SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Autism Spectrum Disorder (ASD) Services Provider Manual Policy Updates

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Disclaimer

- All information in this presentation pertains to South Carolina Department of Health and Human Services (SCDHHS) Healthy Connections Medicaid members, and that prior to treatment, all members must meet the medical necessity criteria for the requested service.

- This training will address the general updates regarding ASD services. For comprehensive policy guidelines and detailed descriptions, providers must refer to the full ASD Services Manual.

- Slides will be available on SCDHHS' website following completion of the ASD training series.

- Remaining questions should be emailed to MedicaidStatePlan@scdhhs.gov.

Summary Policy Update and Objectives

- Effective July 1, 2026, SCDHHS' ASD Services Manual has been updated to:
  - Reflect final decisions regarding the use of telehealth for Applied Behavior Analysis (ABA) treatment,
  - Streamline documentation requirements, and
  - Clarify medical necessity criteria of ABA treatment services.
- Objectives for today's training will:
  1. Clarify current and existing ASD policy expectations,
  2. Highlight significant updates and changes, and
  3. Address common provider and community questions received during the open comment period.
- This training will **not** detail how to request or document every ABA treatment eventuality.
- **SCDHHS will moderate a separate training July 23, 2026, which will focus on documenting medical necessity and be led by local, clinically active, South Carolina Board Certified Behavior Analyst (BCBA + BCBA-D) colleagues.**

Section 1: Program Overview

Section 2: Covered Populations

Section 2: Covered Populations

Clarifying pre-existing policy

- Telehealth Autism evaluations are **not** valid to access ASD services
- When valid academic, psychological or medical evaluations have been completed and determined the member meets criteria for autism spectrum disorder, Repeat psychological testing **IS NOT** medically necessary to access ASD services and is considered non-reimbursable.
- Autism evaluations must be administered and completed by physicians (MD/DO), psychologists (PhD/PsyD) or licensed psychoeducational specialists (LPES).
  - SCDHHS does **NOT** accept autism evaluations completed by any other provider type; including but not limited to, licensed independent social workers (LISW), nurse practitioners, physician assistants, **ABA providers/companies**, licensed rehabilitative therapists (speech, occupational or physical therapies[ST/OT/PT]).
- School evaluations completed with an Individuals with Disabilities Education Act (IDEA) designation of ASD are acceptable to access all ASD services, AFTER school evaluations have been reviewed by the child's physician, a clinical psychologist, or an LPES, as part of the referral to ASD services through an approved diagnostic pathway.
  - Refer to the "**Comprehensive Diagnostic Assessment**" pathway in **Section 2** for additional guidance regarding the requirement to document previous evaluations. **SCDHHS does not reimburse for repeat psychological testing and does NOT require members to be re-diagnosed with autism to access ASD services**
  - Refer to the "Medical Care Home Assessment" pathway in **Section 2** for additional guidance for primary care physicians.

Section 3: Eligible Providers

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Pre-Existing policy language

- All ABA providers must be physically located within the South Carolina Medicaid Service Area (SCMSA).
  - Providers delivering ABA services via telehealth **must** also be within the SCMSA (within 25 miles of South Carolina border).
  - Any services delivered or billed under ABA providers who are not located within SCSMA are subject to post-payment review and recoupment.
    - *"Except as required by 42 CFR 431.52, providers of ASD services must be located within the South Carolina Medicaid Service Area (SCMSA) to ensure (i) quality care is delivered based on clinical standards, (ii) the full covered service array under the behavioral health benefit is available to the member, and (iii) each member has access to in-person care whenever necessary" (p.11).*

Section 3: Eligible Providers *(cont.)*

Pre-Existing policy language:

- 90-day grace period of behavior technicians (BT)
  - The 90-day grace period, allowing BTs to bill for services rendered under an enrolled ABA provider while the BT is obtaining their Registered Behavior Technician(RBT) credential, **remains a one-time allowable pathway to ABA service delivery.**
  - **With clarification:** The grace period begins **the first day, of their first hire as a BT.**
    - **The 90-day period follows the BT**. The grace period does **not reset** if an ABA company relocates the BT to a different office, rehires the BT under a different group ID, places the BT under the professional supervision of a different enrolled ABA provider or assigns the BT to a new/different patient.
    - **All services rendered outside of the BT's 90-day grace period are subject to post-payment review and recoupment.**

Section 3: Eligible Providers Section Updates

BT Description and Updates

- *"The BT must be 18 years of age or older and possess a minimum of a high school diploma or national equivalent…*

- ***Due to the complexity of service provision in home and school-based service locations, uncredentialed BTs are only authorized to provide services independently in practice-based service locations during the 90-day grace period and only when a BCaBA/BCBA/BCBA-D is physically on site and available to intervene and assist as needed"*** *(p. 13).*

