

This document outlines activities, codes and rates for autism services, along with information about billing and documentation. The information in this document applies to services for Blue Cross Blue Shield of Michigan and BCN commercial members. When billing for autism services for Medicare Plus BlueSM and BCN AdvantageSM members, follow the guidelines published by the Centers for Medicare & Medicaid Services. For more information, refer to [MLN Matters Number: MM13452](#)^{**}; look under the heading “Split (or Shared) Visits”. In addition:

- For additional information about medical record documentation requirements for autism services, see the [Behavioral health medical record documentation requirements for autism services](#) document.
- To determine which services are allowed via telemedicine, see the [Telehealth for behavioral health providers](#) document. This document is available on our secure Provider Resources website, which is accessible through our provider portal ([availability.com](#)^{**}).

Bill with the procedure codes that are approved in your authorization.

Activity/details	Code	Rate	Billing and documentation
Initial assessment The initial assessment includes both assessment time and time for developing the initial treatment plan.	General information		
	- Licensed behavior analyst,^{***} or LBA, must bill by date of service. - LBA must document objective performance metrics in the client record.		
	Procedure codes		
	*97151 (when performed by LBA)	Per 15 min.	For assessments completed by an LBA billing with procedure code *97151 (or *97152, for supporting assessment or additional observations by an ABA technician), the LBA must bill the number of units (15-minute increments) that correspond to the number of hours spent during the initial assessment. Example: If the initial assessment takes 4 hours, the LBA needs to bill 16 units of *97151 (or *97152, for the ABA technician). That covers time with the client or guardian/caregivers or both and time used in analyzing past data.
	*97152 (when performed by ABA technician)		
	H0031	Per hour	LBA must bill the number of units that correspond to the number of hours spent during the initial assessment. This service can be billed only once per patient. Example: If the initial assessment takes 4 hours, the LBA needs to bill 4 units of H0031. H0031 is payable only to non-Michigan providers who deliver services to out-of-state members and who cannot use the American Medical Association category 1 codes.

Autism services: Billing guidelines and procedure codes

For Blue Cross commercial, Medicare Plus BlueSM,
Blue Care Network commercial and BCN AdvantageSM

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Activity/details	Code	Rate	Billing and documentation
Reassessment Reassessments may occur anywhere from monthly to annually but are typically done on a semi-annual basis.	General information		
	- LBA must bill by date of service. - LBA must document progress on the performance metrics established during the initial assessment in the client record.		
	Procedure codes		
	*97151 (when performed by LBA)	Per 15 min.	For reassessment completed by an LBA billing with procedure code *97151 (or *97152, for supporting reassessment or additional observations by an ABA technician), the LBA must bill the number of units that correspond to the number of hours spent during the reassessment. Example: If the reassessment takes 4 hours, the LBA needs to bill 16 units of *97151 (or *97152, for the ABA technician).
	*97152 (when performed by ABA technician)		
	H0032	Per hour	LBA must bill the number of units that correspond to the number of hours spent during the reassessment. Example: If the reassessment takes 4 hours, the LBA needs to bill 4 units of H0032. H0032 is payable only to non-Michigan providers who deliver services to out-of-state members and who cannot use the AMA category 1 codes.

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Activity/details	Code	Rate	Billing and documentation
Dangerous behavior identification supporting assessment Services are provided by an LBA or with the assistance of two or more technicians, for destructive behavior	Procedure code		
	*0362T	Per 15 min.	- Each 15-minute increment of two or more technicians' time face to face with the client requires completion in an environment that is customized to the client's behavior. - The assessment is regarding dangerous or destructive behaviors and the LBA is readily available during the provision of the service (though not necessarily in the same room). - LBA must bill the number of units that correspond to the number of hours spent during the assessment. Example: If the assessment takes 4 hours, the LBA needs to bill 16 units of *0362T. - LBA must bill by date of service. - Documentation: LBA must document progress on the performance metrics established during the behavior identification supporting assessment in the client record.

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Activity/details	Code	Rate	Billing and documentation
Line therapy Services are administered by a technician under the direction of an LBA	General information		
	- Line therapy is billable only by an LBA. A technician's services are billed by the supervising LBA. - There are no limits for billable ABA services. The services billed must be based on the units authorized. - LBA needs to bill for the hours of direct interaction the LBA or the technician have with the client. LBA may not bill for caregivers (relatives or guardians) performing line therapy services. - LBA must bill by date of service.		
	Procedure codes		
	*97153	Per 15 min.	Because the code is per 15 minutes, the LBA must bill the correct number of units to correspond with the total time spent with the client. Example: If a client receives 2.5 hours of line therapy, LBA must bill 10 units of *97153. Note: For guidance regarding LBA supervision of line therapy, see "Protocol modification" for code *97155.
	H2019	Per 15 min.	Because the code is per 15-minute increment, the LBA must bill the correct number of units to correspond with the total time spent with the patient. Example: If a patient receives 2.5 hours of tutoring, LBA must bill 10 units of H2019. Note: For guidance regarding LBA supervision of line therapy, see "Supervision" for code S5108. H2019 is payable only to non-Michigan providers who deliver services to out-of-state members and who cannot use the AMA category 1 codes.

