



**Culinary  
Health Fund**

## **COVERAGE GUIDELINES FOR APPLIED BEHAVIOR ANALYSIS (ABA) THERAPY**

### **BENEFIT COVERAGE FOR ABA THERAPY:**

- *The child must be at least 2 years old and younger than 6 years old, have a valid diagnosis of Autism Spectrum Disorder (ASD), and have a prorated mental age (PMA) of at least 11 months.*
- *The therapy must be ordered by a pediatrician, or a child psychiatrist or child psychologist. The therapy may also be ordered by another type of provider operating within the scope of his or her state license.*
- *The supervising provider must be certified and licensed by the Behavioral Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst Doctorate (BCBA-D). The supervising provider may also be another type of provider operating within the scope of his or her state license.*
- *The individual providing the ABA therapy under the supervising provider must be trained and certified by the BACB, including but not limited to a Board Certified Assistant Behavioral Analyst (BCaBA) or Registered Behavioral Technician (RBT). The individual providing the ABA therapy may also be another type of provider operating within the scope of his or her state license.*
- *The ABA therapy and treatment plan must be pre-certified, and the treatment notes and treatment plan must be reviewed semi-annually. Future therapies may not be considered a covered expense if the patient is not demonstrating, to the Fund's satisfaction, improvement, or if the child or his or her parents are not adhering to the treatment program.*
- *Parent/caregiver training and support must be incorporated as part of the treatment plan.*
- *Benefits will be paid up to the maximum number of hours determined necessary under the applicable treatment plan, not to exceed 30 hours of ABA therapy per week.*
- *Coverage for ABA therapy will cease on the first to occur of the following dates: (a) the date the child reaches 6 years of age when the child will become eligible for ABA therapy and other related services through the school system; or (b) the date any of the previous criteria cease to be met.*
- *\$10 copay per day of treatment, regardless of the number of hours of treatment or the number of ABA therapy providers that treat the eligible dependent during the day.*

### **PRIOR AUTHORIZATION GUIDELINES FOR ABA THERAPY:**

- *See chart for CPT codes that require prior authorization.*
- *After initial assessment, provider will need to contact Nevada Health Solutions (NHS) with patient's treatment plan.*
- *Treatment plan should include the following components:*
  - *Specific target behaviors and skills are identified and will be addressed.*
  - *Explicit and measurable goals are listed.*
  - *Parent/caregiver training is part of the treatment plan.*
  - *There will be regular interval assessment of progress.*
  - *Treatment intensity and duration will be customized to the child's needs and abilities.*

<b>CPT CODE</b>	<b>ABA THERAPY &amp; ASSESSMENT - DESCRIPTION OF SERVICE</b>	<b>Prior Authorization Required?</b>
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary parent(s)/caregiver(s), and preparation of report	<b>NO</b>
0360T	Observational behavioral follow up assessment; first 30 minutes	<b>YES</b>
+0361T	each additional 30 minutes	<b>YES</b>
0362T	Exposure behavioral follow up assessment; first 30 minutes	<b>YES</b>
+0363T	each additional 30 minutes	<b>YES</b>
0364T	Adaptive behavior treatment by protocol, face-to-face with one patient; first 30 minutes	<b>YES</b>
+0365T	each additional 30 minutes	<b>YES</b>
0366T	Group adaptive behavior treatment by protocol; first 30 minutes	<b>YES</b>
+0367T	each additional 30 minutes	<b>YES</b>
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health professional with one patient; first 30 minutes	<b>YES</b>
+0369T	each additional 30 minutes	<b>YES</b>
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without patient present)	<b>YES</b>
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without patient present)	<b>YES</b>
0372T	Group adaptive behavior treatment social skills, administered by physician or other qualified health care professional face-to-face with multiple patients	<b>YES</b>