Section 3: Eligible Providers Section Updates *(cont.)*

ABA providers: Categorical high-risk providers

- Newly-enrolling ASD providers must undergo level one and level two fingerprint-based background checks (FCBCs) with both the South Carolina Law Enforcement Division and the Federal Bureau of Investigation. All individual ASD providers must complete the FCBC during the ASD provider enrollment process.
- In addition to the FCBC, requirements for enrollment as a "high risk" provider include the following steps:
  - Must undergo a pre-enrollment site visit.
  - May undergo a post-enrollment site visit to verify the information submitted to SCDHHS is accurate and to determine compliance with federal and state enrollment requirements. (§ 455.432[(a)]).
  - Must provide 100% disclosure of ownership to the grandparent level and attest to the disclosure of ownership during the provider enrollment process in accordance with CFR 42 §455.102.

Section 3: Eligible Providers Section Updates *(cont.)*

ABA providers: Categorical high-risk providers (continued from previous slide)

- Groups of ASD providers (i.e., ASD providers affiliated with and practicing under an enrolled group) are included in the "high risk" category and as such are required to comply with the Centers for Medicare and Medicaid Services (CMS) regulations (42 CFR Part 455 subpart E) associated with this category. Additionally, it is vital that provider owners and managing employees understand that they can be held criminally liable for the actions of the providers' employees, agents and representatives.
- In accordance with S.C. Code Ann. §40-75-290 (Supp. 2023, as amended), the above requirements do not apply to state agency providers, mental health counselors who are school district employees or entities acting on behalf of a state agency, including child-placing agencies and developmental evaluation centers.

Section 3: Eligible Providers Section Updates *(cont.)*

Additional ABA provider and supervision requirements

- **Updated policy language** differentiates ABA provider "supervision" responsibilities to their patients and supervised staff as determined by national guidelines and discussed in section 3, from the direct services as outlined in section 8 of the ASD Services Manual.
- **For clarity:**
  - Requests to discuss **"SUPERVISION"** requirements will assume a discussion about the ABA provider's professional responsibility according to RBT/BCaBA/BCBA certification requirements and/or standards to remain in good standing, which are considered non-billable/non-reimbursable activities.
  - Requests to discuss the medically necessary and appropriate use of the code 97155 must be referred to by the CPT code, or as **"ADAPTIVE TREATMENT WITH PROTOCOL MODIFICATION"** and be framed around the delivery of a direct and billable service to the member.
- SCDHHS **does not** prevent ABA providers from counting and/or documenting direct patient facing/billable hours towards BACB certification/supervision requirements.
- The ABA provider is responsible for ensuring that Medicaid is **only** billed for direct services delivered per section 8 of the ASD Services Manual, to the member and/or caregiver.

Section 3: Eligible Providers Section Updates *(cont.)*

Anti-kickback policy

- **Any rendered ABA treatment services are not reimbursable** when the individual and/or group ABA provider responsible for the members' ABA treatment is affiliated with the provider, clinic and/or group that conducted the member's Comprehensive Developmental Evaluation and rendered the ASD diagnosis that made the member eligible for ABA treatment.
- **Both the American Psychological Association (APA) and the BACB have ethical language guiding the practice patterns concerning dual relationships and conflicts of interest.**
  - APA Standard 3.05 (Multiple Relationships) and 3.06 (Conflict of Interest) https://www.apa.org/ethics/code
  - BACB's Ethics Code for Behavior Analysts, specifically 1.11 (Multiple Relationships)

Section 3: Eligible Providers Section Updates *(cont.)*

Anti-kickback policy

- Applies to new treatment authorization requests, **as of July 1st, 2026.**
- Policy will not be retroactively applied to any continuing authorizations for patients currently receiving services.
- Policy applies if the member's treatment lapses.

SCDHHS **does not** support discharging any patients who are currently receiving medically necessary services.

Section 4: Covered Services and Definitions

Requirement to identify and treat maladaptive behaviors

Section 4: Covered Services and Definitions Clarification

- ASD assessment and treatment services must be medically necessary. When rendering medically necessary ABA treatment, maladaptive behaviors must be identified (p. 20).
  - **This is not a new requirement**
  - Treating problem/interfering behavior has always been a core component of Medicaid-funded ABA services.
  - SCDHHS maintains the expectation that ABA providers will be identifying and treating maladaptive and impairing behaviors.