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Activity/details	Code	Rate	Billing and documentation
Dangerous behavior ABA therapy Behavior treatment with protocol modification provided by the LBA using two or more technicians, for dangerous/destructive behavior	Procedure code		
	*0373T	Per 15 min.	- Modification to treatment protocol administered by the LBA. Must be done face to face with the client. - Each 15-minute increment of two or more technicians' time face to face with the client requires completion in an environment that is customized to the client's behavior, is addressing dangerous or destructive behaviors, and the LBA is readily available during the provision of the service (though not necessarily in the same room). - LBA must bill the number of units that correspond to the number of hours spent during the therapy. Example: If the therapy takes 4 hours, the LBA needs to bill 16 units of *0373T for two technicians. - LBA must bill by date of service. - Documentation: LBA must document progress on the performance metrics established during the line therapy in the client record. LBA must document adherence to all components outlined in the American Medical Association description of this *0373T code.

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Skills training Delivered in a small-group format including two or more clients by an LBA or a technician. The client practices socially based behavior goals. Services are provided by an LBA or by a technician who works under the direct supervision of the LBA.	General information		
	- Skills training is billable only by an LBA. A technician's services are billed by the supervising LBA. - There are no limits for billable ABA services. The services billed must be based on the hours authorized. - LBA must bill for the units of direct interaction the LBA or technician has with the client based on the number of clients the LBA or technician is working with during the session. - LBA may not bill for relatives or guardians performing skills training. - LBA must bill by date of service.		
	Procedure codes		
	*97154 when delivered by an ABA tech in a group of two or more clients *97158 (more intensive services) when delivered by an LBA in a group setting in which ongoing protocol modification is made by the LBA	Per 15 min.	Because the code is per 15-minute increment, LBA must bill the correct number of units to correspond with the total time spent in skills training. Example: If 2.5 hours of skills training is provided, LBA must bill 10 units of *97154 or *97158 for each client present. Note: For guidance regarding LBA supervision of skills training, see "Protocol modification," code *97155.

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Skills training (continued)	Procedure codes (continued)		
	H2014	Per 15 min.	- Because the code is per 15-minute increment, LBA must bill the correct number of units to correspond with the total time spent in skills training. Example: If 2.5 hours of skills training is provided, LBA must bill 10 units of H2014. - LBA or technician working with more than one patient during the session must divide the time spent by the number of patients present for skills training and LBA must bill accordingly. Example: If there is one LBA or technician and four patients in a group that receives 1 hour of skills training, LBA must bill only 15 minutes per patient, for a total of 1 billable hour. LBA may not bill 4 hours total, or 1 hour for each of the four patients. - When an LBA or technician works with a skills training group in which there is a one-to-one ratio of LBA/technicians to patients, each LBA may bill for the number of units provided for the group member in skills training. Example: If there are four LBAs or technicians and four patients in a group that receives 1 hour of skills training, each LBA may bill for 1 hour per patient. Note: For guidance regarding LBA supervision of skills training, see “Supervision,” code S5108. H2014 is payable only to non-Michigan providers who deliver services to out-of-state members and who cannot use the AMA category 1 codes.

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Activity/details	Code	Rate	Billing and documentation
Protocol modification Protocol modification may include teaching and observing the technician to use the modified protocol	Procedure code		
	*97155 when delivered with protocol modification done by the LBA or 1:1 direction of ABA technician with protocol modification done by the LBA	Per 15 min.	Adaptive treatment protocol modification may include the following: design, analysis and edits to antecedent or consequence strategies; individualized behavior plan based on functions maintaining aberrant behavior; and/or inclusion of additional acquisition/replacement skills to current treatment plan or analysis and editing of prompt fading, chaining, differential reinforcement or generalization procedures, which require the expertise of the LBA. The service resolves one or more problems with the protocol and may simultaneously direct a technician in administering the modified protocol while the member is present. • There are no limits for billable ABA services. The services billed must be based on the hours authorized. • Because the code is per 15-minute increment, providers must bill the correct number of units to correspond with the total time spent in protocol modification. Example: If 2.5 hours of protocol modification with or without direction is provided, LBA must bill 10 units of *97155. • Direction to a technician without the client present is not reported separately. • LBA must bill by date of service. • LBA may not use this code to bill for the training of a technician to learn how to perform line therapy. Note: For guidance regarding caregiver training, see “Caregiver training,” code *97156.

