



A | B | A | I | I

Association for Behavior Analysis International

Behavior Analysis CPT Code Workshop

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Interagency Collaboration



Association of



*Professional
Behavior Analysts*



Disclaimer

- Please keep in mind that the information I am providing does not constitute legal advice.
- Rather, I am simply offering offers an overview, in language that practitioners can understand, of the highly complex coding and ethical issues related to designing, directing, and billing for ABA services.

WHAT IS HEALTHCARE BILLING & CODING?

- Any healthcare procedure provided to a patient by a provider or a provider agency (e.g., a hospital) must have an agreed upon description (e.g., Aqueous shunt to extraocular equatorial plate reservoir);
- The procedure must also have an alphanumeric code that allows the provider to bill for and the insurance company to pay for the procedure (CPT: **66180**).

ADVANTAGES OF CPT CODES FOR ABA SERVICES



- Recognition by the AMA that ABA services are empirically supported and medically necessary procedures;
- Standardized valuation of ABA services;
- CPT codes form the basis for determining what services are included in insurance benefits packages;
- More predictable billing procedures and pricing

Project to develop the First Code Change Proposal

- Travis Thompson and Wayne Fisher
- Sponsored by ABAI
- Work began in 2009
- Two Code Change Proposals in 2010 and 2011
- Pressure from AMA CPT Editorial Staff
- AMA formed an workgroup for the development of ABA codes in 2012
- Coding options presented to the CPT Editorial Panel in May 2012

- **Initial CCA submitted in May 2013**
 - Inconsistent coding and reimbursement by payers for ABA services
 - The outcome at the May meeting resulted in a workgroup being formed by the CPT Editorial Panel to evaluate the needs of an ABA code set
- **October 2013 CPT Editorial Panel Meeting**
 - **Category III codes were approved!** These codes took effect July 2014
 - Feedback was obtained that there were concerns with the code set
 - ABAI conducted a survey of members to garner input in 2015
 - A Workgroup was formed to revise the code set

Key Concerns the CCA Aimed to Address

- Challenges with add on coding structure
- Challenges with 30 minute increments for codes
- Uncertainty about how to code/report “supervision” / Direction of technician work by BCBA
- Uncertainty about how to code/report indirect services / time
- Confusion about differences between group work and social skills groups
- Confusion about assessment coding structure. What does “exposure” mean?

Project to develop a Code Change Proposal



- ABA Services Work Group formed in 2015 to develop proposal to modify the Category III codes, convert to Category I
- Work Group: providers, advocates, health plan reps
- Steering Committee: Rep + alternate from



Project to develop a Code Change Proposal



- Steering Committee: Rep + alternate from

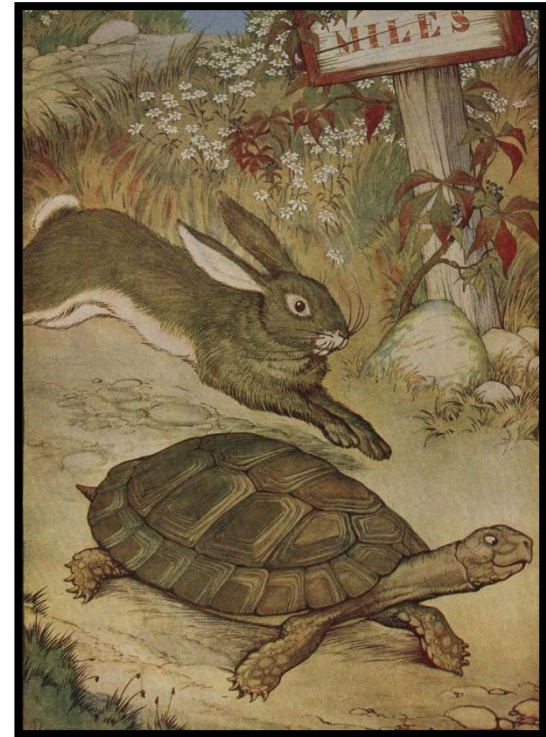


- Gina Green Travis Thompson Jim Carr Mike Wasmer
- Bryan Davey Wayne Fisher Melissa Nosik Lorri Unumb
- CPT® consultants
 - Ben Shain, AACAP (thru February 2017)
 - Jenna Minton, Minton Healthcare Strategies