Section 4: Covered Services and Definitions Clarification *(cont.)*

- Historically, beginning with **Early Intensive Behavioral Intervention (EIBI)** services under the PDD Waiver (2010-2017):
  - *"This service is provided by the Consultant who provides implementation of the treatment plan; educates family members and caregivers to use **evidenced-based interventions as a means to enhance skill development AND reduce interfering behaviors …**"*
- Upon transitioning **EIBI to ABA treatment as a Medicaid State Plan** service (2017-present):
  - *"Behavior identification assessment – Direct contact with the beneficiary and collateral contacts such as parents/guardians, case managers, or other treatment providers, as clinically indicated, **in order to identify maladaptive behaviors …**"*

Section 4: Covered Services and Definitions Clarification *(cont.)*

Beyond being a defining and core component of medically necessary ABA treatment, SCDHHS must further highlight the requirement for behavioral treatment and actively address behavioral challenges. **The following are considered inappropriate utilization of Medicaid funded ABA services:**

- Billing for comprehensive behavioral treatment, but then discharging children from services for displaying challenging behaviors, even developmentally appropriate behaviors (ex., 2–3-year-old who bites)
- Offering Behavioral Identification Assessments as a promise to "access immediate ABA" but being unable/unwilling to start ABA treatment for child identified to have significant behaviors, or patients with Level 3 Autism (Per DSM-5-TR Criteria)
- Preferentially or solely offering comprehensive behavioral treatment to the youngest and least behaviorally impaired children.
- Triaging out of ABA services, any families who are expressly seeking behavioral treatment.
- Preventing families from bringing up any behavioral concerns, under fear of ABA discharge if children are too "behavioral."

SCDHHS affirms the value of medically necessary ABA treatment, including the importance of skills acquisition goals, as long as skills acquisition goals are not prioritized over any medically necessary behavioral goals or caregiver concerns for impairing or challenging behavior.

Section 4: Covered Services and Definitions

Addition of Place of Service Locations

Section 4: Addition to Place of Service Locations

- Table with valid service locations has been added.
- Prior manuals **did not** include any descriptive information or tables to guide providers.
- **Provider training on July 23, 2026** will focus on clinical scenarios that will detail prior authorization of ABA treatment services for use in various place of service (POS) discussions; including the school and the community.
- The training will be led by experienced, South Carolina BCBA and BCBA-D providers who are actively managing SCDHHS members.

POS Code(s)	Place of Service Name	Place of Service Description
02	Telehealth provided other than in patient's home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. **The GT modifier must be used to indicate direct telehealth services and is only permitted with 97156 or with 97155 when approved by the Quality Improvement Organization (QIO).**
03	School	A facility whose primary purpose is education; including daycare and preschool settings. **Permitted only with prior authorization, as part of a detailed and specific Individualized Plan of Care (IPOC).**
10	Telehealth provided in patient's home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. The GT modifier must be used to indicate telehealth services. **The GT modifier must be used to indicate direct telehealth services and is only permitted with 97156, or with 97155 when approved by the QIO.**
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
99	Other place of service	Other place of service not identified above, to include community settings. **Permitted only with prior authorization, as part of a detailed and specific IPOC.**

Section 4: Covered Services and Definitions

Non-covered Services

Section 4: Non-covered Services

Medically necessary ABA in South Carolina is not allowable for habilitative, custodial, convenience, educational or non-behavioral services

BTs and RBTs are not 1:1 aides, paraprofessionals, personal care attendants, respite workers, babysitters, educators or personal shadows

BTs/RBTs must deliver medical ABA treatment protocols per a child's individualized treatment plan

Section 4: Non-covered Services

Medically necessary ABA in South Carolina is not allowable for habilitative, custodial, convenience, educational or non-behavioral services.

The updated list of 'Non-covered Services' details specific activities that are considered non-Medicaid reimbursable under the ASD benefit, **unless:**

- The activity is **clearly defined by a specific service code detailed in section 8**, or
- The activity is approved by the QIO during prior authorization to **address a limited and clearly defined treatment goal associated with a core feature of ASD, specific to the member's unique IPOC and supported by data and observations that indicate medical necessity**.

Non-covered Services: Specific Examples

- ABA services provided directly by family/caregiver are not covered and non-reimbursable.
- Billing for ABA services rendered by family members is considered a conflict of interest.
- Use of procedure code 97153 is not valid to support caregiver/parent directed/implemented treatment.
  - Treatment plans requesting only 97155 and 97156 to frequently modify an IPOC delivered by a family member/caregiver **will not be approved.**
  - Treatment plans built to allow a caregiver/family member to function as the BT/RBT to their own child through utilization of 97153 will not be approved.

Non-covered Services: Specific Examples *(cont.)*

- ABA services provided in home settings are ONLY considered valid and reimbursable when **an adult caregiver is physically present for the complete duration of treatment hours and when treatment is delivered by a fully certified RBT or ABA provider.**
  - Comprehensive home-based ABA treatment is not a custodial service.
  - The requirement to have an adult caregiver present in a home setting is not exclusive to ASD services, but in fact a requirement for all medically necessary home-based treatment services.

