0361T	U3	U6	30 mins	60.02
Observational Assessment Follow-up - additional 30 min Practitioner Level 4, In-Clinic	0361T	U4	U6	30 mins	40.60
Observational Assessment Follow-up - additional 30 min Practitioner Level 5, In-Clinic	0361T	U5	U6	30 mins	30.26
Observational Assessment Follow-up - additional 30 min Practitioner Level 1, In-Clinic	0361T	U1	GT	30 mins	116.42
Observational Assessment Follow-up - additional 30 min Practitioner Level 2, In-Clinic	0361T	U2	GT	30 mins	77.94
Observational Assessment Follow-up - additional 30 min Practitioner Level 3, In-Clinic	0361T	U3	GT	30 mins	60.02
Observational Assessment Follow-up - additional 30 min Practitioner Level 4, In-Clinic	0361T	U4	GT	30 mins	40.60
Observational Assessment Follow-up - additional 30 min Practitioner Level 5, In-Clinic	0361T	U5	GT	30 mins	30.26
Observational Assessment Follow-up - additional 30 min Practitioner Level 1, Out-of-Clinic	0361T	U1	U7	30 mins	148.18
Observational Assessment Follow-up - additional 30 min Practitioner Level 2, Out-of-Clinic	0361T	U2	U7	30 mins	93.52
Observational Assessment Follow-up - additional 30 min Practitioner Level 3, Out-of-Clinic	0361T	U3	U7	30 mins	73.36
Observational Assessment Follow-up - additional 30 min Practitioner Level 4, In-Clinic	0361T	U4	U7	30 mins	48.72
Observational Assessment Follow-up - additional 30 min Practitioner Level 5, In-Clinic	0361T	U5	U7	30 mins	36.30
Exposure Behavior Assessment-follow-up Practitioner Level 1, In-Clinic	0362T	U1	U6	30 mins	116.42
Exposure Behavior Assessment-follow-up Practitioner Level 2, In-Clinic	0362T	U2	U6	30 mins	77.94
Exposure Behavior Assessment-follow-up Practitioner Level 3, In-Clinic	0362T	U3	U6	30 mins	60.02
Exposure Behavior Assessment-follow-up Practitioner Level 4, In-Clinic	0362T	U4	U6	30 mins	40.60
Exposure Behavior Assessment-follow-up Practitioner Level 5, In-Clinic	0362T	U5	U6	30 mins	30.26
Exposure Behavior Assessment-follow-up Practitioner Level 1, In-Clinic	0362T	U1	GT	30 mins	116.42
Exposure Behavior Assessment-follow-up Practitioner Level 2, In-Clinic	0362T	U2	GT	30 mins	77.94
Exposure Behavior Assessment-follow-up Practitioner Level 3, In-Clinic	0362T	U3	GT	30 mins	60.02

Exposure Behavior Assessment-follow-up Practitioner Level 4, In-Clinic	0362T	U4	GT	30 mins	40.60
Exposure Behavior Assessment-follow-up Practitioner Level 5, In-Clinic	0362T	U5	GT	30 mins	30.26
Exposure Behavior Assessment-follow-up Practitioner Level 1, Out-of-Clinic	0362T	U1	U7	30 mins	148.18
Exposure Behavior Assessment-follow-up Practitioner Level 2, Out-of-Clinic	0362T	U2	U7	30 mins	93.52
Exposure Behavior Assessment-follow-up Practitioner Level 3, Out-of-Clinic	0362T	U3	U7	30 mins	73.36
Exposure Behavior Assessment-follow-up Practitioner Level 4, In-Clinic	0362T	U4	U7	30 mins	48.72
Exposure Behavior Assessment-follow-up Practitioner Level 5, In-Clinic	0362T	U5	U7	30 mins	36.30
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 1, In-Clinic	0363T	U1	U6	30 mins	116.42
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 2, In-Clinic	0363T	U2	U6	30 mins	77.94
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 3, In-Clinic	0363T	U3	U6	30 mins	60.02
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 4, In-Clinic	0363T	U4	U6	30 mins	40.60
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 5, In-Clinic	0363T	U5	U6	30 mins	30.26
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 1, In-Clinic	0363T	U1	GT	30 mins	116.42
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 2, In-Clinic	0363T	U2	GT	30 mins	77.94
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 3, In-Clinic	0363T	U3	GT	30 mins	60.02
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 4, In-Clinic	0363T	U4	GT	30 mins	40.60
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 5, In-Clinic	0363T	U5	GT	30 mins	30.26
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 1, Out-of-Clinic	0363T	U1	U7	30 mins	148.18
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 2, Out-of-Clinic	0363T	U2	U7	30 mins	93.52
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 3, Out-of-Clinic	0363T	U3	U7	30 mins	73.36
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 4, In-Clinic	0363T	U4	U7	30 mins	48.72
Exposure Behavior Assessment-follow-up Additional 30 mins Practitioner Level 5, In-Clinic	0363T	U5	U7	30 mins	36.30

