

Guidelines for autism interventions delivered via telemedicine (ABA and skills training)

Determining which members can benefit from interventions via telemedicine (*97153 and *97154)

For Blue Cross and BCN members with autism benefits

Revised May 2023

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The following autism services are payable when delivered via synchronous (real-time) telemedicine visits:

- Direct-line applied behavior analysis interventions (procedure code *97153)

Note: We allowed this service to be payable when delivered via telemedicine as a temporary measure during the COVID-19 pandemic, for dates of service on and after Aug. 3, 2020. Effective Nov. 1, 2021, this service is payable when delivered via telemedicine on an ongoing basis, rather than as a temporary measure.

- Skills training interventions (procedure code *97154)

Note: We allowed this service to be payable when delivered via telemedicine as a temporary measure during the COVID-19 pandemic, for dates of service on and after Nov. 9, 2020. Effective Nov. 1, 2021, this service is payable when delivered via telemedicine on an ongoing basis, rather than as a temporary measure.

This document offers guidance in determining which members can benefit from direct-line ABA and skills training interventions delivered via telemedicine.

These are not formal requirements. Instead, they are factors to consider when evaluating whether to offer direct-line ABA and skills training interventions via telemedicine to a particular member.

Basic guidelines to consider

Providers must first assess whether a member has the prerequisite skills to respond to interventions delivered by the technician via synchronous videoconferencing with or without caregiver assistance (*97153 and *97154).

At minimum, the member should exhibit the basic skills listed below. It's possible that other skills may be required as well.

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- Member has these basic skills:
 - Joint attention
 - Basic discrimination
 - Basic echoic
 - Basic motor imitation
- Member is able to:
 - Follow common one-step instructions
 - Participate in sessions with limited caregiver assistance
 - Sit independently at a computer or tablet for 8 to 10 minutes
- Safety concerns and challenging behaviors must be minimal, and caregivers must be able to effectively manage any challenging behaviors.

Members who do exhibit these basic skills may be considered candidates for direct-line ABA and skills training interventions delivered via telemedicine. For these members, providers may want to consider the other guidelines outlined below.

Other guidelines to consider

- Direct-line and skills training interventions via telemedicine are most appropriate for members:
 - Whose sessions are primarily conversation based
 - Who can use planned lessons or formal curricula
 - Who engage in minimal problematic behavior that requires physical intervention
- Provider must be able to:
 - Review progress every three to six months to ensure overall objectives are being mastered
 - Explain any reduction in progress or slope from week to week (for example, “objectives were more difficult; therefore, patient took longer to reach criterion”)

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- Include graphs for accurate performance of each short-term objective — for example, the percent of steps that are correct and the frequency and duration of the response
- Caregiver involvement. A caregiver must be:
 - Present and nearby for the duration of the session
 - Available to step in as needed to deliver reinforcers, manage token systems, provide additional prompting as instructed by the direct-line or skills training therapist, etc.

Steps to take when the guidelines can't be met

When members who do not qualify based on the guidelines above or when the provider can't ensure that the additional considerations listed above can be completed, here are steps to take:

1. Assess the member by providing up to four weeks of ABA (*97153) or skills training (*97154) sessions delivered via telemedicine and evaluate the following:
 - Is the session length increasing?
 - Does the duration of an interaction increase across sessions (for example, the delivery of trials before a break)?
 - Can the behavior technician address additional treatment targets?
 - How many targets are increasing in frequency or performance (for example, what percent are correct)?
2. Review the results of the assessment after the third week and take the appropriate action:
 - If the results indicate the member is making progress and achieving gains, continue with direct-line applied behavior analysis or skills training delivered via telemedicine.
 - If the results indicate the member is not progressing and achieving gains, provide alternative telemedicine-payable treatment options and in-person interventions, as appropriate.

Note: Review the [Telehealth for behavioral health providers](#) document. This document is available on our Provider Resources site, which is accessible through our provider portal ([availability.com](#)**). It contains a full list of payable procedure codes associated with autism services delivered via telemedicine.



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Additional information

For authorization requirements related to autism services for various lines of business, refer to the [Summary of utilization management programs for Michigan providers](#).

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References:

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