Any service delivered without an adult caregiver present in the home is subject to post-payment review and recoupment.

Non-covered Services: Specific Examples *(cont.)*

- ABA services billed during unstructured member time – **periods where specific IPOC goals are not being addressed, including periods of inactivity** – are not covered and are not reimbursable.
  - Free and unstructured time may be necessary for a member, but this is not part of any billable service.
  - This includes attempts to bill for the general presence of any enrolled provider/staff/employee while children are on breaks, playing on a playground, taking naps or having meals, etc. (**not a comprehensive list**).
  - **Note:** Impairing behaviors that are caused or exacerbated by mealtimes, presuming the functions of those behaviors are detailed in the behavioral identification assessment (BIA)and functional behavior assessment (FBA) and treatment goals for those behaviors are distinctly identified in the child's IPOC with planned one-on-one treatment, **are** considered medically necessary ABA treatment goals.

Section 5: Utilization Management

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- Goal to streamline/clarify documentation that must be submitted for ABA treatment requests.
- Narrowed to three categories and deferred detailed explanations to the relevant section:
  - Initial ABA service requests
  - Continuing ABA service requests every six months thereafter
  - Reconsideration of ABA service requests if medically necessary

Requirements for Initial ABA Treatment Requests

1. Confirmatory documentation of autism diagnosis (see section 2)
2. Behavior identification assessment and functional behavior assessment (see section 8)
3. Copies of current treatment plans from all providers on the member's treatment team: ST/OT/PT, etc.
4. Copies of educational **and** behavioral assessments completed by the member's school if services are being requested for delivery in a school service location – Place of Service (POS code 3)
5. Member's initial IPOC (see section 6)

Requirements for Continuing ABA Treatment Requests

1. **The most recent IPOC submitted with last authorization.**
2. **Updated** behavior Identification Assessment and Functional Behavior Assessment (if applicable).
3. **Updated** current treatment plans from all providers on the member's treatment team: ST/OT/PT, etc.
4. **Updated** copies of educational **and** behavioral assessments completed by the member's school (if services are being requested for delivery in a school-based service location – code 3).
5. **Updated** IPOC.

Section 6: Reporting and Documentation

Section 6: Reporting and Documentation

- **Three significant changes** were made to better support and indicate medically necessary ABA treatment:
  - **Enhanced IPOC requirements**
  - **Updated clinical service note (CSN) requirements**
  - **Removal of 90-day progress summary**

Enhanced IPOC Requirements

1. Member background information
2. Assessment data
3. Treatment scope and goals
4. Treatment intensity
5. Service schedule
6. Staffing
7. Titration/transition/discharge planning
8. Caregiver involvement
9. Signature requirements

Updated CSN Requirements

- Each discrete treatment service rendered must have its own CSN, documented in accordance with ABA standards and guidelines.
- **Documentation in the CSN must justify the level of service performed and support the number of units billed to Medicaid.**
  - The member's name and Medicaid or organizational ID
  - Date of service provision
  - Name of the service provision and service CPT code
  - Place of service and POS code used
  - Name and credentials of **ALL** providers and staff present
  - Names of ALL caregivers present
  - Duration of treatment (exact start and end time of the session)
    - Documentation of the intervention must accurately reflect treatment duration. Explanation must be given when service is discontinued early.

Updated CSN Requirements *(cont.)*

Documentation in the CSN must justify the level of service performed and support the number of units billed to Medicaid.

- All treatment services must include a **narrative** that clearly identifies:
  - The goal and treatment target within the treatment plan that is specific to that day's service.
  - Assessment of the effectiveness of the intervention and the member's progress towards the member's goal, including any data collected.
  - A discussion to any changes in medical, behavioral or psychiatric status. Narrative must reflect the appropriate implementation of the treatment plan and the medical necessity for the service.

Updated CSN Requirements *(cont.)*

Every CSN must be signed, titled and dated, with credentials, by the enrolled BCBA-D, BCBA, BCaBA, or LIP, who is directly responsible for the member's treatment plan and under whom the service was billed.

- **When ABA services are rendered by BT/RBT, documentation must be signed and dated by BOTH the BT/RBT with their credentials, as well as the enrolled individual provider (BCaBA/BCBA, BCBA-D) whom the service was billed under.**
- SCDHHS does not permit any group provider to designate a general "authorized signee" to sign off on any clinical service notes for treatment services that they did not personally render and/or were not billed under their individual National Provider Identifier (NPI).
- When signed by a BT, the BT must also include in their signature line, the exact day that their one-time 90-day grace period began; **this would be the date of their FIRST HIRE as a BT**.