Adaptive behavior treatment by protocol Practitioner Level 1, In-Clinic	0364T	U1	U6	30 mins	116.42
Adaptive behavior treatment by protocol Practitioner Level 2, In-Clinic	0364T	U2	U6	30 mins	77.94
Adaptive behavior treatment by protocol Practitioner Level 3, In-Clinic	0364T	U3	U6	30 mins	60.02
Adaptive behavior treatment by protocol Practitioner Level 4, In-Clinic	0364T	U4	U6	30 mins	40.60
Adaptive behavior treatment by protocol Practitioner Level 5, In-Clinic	0364T	U5	U6	30 mins	30.26
Adaptive behavior treatment by protocol Practitioner Level 1, In-Clinic	0364T	U1	GT	30 mins	116.42
Adaptive behavior treatment by protocol Practitioner Level 2, In-Clinic	0364T	U2	GT	30 mins	77.94
Adaptive behavior treatment by protocol Practitioner Level 3, In-Clinic	0364T	U3	GT	30 mins	60.02
Adaptive behavior treatment by protocol Practitioner Level 4, In-Clinic	0364T	U4	GT	30 mins	40.60
Adaptive behavior treatment by protocol Practitioner Level 5, In-Clinic	0364T	U5	GT	30 mins	30.26
Adaptive behavior treatment by protocol Practitioner Level 1, Out-of-Clinic	0364T	U1	U7	30 mins	148.18
Adaptive behavior treatment by protocol Practitioner Level 2, Out-of-Clinic	0364T	U2	U7	30 mins	93.52
Adaptive behavior treatment by protocol Practitioner Level 3, Out-of-Clinic	0364T	U3	U7	30 mins	73.36
Adaptive behavior treatment by protocol Practitioner Level 4, Out-of-Clinic	0364T	U4	U7	30 mins	48.72
Adaptive behavior treatment by protocol Practitioner Level 5, Out-of-Clinic	0364T	U5	U7	30 mins	36.30
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 1, In-Clinic	0365T	U1	U6	30 mins	116.42
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 2, In-Clinic	0365T	U2	U6	30 mins	77.94
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 3, In-Clinic	0365T	U3	U6	30 mins	60.02
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 4, In-Clinic	0365T	U4	U6	30 mins	40.60
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 5, In-Clinic	0365T	U5	U6	30 mins	30.26
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 1, In-Clinic	0365T	U1	GT	30 mins	116.42
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 2, In-Clinic	0365T	U2	GT	30 mins	77.94

Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 3, In-Clinic	0365T	U3	GT	30 mins	60.02
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 4, In-Clinic	0365T	U4	GT	30 mins	40.60
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 5, In-Clinic	0365T	U5	GT	30 mins	30.26
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 1, In-Clinic	0365T	U1	U7	30 mins	148.18
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 2, Out-of-Clinic	0365T	U2	U7	30 mins	93.52
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 3, Out-of-Clinic	0365T	U3	U7	30 mins	73.36
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 4, Out-of-Clinic	0365T	U4	U7	30 mins	48.72
Adaptive behavior treatment by protocol Additional 30 mins Practitioner Level 5, Out-of-Clinic	0365T	U5	U7	30 mins	36.30
Group adaptive behavior treatment by protocol Practitioner Level 1, In-Clinic	0366T	U1	U6	30 mins	116.42
Group adaptive behavior treatment by protocol Practitioner Level 2, In-Clinic	0366T	U2	U6	30 mins	77.94
Group adaptive behavior treatment by protocol Practitioner Level 3, In-Clinic	0366T	U3	U6	30 mins	60.02
Group adaptive behavior treatment by protocol Practitioner Level 4, In-Clinic	0366T	U4	U6	30 mins	40.60
Group adaptive behavior treatment by protocol Practitioner Level 5, In-Clinic	0366T	U5	U6	30 mins	30.26
Group adaptive behavior treatment by protocol Practitioner Level 1, In-Clinic	0366T	U1	GT	30 mins	116.42
Group adaptive behavior treatment by protocol Practitioner Level 2, In-Clinic	0366T	U2	GT	30 mins	77.94
Group adaptive behavior treatment by protocol Practitioner Level 3, In-Clinic	0366T	U3	GT	30 mins	60.02
Group adaptive behavior treatment by protocol Practitioner Level 4, In-Clinic	0366T	U4	GT	30 mins	40.60
Group adaptive behavior treatment by protocol Practitioner Level 5, In-Clinic	0366T	U5	GT	30 mins	30.26
Group adaptive behavior treatment by protocol Practitioner Level 1, Out-of-Clinic	0366T	U1	U7	30 mins	148.18
Group adaptive behavior treatment by protocol Practitioner Level 2, Out-of-Clinic	0366T	U2	U7	30 mins	93.52
Group adaptive behavior treatment by protocol Practitioner Level 3, Out-of-Clinic	0366T	U3	U7	30 mins	73.36
Group adaptive behavior treatment by protocol Practitioner Level 4, Out-of-Clinic	0366T	U4	U7	30 mins	48.72

Group adaptive behavior treatment by protocol Practitioner Level 5, Out-of-Clinic	0366T	U5	U7	30 mins	36.30
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 1, In-Clinic	0367T	U1	U6	30 mins	116.42
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 2, In-Clinic	0367T	U2	U6	30 mins	77.94
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 3, In-Clinic	0367T	U3	U6	30 mins	60.02
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 4, In-Clinic	0367T	U4	U6	30 mins	40.60
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 5, In-Clinic	0367T	U5	U6	30 mins	30.26
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 1, In-Clinic	0367T	U1	GT	30 mins	116.42
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 2, In-Clinic	0367T	U2	GT	30 mins	77.94
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 3, In-Clinic	0367T	U3	GT	30 mins	60.02
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 4, In-Clinic	0367T	U4	GT	30 mins	40.60
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 5, In-Clinic	0367T	U5	GT	30 mins	30.26
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 1, Out-of-Clinic	0367T	U1	U7	30 mins	148.18
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 2, Out-of-Clinic	0367T	U2	U7	30 mins	93.52
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 3, Out-of-Clinic	0367T	U3	U7	30 mins	73.36
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 4, Out-of-Clinic	0367T	U4	U7	30 mins	48.72
Group adaptive behavior treatment by protocol, Additional 30 mins Practitioner Level 5, Out-of-Clinic	0367T	U5	U7	30 mins	36.30
Adaptive behavior treatment with protocol modification Practitioner Level 1, In-Clinic	0368T	U1	U6	30 mins	116.42
Adaptive behavior treatment with protocol modification Practitioner Level 2, In-Clinic	0368T	U2	U6	30 mins	77.94
Adaptive behavior treatment with protocol modification Practitioner Level 3, In-Clinic	0368T	U3	U6	30 mins	60.02
Adaptive behavior treatment with protocol modification Practitioner Level 1, In-Clinic	0368T	U1	GT	30 mins	116.42
Adaptive behavior treatment with protocol modification Practitioner Level 2, In-Clinic	0368T	U2	GT	30 mins	77.94
Adaptive behavior treatment with protocol modification Practitioner Level 3, In-Clinic	0368T	U3	GT	30 mins	60.02