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Activity/details	Code	Rate	Billing and documentation
Supervision	Procedure code		
Supervision is during a line therapy (tutoring) or skills training session. Includes time afterward to process feedback and make adjustments to the treatment plan.	S5108	Per 15 min.	- There are no limits for billable ABA services. The services billed must be based on the hours authorized. - Because the code is per 15-minute increment, providers must bill the correct number of units to correspond with the total time spent supervising. Example: If 2.5 hours of supervision is provided, LBA must bill 10 units of S5108. - LBA may bill for the supervision of a technician performing line therapy or skills training. - LBA can supervise only one technician at a time who is conducting ABA line therapy session. - LBA may supervise a group of technicians conducting skills training. For the period of time the LBA is supervising a group of technicians while the technicians are conducting skills training, LBA must split that billable time among all of the technicians who are in the room. Example: If an LBA supervises a group of four technicians and four patients for 2 hours, the LBA may bill only 30 minutes per technician and per patient, which adds up to the 2 billable hours. LBA may not bill 2 hours for each of the four technicians and the four patients who were supervised. - LBA may bill only for the time he or she spends with the technician and the member, and for the time spent after the session processing feedback and adjusting the treatment plan. - LBA must bill by date of service. - LBA may not use this code to bill for the training of a technician to learn how to perform line therapy. Note: For guidance regarding caregiver training, see “Caregiver training,” code S5111. S5108 is payable only to non-Michigan providers who deliver services to out-of-state members and who cannot use the AMA category 1 codes.

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Activity/details	Code	Rate	Billing and documentation
Caregiver training Training of a parent, guardian or caregiver to learn how to work with the member using the principles of ABA therapy and skills training	General information		
	- There are no limits for billable ABA services. The services billed must be based on the hours authorized. - LBA may not bill for the training of a technician to learn how to perform line therapy or skills training. - LBA must bill by date of service.		
	Procedure codes		
	*97156 when delivered by the LBA with or without the client present, with caregivers/guardians of one client	Per 15 min.	Because the code is per 15-minute increment, LBA must bill the correct number of units to correspond with the total time spent in caregiver training. Example: If 2.5 hours of caregiver training is provided, LBA must bill 10 units of *97156. Note: For Blue Cross commercial authorizations already approved, bill with the procedure codes that are approved in your authorization; no new authorization is required.
	S5111	Per 15 min.	Because the code is per 15-minute increment, LBA must bill the correct number of units to correspond with the total time spent in caregiver training. Example: If 2.5 hours of caregiver training is provided, LBA must bill 10 units of S5111. S5111 is payable only to non-Michigan providers who deliver services to out-of-state members and who cannot use the AMA category 1 codes.

Activity/details	Code	Rate	Billing and documentation
Multifamily group caregiver training Multifamily group adaptive behavior treatment guidance administered by the LBA without the client present, with multiple sets of guardians/ caregivers	Procedure code		
	*97157	Per 15 min.	- Because the code is per 15-minute increment, LBA must bill the correct number of units to correspond with the total time spent in caregiver training. Example: If 2.5 hours of caregiver training is provided, LBA must bill 10 units of *97157. Typically, this service is time limited, to focus on a specific skill for the caregiver. - LBA must bill for the units of direct interaction the LBA or technician has with the caregiver based on the number of caregivers the LBA or technician is working with during the session. - Because the code is per 15-minute increment, LBA must bill the correct number of units to correspond with the total time spent in skills training. Example: If 2.5 hours of skills training is provided, LBA must bill 10 units of *97157. - LBA must bill by date of service.

For Blue Cross commercial claims only

General information for submitting claims to Blue Cross is in the *Blue Cross Commercial Provider Manual*. Here's how to find the manual:

1. Log in to our provider portal (availity.com**).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.
5. Choose Publications > Manuals and click *Blue Cross commercial*.
6. Click the *Claims* link under Billing.

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Electronic claims: For electronic billing information, refer to the [electronic connectivity \(EDI\) user information](#).

Paper claims: The following are **additional** instructions for submitting Blue Cross commercial paper claims for autism services:

Field # on CMS-1500	Field name on CMS-1500	Instructions	Additional information
Field 21	Diagnosis or nature of illness or injury	Enter the autism diagnosis code specified in the authorization as the primary diagnosis.	Do not enter any other diagnosis codes.
Field 23	Prior authorization number	Enter the prior authorization number for the service that was preapproved by the behavioral health vendor.	- The prior authorization number is a 10-digit number. - Prior authorization for autism services is not required for all groups. Be sure to confirm the member's autism coverage and check authorization requirements.
Field 24A	Dates of service	Bill for each date of service on a separate line.	- You cannot bill a range of dates of service on a single line. - You may bill multiple days of service on separate lines in a single claim submission. - The dates of service being billed must fall within the dates specified on the authorization letter. Please be aware that there may be multiple letters for a single authorization. You must match the dates of service billed to the letters you receive.
Field 24D	Procedures, services or supplies	Enter the appropriate HCPCS code for the procedure performed.	The procedure code in Field 24D must match the procedure code on the authorization record.
Field 24G	Days or units	Based on the service you're billing, enter an applicable quantity here.	- Enter units in whole increments. - Make sure the number of units submitted does not exceed the number specified on the authorization letter for a specific procedure code.

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***Effective Jan. 7, 2020, behavior analysts must be licensed by the state of Michigan to be reimbursed by Blue Cross or BCN. For Medicare Advantage members, ABA treatment must be performed by a Medicare-approved provider type for whom ABA is within their scope of practice.