- **Note:** CSNs may not be copy-forwarded and may not replicate previous documentation in prior CSNs.

Updated CSN Requirements *(cont.)*

Each discrete treatment service rendered should have its own CSN, documented in accordance with ABA standards and guidelines. Documentation in the CSN must justify the level of service performed and support the number of units billed to Medicaid.

- **For group services,** a group note **individualized for each member or caregiver(s)** set must be completed for each participant, **including the members' individualized response to the group treatment intervention.**
- **As applicable for 97155,** CSNs must include a detailed narrative description that addresses the specific objective(s)/goal(s) from the IPOC toward which the session is focused, **and a discussion of the BCBA's member-directed involvement and resultant protocol modifications or an explanation for the steps taken to target the protocol and why the service did not result in a modification to the members' protocol.**
  - If concurrently billing with 97153, the documentation must include details regarding any justification for concurrent billing and how the BT/RBT rendered a distinct and direct service in the patient's care.

Updated CSN Requirements *(cont.)*

As applicable for 97156 and 97157, CSNs must include:

- The specific parent/caregiver objective(s)/goal(s) from the IPOC toward which the session is focused,
- Whether training was provided to one or more caregivers for a single member or multiple members with or without the member present,
- Which caregivers were present,
- The specific guidance provided to families to implement treatment and/or address specific goals, and
- The caregivers' response to treatment direction.

Removal of 90-day Progress Summary

- Review of ABA service line and conversations with ABA stakeholders indicated minimal added value of the 90-day progress summary, particularly after accounting for more detailed CSN requirements.
- The need to draft and maintain separate 90-day progress summaries has been removed, provided the ABA provider is able to draft a summary of a member's treatment progress upon request.
- Most commonly, the progress summary would integrate the narrative descriptions, data and observation from relevant CSNs of a requested time period.

Section 7: Billing Guidance

Update to “Eight Minute Rule” for ASD Services

- When the treatment intensity of ASD services interferes with a child’s developmental and physiologically appropriate requirement for sleep (non-reimbursable time), resulting in the child needing to nap, billing for **any** ABA/ASD treatment services must be discontinued.
- The routine inability of the provider to render services due to the child’s physiologic need for sleep is an indication that the child’s IPOC and treatment intensity must be reconsidered.
- The “Eight Minute Rule” does not apply when the child spends any part of the 15-minute interval sleeping.
- **Under no circumstances should a child be forced to wake up or to stay awake to receive ABA/ASD treatment.**

Section 8: Benefit Criteria and Limitation

Telehealth Guidance

ASD Service Code	Deliverable through telehealth WITH the GT modifier AND Place of Service (POS) location code?	Prior authorization required for telehealth delivery
97151	No – No Exceptions	N/A
97152	No	N/A
0362T	No	N/A
97153	No	N/A
97154	No	N/A
97155	Conditional	Yes. See code description
0373T	No	N/A
97156	Yes	No
97157	No	N/A
97158	No	N/A
H2019	No	N/A

ABA Service Code Updates
97151: BIA

- **Member-facing components of the behavior assessments are to be completed in-person with the member and caregiver by a BCBA-D, BCBA, or BCaBA.**
- **BIA/FBA can not be completed by the RBT.**
- **The BIA cannot be completed by telehealth or used with the GT modifier under any exceptions**
  - ABA providers are **NOT prevented from billing 97151 for report documentation components** of the assessment that are not patient facing, but this must be done using the service location code for their office/clinic.
- Assessment services and IPOC development **must be completed by the same enrolled ABA provider under whom ABA treatment services will be directed and billed.**
- **97151 does not require prior authorization, but claims (and any associated treatment services) are subject to post-payment review and recoupment if:**
  - The member is unable to begin ABA treatment (via 97153) within one month of completion of the BIA, or
  - The member is provided services not identified medically necessary as indicated by the resulting BIA and IPOC, or
  - Services deemed primary needs are not addressed in goals and objectives on the IPOC.
  - The BIA was completed by telehealth and/or the enrolled provider never conducted an in-person observation of the member in all locations where ABA treatment is rendered.

ABA Service Code Updates
97151: BIA *(cont.)*

The BIA must include all the following components:

- **Review of all collateral reports of prior medical and treatment services:**
  - ASD diagnostic documentation
  - Prior treatment history and discharge summary from former ABA providers
  - Relevant school or rehabilitative therapies records
- An open-ended and comprehensive clinical interview with the caregiver seeking **ABA that directly addresses any caregiver concerns about maladaptive behaviors as required by the state plan.**
  - The Open-Ended Functional Assessment Interview (OEFAI) (Hanley, 2009) is highly recommended but not required. This is an open-source tool that can guide the clinical interview when administered directly by the enrolled provider. **A self-reported form, filled out by the caregiver, is not sufficient for this requirement.** The OEFAI can be used in all cases, regardless of whether a functional behavior assessment (FBA) is indicated, but by itself, it does not replace the requirements for an FBA as indicated on the next slide.