Change Code Proposal for Category I Codes

- **Change-Code Proposal Submitted**
November 2017
- **CPT Editorial Panel Review**
February 2017
- **CPT Publication of New Codes**
September 2018
- **New CPT Codes Take Effect**
January 2019

CPT Process: Real Life Example of the Tortoise Winning the Race



CPT Process: Real Life Example of the Tortoise Winning the Race





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Success in Proposing New Codes Requires

- Understand the process
- Know what you're talking about
- Every seat at the table has a vested interest, mostly not supporting your proposed code
- Lining up supporters outside your field
- Persistence and more persistence...***and more persistence.***

“If you can’t describe what you’re doing as a process, then you don’t know what you’re doing.”

W. Edwards Demming

CPT® code process

- Application to establish new -- or modify existing -- code(s) submitted to AMA CPT® Editorial Panel, often by practitioner groups (professional societies).
- Editorial Panel reviews application. May approve, disapprove, or delay.
- If approved as **Category III**, codes are made available for reporting and data collection. May subsequently be changed to Category I or eliminated.
- For codes approved as **Category I**, Centers for Medicare & Medicaid Services (CMS) assigns relative value units (RVUs) and recommends rates.

What are CPT CODES?

- ***Current Procedural Terminology (CPT)*** is a listing of descriptive terms and identifying codes for reporting medical services and procedures. <https://commerce.ama-assn.org/store/catalog>
- The purpose of CPT is to provide a uniform language that accurately describes medical, surgical, and diagnostic services.
- This provides a consistent way to communicate nationwide among physicians and other health care providers, patients and third parties.

Who can request a new code?

- ❑ **ESSENTIALLY ANYONE:** Medical specialty societies, individual physicians, hospitals, third-party payers and other interested parties may submit for consideration by the panel.
- ❑ The AMA's CPT staff reviews all requests to ensure they have not already addressed the question. If the application represents a new issue, the application is referred for evaluation and comment.
- ❑ An open comment period then follows which allows CPT Advisors and the "interested parties" from the public to submit comments and questions.
- ❑ Applicants are notified in advance if their CCA has not received any support and have the opportunity to withdraw.

CPT CYCLE:

- The Panel meets 3 times per year to review applications (winter, spring and fall).
- **Applications are due approximately 2-3 months in advance of the CPT Editorial Panel meetings.** This allows time for comment and review by the assigned Panel reviewers. Submitters receive comments in advance and have an opportunity to amend or withdraw based on those comments.



- **“I WIN, I WIN”!!!** - Addition of a new code or revision of existing codes, in which case the change would appear in a forthcoming volume of CPT
- **“MAYBE...”** Referral to a workgroup for further study
- **“TRY, TRY AGAIN”** - Postponement to a future meeting (to allow submission of additional information in a new application)
- **“SORRY, CHARLIE”** - Rejection of the item

Category III codes

- ***Temporary***
- For “emerging technology, services, and procedures”
- Criteria – must meet at least *one* of the following:
 - Application supported by at least one CPT Advisor representing practitioners who use procedure or service
 - Clinical efficacy supported by peer-reviewed literature
 - At least one IRB-approved study, description of a current US trial of efficacy, or other evidence of “evolving clinical utilization.”
- No relative value units (RVUs) assigned; reimbursement rates determined by payers.

Category I codes

- Criteria – must meet *all* of the following:
 - Procedure or service
 - performed by many physicians or other qualified health care professionals
 - performed with frequency consistent with intended clinical use
 - consistent with current medical practice
 - **clinical efficacy documented in literature that meets requirements in CPT code change application**

[illegible]

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Standard Medical Billing Mechanism



- Prior to use of CPT Codes there was no standard method of medical billing
- CPT Codes provided that mechanism mandated by Congress
- Its not just about money for practitioners
- ***NO CPT CODE MEANS A GIVEN SERVICE IS NOT LIKELY TO BE AVAILABLE TO PATIENTS (CLIENTS)***