Adaptive behavior treatment with protocol modification Level 1, Out-of-Clinic	Practitioner	0368T	U1	U7	30 mins	148.18
Adaptive behavior treatment with protocol modification Level 2, Out-of-Clinic	Practitioner	0368T	U2	U7	30 mins	93.52
Adaptive behavior treatment with protocol modification Level 3, Out-of-Clinic	Practitioner	0368T	U3	U7	30 mins	73.36
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 1, In-Clinic	0369T	U1	U6	30 mins	116.42
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 2, In-Clinic	0369T	U2	U6	30 mins	77.94
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 3, In-Clinic	0369T	U3	U6	30 mins	60.02
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 1, In-Clinic	0369T	U1	GT	30 mins	116.42
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 2, In-Clinic	0369T	U2	GT	30 mins	77.94
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 3, In-Clinic	0369T	U3	GT	30 mins	60.02
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 1, Out-of-Clinic	0369T	U1	U7	30 mins	148.18
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 2, Out-of-Clinic	0369T	U2	U7	30 mins	93.52
Adaptive behavior treatment with protocol modification, Additional 30 mins	Practitioner Level 3, Out-of-Clinic	0369T	U3	U7	30 mins	73.36
Family adaptive behavior treatment guidance	Practitioner Level 1, In-Clinic	0370T	U1	U6	60 mins	87.59
Family adaptive behavior treatment guidance	Practitioner Level 2, In- Clinic	0370T	U2	U6	60 mins	68.02
Family adaptive behavior treatment guidance	Practitioner Level 3, In- Clinic	0370T	U3	U6	60 mins	52.82
Family adaptive behavior treatment guidance	Practitioner Level 1, In- Clinic	0370T	U1	GT	60 mins	87.59
Family adaptive behavior treatment guidance	Practitioner Level 2, In- Clinic	0370T	U2	GT	60 mins	68.02
Family adaptive behavior treatment guidance	Practitioner Level 3, In- Clinic	0370T	U3	GT	60 mins	52.82
Family adaptive behavior treatment guidance	Practitioner Level 1, Out-of- Clinic	0370T	U1	U7	60 mins	106.86
Family adaptive behavior treatment guidance	Practitioner Level 2, Out-of- Clinic	0370T	U2	U7	60 mins	83.13
Family adaptive behavior treatment guidance	Practitioner Level 3, Out-of- Clinic	0370T	U3	U7	60 mins	66.02
Multiple-family group adaptive behavior treatment guidance	Practitioner Level 1, In-Clinic	0371T	U1	U6	90 mins	152.01

