

Reimbursement Policy

Title: Adaptive Behavior Assessment and Treatment	
Policy Number: RP08	Applies to: <input checked="" type="checkbox"/> Commercial
Effective Date:	<input checked="" type="checkbox"/> Level Funded
Last Updated:	<input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicaid

Disclaimer

These coding and reimbursement policies serve as a guide to assist providers in accurate claims submissions and to outline the basis for reimbursement. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that the provider will be reimbursed. Services and items must also meet Quartz provider and billing guidelines appropriate to the procedure and diagnosis.

Providers must follow proper billing and submission guidelines, including the use of industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the clinical documentation.

Quartz coding and reimbursement policies apply to both participating and non-participating providers and facilities unless a specific exception is stated in the policy.

If proper coding/billing guidelines or current reimbursement policies are not followed, Quartz may:

- Reject or deny the claim
- Recover and/or recoup claim payment
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Quartz utilizes claim editing software to assess coding and billing accuracy on claims.

From time to time, Quartz may, in its sole discretion, revise these policies. When there is an update, Quartz will publish the most current policy to Quartz's Provider Manual.

Definitions

Adaptive Behavior Assessment and Treatment (ABA): Therapeutic services aimed at improving the daily functioning of individuals, typically with autism spectrum disorder (ASD) or related developmental conditions. Services include assessments to identify challenging behaviors and individualized treatment services.

Supervision: Ongoing oversight by a qualified clinician to ensure that services are delivered safely and effectively

Technician: A paraprofessional delivering services under the supervision of a qualified health care professional

Policy

Services must be ordered and supervised by a qualified healthcare professional such as a licensed psychologist or Board-Certified Behavior Analyst (BCBA). Only those services outlined in the members' benefit plan are eligible for reimbursement.

Quartz will reimburse for adaptive behavior services that:

- Are supported by adequate documentation
- Are submitted with accurate coding and modifiers as needed

Documentation must include:

- Diagnosis, assessment results, goals, and individualized treatment plan
- Details of each session including participants, location, duration, and content
- Supervisory notes and treatment plan updates

Modifiers indicate the type of treatment. Each claim line requires one of the following modifiers. Claim lines that do not contain a modifier will be considered focused treatment.

- TG Modifier – Comprehensive treatment
- TF Modifier – Focused treatment

Limits and Exclusions:

- Time-based codes must be reported based on actual face-to-face time
- Billing for supervision only, without direct care, is not reimbursable
- Services solely for academic or educational goals are not covered
- Supportive services, such as respite care or childcare
- Activities not associated with a current treatment plan goal including but not limited to recreation
- Activities not therapeutic in nature
- Time spent while the member is sleeping
- Services that do not meet all clinical and coding guidelines
- Services that exceed developmentally appropriate standards of care, including treatment lasting more than eight (8) hours per date of service

Quartz will reimburse for adaptive behavior services that:

- Are supported by adequate documentation
- Are submitted with accurate coding and modifiers as needed

Quartz will not reimburse therapy services exceeding 8 hours on a single date of service. Unbundling, duplicate billing, or billing beyond established frequency or duration limits will result in denial or recoupment.

Related Policies

None

Resources

Compliance

Quartz conducts post-payment reviews and audits to ensure policy compliance. Misuse of codes, modifiers, or exceeding service limits may lead to provider education, recoupment, or other corrective action. Providers must submit supporting documentation, if requested, as part of claim review processes.

Document History		
1/29/26	Document created	Payment Integrity Department