ABA Service Code Updates
97151: BIA *(cont.)*

The BIA must include all the following components:

- **The Questions about Behavioral Function (QABF) or the Functional Assessment Screening Tool (FAST) administered directly to the caregiver seeking ABA.**
  - **Self completed forms by caregivers are not acceptable.**
  - Data obtained from this measure can be used as part of the FBA when warranted for service requests.
- **Direct patient observation in patient's natural environment and in all service locations where ABA treatment is requested.**
- **Vineland Adaptive Behavior Scales (Vineland) Interview in person with the caregiver seeking ABA.** All domains, **including the maladaptive behavior domain**, must be administered.
  - **Self completed caregiver checklist is NOT sufficient to meet the Vineland requirement.**

ABA Service Code Updates
97151: BIA *(cont.)*

The BIA must include all the following components:

- **At least two of the following skills or functional assessments** (selected based on member's developmental age and cognitive abilities) must be included:
  - Promoting the Emergence of Advanced Knowledge (PEAK)
  - Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP). **Must include the Barriers Assessment and the Transitions Assessment**
  - Assessment of Basic Language and Learning Skills-Revised (ABLLS-R)
  - Social Responsiveness Scale (SRS)
  - Assessment of Functional Living Skills (AFLS)
  - Essentials for Living (EFL)
  - Early Start Denver Model

ABA Service Code Updates
97151: BIA *(cont.)*

The BIA must also include an FBA to support targeted interventions that address specific behavior challenges for any of the following clinical situations:

- Treatment requests for more than 15 hours per week of 97153.
- Treatment requests for any goals related to maladaptive or impairing behaviors.
- Requests for services rendered in any school setting, **including daycare, preschool and private schools**, which must include targeted goals that are not educational, duplicative, habilitative or custodial in nature.

ABA Service Code Updates
97151: BIA *(cont.)*

If any of the three criteria (in the previous slide) are met, a functional behavior assessment must be completed and include all the following:

- **Direct Observation of the member in every service location where ABA is being requested** (school, practice setting and/or home), including sufficient data to support the treatment goals and requested treatment hours. **Minimally, ABC Data and Scatterplot Recordings must be completed**; Event Recording and Standard Celeration Chart (SCC) data are optional.
- **Identified functions of observed behaviors:**
  - **It is not sufficient to indicate** the provider intends to update an FBA or IPOC after authorization to later include data or clarify functions of behavior that were not observed during the assessment or authorization period.
  - Reports that include language indicating a later intent to add data or address functions of behavior will result in denial during the authorization process.
  - Additional service hours may be requested at any time during treatment, should functions of behavior be revealed, that require more intense support to address additional treatment goals.
- **Behavioral Crisis Plan**
- **Medical Crisis Plan** (when comorbid medical conditions are present that may be triggered during behavioral escalations, such as a seizure disorder)

ABA Service Code Updates
97151: BIA *(cont.)*

Functional Analysis (FA) Methods

- At provider discretion, a comprehensive validated FA method may be required, especially in cases of highly challenging (i.e., dangerous, aggressive) behaviors. While SCDHHS supports validated FA models, no specific FA model is required when the components of the FBA are otherwise sufficiently addressed to warrant treatment requests for medically necessary ABA services.
- However, if a provider is appropriately trained in a comprehensive, validated FA method that would otherwise fully address the above requirements for an FBA, the functional analysis method can replace the more general FBA requirement listed above.
- If the member's ABA treatment plan intends to follow a specific and highly specialized treatment protocol, the provider must be formally trained (and certified, if applicable) to render the specific treatment model; the provider must administer the FA according to the specific model guidelines.
    - For example, if the Practical Functional Assessment and Skill-Based Treatment (PFA-SBT) is utilized to treat severe maladaptive behaviors, the Interview-Informed Synthesized Contingency Analysis (ISCAA) must be informed by the Open-Ended Functional Assessment Interview.

