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BEHAVIORAL HEALTH, I/DD, AND TBI PROVIDERS

Clinical Coverage Policy 8F Updates: RB-BHT for ASD

NC Medicaid has published an updated version of **Clinical Coverage Policy (CCP) 8F**, Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD). Vaya Health will implement this policy starting Sept. 26, 2026. Please review the updated policy and related **NC Medicaid bulletin** to learn more.

SUMMARY OF KEY POLICY CHANGES

Telehealth

- Removal of telehealth options for paraprofessional RB-BHT services (CPT codes 97152-97154)
- Telehealth may be used up to a maximum of 50% of total 97155 billing per member per 180-calendar day period
- Providers may request over 50% telehealth for 97155 but must provide individualized clinical justification in the treatment plan

Treatment Plan Documentation

- Treatment plans will require more detailed information about service schedules (including other services received) and must include a staffing plan including names, roles, and supervision, as well as caregiver involvement
- Include specific, measurable caregiver-focused goals, caregiver training expectations, and documented efforts to engage caregivers or other natural supports

Intensity of Services

- Requests for services exceeding 16 hours per week (all service codes) may be authorized for up to 90 days
- 97155 may range from 10-20% of direct services
- Updated requirements for service hour ratios for paraprofessional-delivered services

Diagnostic/Assessment Tools

The diagnosis of ASD must be made using scientifically validated tools. These include the following:

- Brief Observation of Symptoms of Autism (BOSA)
- TELE-ASD-PEDS (TAP)
- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)
- Childhood Autism Rating Scale, Second Edition (CARS2-ST/CARS2-HF)

Adaptive functioning must be measured at least every three years utilizing appropriate tools as described in the CCP. Please refer to the CCP for details.

Current Authorizations

Vaya will not make changes to current authorizations. However, providers must adhere to the updated requirements for services delivered on or after the implementation date:

- Do not bill telehealth for the following codes: 97152, 97153, and 97154
- In service notes, clearly document the clinical need for any use of 97155 that exceeds 50%
- In service notes or an updated treatment plan, clearly document the names of the staff who are working with the member and document caregiver consent to staff changes

For members who were not assessed for ASD using one of the four described psychological tools and are currently receiving RB-BHT:

- Complete documented referrals for updated assessments as quickly as possible
- Clearly describe need for continued services in reauthorization requests and efforts to connect the member to updated assessments
- Vaya's Utilization Management staff will review requests on an individual basis

If you have questions about new or existing authorizations, email **UM@vayahealth.com**. If you have general questions about these changes, email **provider.info@vayahealth.com**.