Multiple-family group adaptive behavior treatment guidance Practitioner Level 2, In-Clinic	0371T	U2	U6	90 mins	102.02
Multiple-family group adaptive behavior treatment guidance Practitioner Level 3, In-Clinic	0371T	U3	U6	90 mins	79.23
Multiple-family group adaptive behavior treatment guidance Practitioner Level 1, In-Clinic	0371T	U1	GT	90 mins	152.01
Multiple-family group adaptive behavior treatment guidance Practitioner Level 2, In-Clinic	0371T	U2	GT	90 mins	102.02
Multiple-family group adaptive behavior treatment guidance Practitioner Level 3, In-Clinic	0371T	U3	GT	90 mins	79.23
Multiple-family group adaptive behavior treatment guidance Practitioner Level 1, Out-of-Clinic	0371T	U1	U7	90 mins	185.79
Multiple-family group adaptive behavior treatment guidance Practitioner Level 2, Out-of-Clinic	0371T	U2	U7	90 mins	124.69
Multiple-family group adaptive behavior treatment guidance Practitioner Level 3, Out-of-Clinic	0371T	U3	U7	90 mins	99.03
Adaptive behavior treatment social skills group Practitioner Level 1, In-Clinic	0372T	U1	U6	90 mins	152.01
Adaptive behavior treatment social skills group Practitioner Level 2, In-Clinic	0372T	U2	U6	90 mins	102.02
Adaptive behavior treatment social skills group Practitioner Level 3, In-Clinic	0372T	U3	U6	90 mins	79.23
Adaptive behavior treatment social skills group Practitioner Level 1, In-Clinic	0372T	U1	GT	90 mins	152.01
Adaptive behavior treatment social skills group Practitioner Level 2, In-Clinic	0372T	U2	GT	90 mins	102.02
Adaptive behavior treatment social skills group Practitioner Level 3, In-Clinic	0372T	U3	GT	90 mins	79.23
Adaptive behavior treatment social skills group Practitioner Level 1, Out-of-Clinic	0372T	U1	U7	90 mins	185.79
Adaptive behavior treatment social skills group Practitioner Level 2, Out-of-Clinic	0372T	U2	U7	90 mins	124.69
Adaptive behavior treatment social skills group Practitioner Level 3, Out-of-Clinic	0372T	U3	U7	90 mins	99.03
Exposure adaptive behavior treatment with protocol modification Practitioner Level 1, In-Clinic	0373T	U1	U6	60 mins	232.84
Exposure adaptive behavior treatment with protocol modification Practitioner Level 2, In-Clinic	0373T	U2	U6	60 mins	155.88
Exposure adaptive behavior treatment with protocol modification Practitioner Level 3, In-Clinic	0373T	U3	U6	60 mins	120.04
Exposure adaptive behavior treatment with protocol modification Practitioner Level 4, In-Clinic	0373T	U4	U6	60 mins	81.20
Exposure adaptive behavior treatment with protocol modification Practitioner Level 5, In-Clinic	0373T	U5	U6	60 mins	60.52

Exposure adaptive behavior treatment with protocol modification Practitioner Level 1, In-Clinic	0373T	U1	GT	60 mins	232.84
Exposure adaptive behavior treatment with protocol modification Practitioner Level 2, In-Clinic	0373T	U2	GT	60 mins	155.88
Exposure adaptive behavior treatment with protocol modification Practitioner Level 3, In-Clinic	0373T	U3	GT	60 mins	120.04
Exposure adaptive behavior treatment with protocol modification Practitioner Level 4, In-Clinic	0373T	U4	GT	60 mins	81.20
Exposure adaptive behavior treatment with protocol modification Practitioner Level 5, In-Clinic	0373T	U5	GT	60 mins	60.52
Exposure adaptive behavior treatment with protocol modification Practitioner Level 1, Out-of-Clinic	0373T	U1	U7	60 mins	296.36
Exposure adaptive behavior treatment with protocol modification Practitioner Level 2, Out-of-Clinic	0373T	U2	U7	60 mins	187.04
Exposure adaptive behavior treatment with protocol modification Practitioner Level 3, Out-of-Clinic	0373T	U3	U7	60 mins	146.72
Exposure adaptive behavior treatment with protocol modification Practitioner Level 4, Out-of-Clinic	0373T	U4	U7	60 mins	97.44
Exposure adaptive behavior treatment with protocol modification Practitioner Level 5, Out-of-Clinic	0373T	U5	U7	60 mins	72.60
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 1, In-Clinic	0374T	U1	U6	30 mins	116.42
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 2, In-Clinic	0374T	U2	U6	30 mins	77.94
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 3, In-Clinic	0374T	U3	U6	30 mins	60.02
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 4, In-Clinic	0374T	U4	U6	30 mins	40.60
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 5, In-Clinic	0374T	U5	U6	30 mins	30.26
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 1, In-Clinic	0374T	U1	GT	30 mins	116.42
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 2, In-Clinic	0374T	U2	GT	30 mins	77.94
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 3, In-Clinic	0374T	U3	GT	30 mins	60.02
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 4, In-Clinic	0374T	U4	GT	30 mins	40.60
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 5, In-Clinic	0374T	U5	GT	30 mins	30.26
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 1, Out-of-Clinic	0374T	U1	U7	30 mins	148.18
Exposure adaptive behavior treatment with protocol modification Additional 30 mins Practitioner Level 2, Out-of-Clinic	0374T	U2	U7	30 mins	93.52