ABA Service Code Updates
97153: Adaptive Behavior Treatment

- **97153 is a core component and requirement of all ABA treatment service requests.**
- Routine and consistent use of 97153, as requested during prior authorization, and delivered over the course of the prior authorization, is required to validate all other ABA services.
- Administered by a BCBA-D, BCBA, BCaBA, RBT in all approved POS locations
- Administered by a BT, ONLY in a clinic-based setting, with on-site supervision available by a BCBA-D, BCBA or BCaBA. A BT can not render 97153 in home and school POS locations.
- Involves use of behavioral intervention protocols designed in advance by the same enrolled provider, who is responsible for the member's treatment and protocol modification during the prior authorization period.
- Concurrent billing of 97153 at the same time as 97156 is authorized when the delivery of two clear and distinct services is evident in clinical documentation
  - 97153 is rendered by the BT/RBT to the member in a separate space, from where the enrolled BCaBA/BCBA/BCBA-D provider is rendering 97156 to the member's family/caregiver.

ABA Service Code Updates
97155: Adaptive Behavior Treatment with Protocol Modification

Updated policy language differentiates ABA provider "supervision" responsibilities to their patients and supervised staff as determined by national guidelines and discussed in section 3, from the direct services as outlined in section 8 of the ASD Services Manual.

- **For clarity:**
  - Requests to discuss **"SUPERVISION"** requirements will assume a discussion about the ABA provider's professional responsibility according to RBT/BCaBA/BCBA certification requirements and/or standards to remain in good standing, which are considered non-billable/non-reimbursable activities.
  - Requests to discuss the medically necessary and appropriate use of the code 97155 must be referred to by the CPT code, or as **"ADAPTIVE TREATMENT WITH PROTOCOL MODIFICATION"** and be framed around the delivery of a direct and billable service to the member.
- SCDHHS **does not** prevent ABA providers from counting and/or documenting direct patient facing/billable hours towards BACB certification/supervision requirements.
- The ABA provider is responsible for ensuring that Medicaid is **only** billed for direct services delivered per section 8 of the ASD Services Manual, to the member and/or caregiver.

ABA Service Code Updates
97155: Adaptive Behavior Treatment with Protocol Modification *(cont.)*

- 97155 is administered directly by a BCBA-D, BCBA or BCaBA, in-person, with a single member.
- The enrolled provider resolves one or more problems with the protocol and may simultaneously instructs a technician and/or guardian(s)/caregiver(s) in administering the ***modified*** protocol.
- For SCDHHS members, 97155 represents a critical component of ABA treatment and it is required to optimize 97153 services.
- 97155 will not be reimbursed through telehealth on a routine basis and not without prior authorization.
- Protocol modification is explicitly indicated when:
  - The BCBA-D, BCBA, or BCaBA conducts one-on-one direct treatment **with the *patient* to observe changes in behavior or troubleshoot treatment protocols; or**
  - The BCBA-D, BCBA, or BCaBA joins the patient and the technician during a treatment session to **direct the technician in implementing a new or modified treatment protocol.**

ABA Service Code Updates
97155: Adaptive Behavior Treatment with Protocol Modification *(cont.)*

- **97155 and 97153 must both be provided routinely and consistently throughout the prior authorization period.**
- Protocol modification can be rendered at a rate of 10% of the total rendered 97153 treatment hours. **This is unchanged from current policy.**
- SCDHHS recognizes that there may be brief, medically necessary periods of inconsistent delivery of 97155 compared to 97153, such as "fade-in" and transition periods. In such cases, the BCBA-D/BCBA/BCaBA may need to conduct one-on-one direct treatment with protocol modification to observe changes in behavior or troubleshoot treatment protocols, before safely initiating direct treatment through 97153 by the RBT.
- The ratio of 97155 to 97153 **rendered** must align with the **authorized** ratio by the end of the prior authorization period.

ABA Service Code Updates
97155: Adaptive Behavior Treatment with Protocol Modification *(cont.)*

- **Clinically appropriate scenarios that may involve inconsistent delivery of 97153 compared to 97155 must be:**
  - Explicitly discussed in the member's IPOC
  - Clearly documented in CSN
  - Supported by an FBA when indicated to address impairing behaviors.
- **Clinically appropriate exceptions to the ratio of 97155/97153 DO NOT include:**
  - Using 97155 to provide direct treatment per protocol by a BCaBA/BCBA/BCBA-D. When administering direct treatment per protocol, 97153 is the appropriate code, regardless of the provider's credential.
  - Using 97155 to provide treatment in lieu of 97153. Direct delivery of 97153 is a requirement for all ABA authorizations.

ABA Service Code Updates
Limited Telehealth Allowance of 97155

Up to 25% of 97155 services ***may*** be rendered through telehealth with use of the GT modifier AND appropriate POS location on a case by case basis when authorized by the QIO to address severe access-to-care concerns are clearly established by the ABA provider during the prior authorization process for:

- Members receiving home-based ABA treatment with an IPOC that address maladaptive and impairing behaviors.

In all situations, the enrolled ABA provider **must** be physically located within SCMSA and be able to travel to render a majority of 97155 treatment directly to their patient.