Practitioner Level Legend	Level
Physician, Psychiatrist	U1 - Level 1
Psychologist, BCBA-D	U2 - Level 2
BCBA	U3 - Level 3
BCaBA or Master's Level Behavior Analyst with min 1 year direct experience serving children with ASD	U4 - Level 4
Registered Behavior Technician with min 1 year direct experience serving children with ASD	U5 - Level 5

Location	Code
In-Clinic	U6
Out-of-Clinic	U7
Telemed	GT

Department of Community Health

Attestation for Autism Spectrum Disorder Services (ASD)

To be completed by the individually enrolled provider or the lead medical/clinical director of the attesting agency.

Name of Provider and/or Agency Name if applicable _____
Provider ID#

The Georgia Department of Community Health (DCH) Division of Medical Assistance Plans covers treatment of Autism Spectrum Disorder (ASD) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program effective July 1, 2017. In order to provide assessment and therapy services to eligible Medicaid members with ASD, providers must complete and submit this “*Attestation for Autism Spectrum Disorder Services. (ASD)*”

I hereby attest to the following:

I have a minimum of at least one (1) year, full-time verifiable experience in the delivery of direct care to individuals diagnosed with ASD. Direct care includes, but is not limited to, assessing, evaluating, developing treatment plans, and/or implementing treatment plans for individuals diagnosed with ASD. I have submitted verifiable documentation of my work experience, education, certification(s), and training, as a part of this Medicaid application. I acknowledge and understand that I may be required to submit verifiable documentation of my work experience, education, certification(s), and training upon request by the Department of Community Health in the event of a future audit, investigation, or other matter related to the Medicaid/PeachCare for Kids program.

I attest that I am responsible for the work performed by any practitioner that I supervise wherein the practitioner is involved in the delivery of assessment services, adaptive behavior therapy, and/or any other ASD related services provided to eligible Medicaid members. I attest that I will not delegate professional responsibilities to a person or practitioner who is not qualified to provide such ASD services. I am responsible for determining the competency of any practitioner that I supervise. I will not assign or allow the supervised practitioner to undertake tasks beyond the scope of his or her training and/or competency. I am responsible for providing specific instructions regarding the limits of the practitioner’s role.

Please list the name, title, and qualifications/credentials as applicable, for practitioners that will deliver ASD services to eligible Medicaid members while under your supervision.

Please note the following:

1. *A licensed, non BCBA provider (such as a physician) may supervise up to a total of three (3) qualified full-time practitioners directly or indirectly.*
2. *A BCBA-D or BCBA may supervise up to six (6) certified or non-certified full-time practitioners directly or indirectly. However, such supervision must be performed in accordance with the supervision guidelines of the Behavior Analyst Certification Board.*

Name	Title	License/Credential
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Name	Title	License/Credential
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Name	Title	License/Credential
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Name	Title	License/Credential
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Name	Title	License/Credential
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Name	Title	License/Credential
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By signing this attestation, I acknowledge that I am qualified to render ASD related services and that I have reviewed the terms and conditions outlined in the Part II, Policies and Procedures manual for ASD Services. I agree to stay abreast of Policies and Procedures related to the program(s) in which I am enrolled.

This attestation must be updated and submitted by the enrolled provider within two (2) weeks of any staffing change.

Printed Name of Signer	Signature	Date
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Address of Signer (full mailing address)

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Contact Phone Number	Fax Number	Email Address
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