ABA Service Code Updates
Billing Requirements for 97155

- 97155 can only be billed for the time that the enrolled provider spends **in direct session with the member**; this does not include reviewing records, documentation or feedback with the RBT/BT/BCaBA after direct patient contact is completed.
- 97155 may be concurrently billed with 97153 when CSNs are clear that the threshold of **each** code is clearly met in delivering a direct patient service at the same time by two different providers directly to a single member. **Each provider's role must be clearly documented in the clinical service note with clarification about which goals and/or treatment within the member's treatment protocol were interrogated and/or modified.**
- 97155 may not be billed concurrently with 97153 when the enrolled provider is teaching an RBT how to deliver the **member's initial treatment protocol.**
- 97155 is not intended to be used as a mechanism for staff training; it must always represent a direct treatment to the member and modification of an existing behavior protocol.

ABA Service Code Updates
Billing Requirements for 97155 *(cont.)*

- If the member's treatment protocol is not modified, a narrative explanation must be included to explain the provider's clinical decision making that justifies billing this procedure code without modifying a protocol.
- If a member's treatment plan consistently does not require the behavior protocol to be modified; this would be an indication that services need to be titrated.
- **Providers should expect that post-payment review will be conducted to confirm that clinical standards for 'direct adaptive behavior treatment with protocol modification,' including all telehealth stipulations, have been met and appropriately documented.**
- **97155 rendered inappropriately, or through telehealth without prior approval, is subject to recoupment, as is any ABA service provided during the same calendar month that 97155 was inappropriately rendered and/or billed.**

ABA Service Code Updates
97156: Family Adaptive Behavior Treatment Guidance

- **Family adaptive behavior treatment guidance may be delivered by telehealth, using the GT modifier for all cases.**
- At a minimum, **at least one hour of family adaptive behavior treatment guidance is required to be rendered during each month of authorized and rendered direct treatment and protocol modification services,** to support the generalization of skills between settings and to validate the continuation of ABA services.
- Family treatment services must follow an evidence-based parent treatment curriculum **and/or** be clearly indicated through specific parent/caregiver treatment goals.
- When a curriculum is followed, the enrolled provider must be fully trained and certified (where appropriate) to provide the specified curriculum (i.e., RUBI, Balance Program, etc.) in the member's treatment plan.
- SCDHHS recognizes that there may be medically necessary and brief periods of inconsistent delivery of 97153 compared to 97156 such as initiating ABA treatment, transitioning and/or discharging from ABA treatment. During such periods, a clear "fade-in" or "transition" period must be included in the IPOC.
- **In all cases, SCDHHS expects that direct member treatment through 97153 is the core of a member's treatment plan, while routine and consistent 97156 supports generalization of skills and empowers families and caregivers.**

ABA Service Code Updates
97156: Family Adaptive Behavior Treatment Guidance *(cont.)*

- Generalized caregiver "coaching" services are not reimbursable; however, safety care training for families in a one-on-one setting is authorized when tied to IPOC goals related to addressing impairing and challenging behaviors.
- 97156 is **not** allowable as a substitution for direct treatment due to a provider's inability to staff the case with a BT/RBT. If a BT/RBT is unavailable for direct treatment, either during the 30-day window after completing the BIA/FBA OR at any time during treatment, the BCaBA/BCBA/BCBA-D is responsible to render direct treatment to the member using 97153.
- SCDHHS does not support the use of 97156 for Caregiver Directed/Implemented Treatment plans.
- **97156 rendered without consistent and routine direct treatment to the member is subject to post-payment review and recoupment.**

Conclusion

Provider Training on July 23rd will be a clinically focused roundtable discussion by select SC BCBA stakeholders, moderated by the SCDHHS Policy Team, and discuss the appropriate and medically necessary use of ABA in a number of clinical situations:

- Requirements for Concurrent billing of 97155 and 97153
- Assessing and drafting IPOC goals that support services in the community without filling a custodial or convenience role
- Assessing and drafting IPOC goals that augment school-based services without being duplicative, academic, staffing related, or supplanting IDEA requirements

Register for the Training for ASD Services Provider Manual - Documenting Medical Necessity on July 23rd, 2026 from 1-3 pm: **here**

Conclusion

This presentation was designed to enhance understanding of the Medicaid standards regarding the ASD Services Manual policy updates.

Providers are responsible for independently reviewing and adhering to the detailed policies established in the ASD Services Manual **AND** the Provider Administrative and Billing Manual.

For policy related questions, please email
MedicaidStatePlan@scdhhs.gov

For clinically related ABA questions, please contact our colleagues at the South Carolina Association for Behavior Analysts (SCABA) at Secretary@sc-aba.org


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