CPT® Editorial Panel Decisions

- Summary of actions from each meeting available at <https://www.ama-assn.org/practice-management/summary-panel-actions>
- From summary of February 2017 meeting:

Tab #	Name	Code #	Description of Editorial Panel Action
40	Psychological and Neuropsychological Testing WITHDRAWN	-----	-----
41	Ablative Laser Treatment of Burn Scars	01XXT 02XXT	Accepted addition of Category III codes 01XXT, 02XXT for ablative treatment of burn and traumatic scars.
42	Adaptive Behavior Analysis	99X01 0366T 99X02 0367T 99X03 0368T 99X04 0369T 99X05 0370T 99X06 0371T 99X08 0372T 99X09 0373T 99X10 0374T 0359T 0360T 0362T 0363T 0364T 0365T	Accepted addition of codes 97X51-97X58 for adaptive behavior treatment; revision of guidelines in the Adaptive Behavior Services section; and revision of codes 0362T, 0373T and; deletion Category III codes, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T 0372T, 0374T.
43	Moderate Sedation for GI Endoscopy	99152 9915X	Rejected



- **8** modified codes approved as Category I (97151 – 97158)
- **2** modified codes to remain Category III (0362T, 0373T)
- All other Category III codes go away
- Effective **January 1, 2019**



What Does a CPT Code Accomplish?

- American Medical Association recognizes the procedure is legitimate and supported by scientific evidence WOW!!
- A mechanism by which practitioners who use that procedure can get paid for their service
- It *DOES NOT* guarantee insurers will pay for the service, but it guarantees that if they deny payment, they must have a strong rationale. Denying payment invites law suits.

ABA Had No Seat at the Table



- ABA methods have never been a recognized treatment specialty by the American Medical Association
- ABA had no seat at the table as part of any existing task force to propose new Codes
- We didn't sufficiently understand the politics of the process, which took time to fully grasp.

Finally...at the table!



After three years of prior attempts to propose new treatment codes, Travis Thompson and Wayne Fisher, were invited to become Ad Hoc Members of a Workgroup on ABA Autism Codes

Thanks to...

Support from the American
Academy of Child and Adolescent
Psychiatry

In particular Dr. Ben Shain
(Chicago) and Dr. David Berland
(St. Louis), the ABAI garnered the
essential support necessary to
move forward with the proposed
codes.



ABA CPT Code Work Group



- Adult and Child Psychiatry (2)
- Adult and Child Neurology (2)
- Pediatrics (2)
- American Psychological Assn (1)
- Social Work (2)
- Speech Therapy (2)
- Audiology (1)
- Occupational Therapy (2)
- State Medicaid Programs (2)
- Health Care Administration (1)
- Two insurance companies (2)

And.... Two Ad Hoc
Members of the ABAI

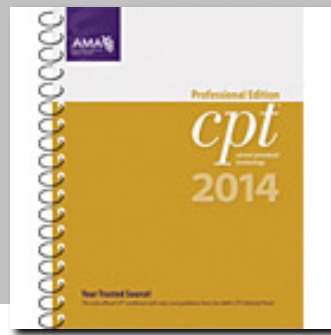
Work Group Process

- Met by phone conference call every 3 weeks, for 2 hours, for 18 months
- Held 4 face-to-face meetings, twice per year to recommend:
 - Should new codes be created?
 - What should be covered?
 - Service delivered by whom?
 - Precise wording of each recommended code.

OUTCOME

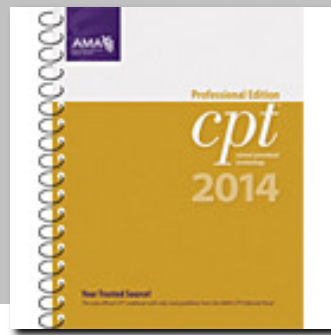
- **Three Assessment CPT Codes** were recommended and approved
- **Seven Treatment CPT Codes** were recommended and approved

Types of CPT Codes



- I. Standard, established widely recognized medical procedures are usually reimbursed, though some insurers will not pay for all procedures.
- II. Codes that are mainly for epidemiological record keeping are not reimbursed.
- III. New codes which are a step away from becoming Type I Codes. Reimbursement must be negotiated with payers. There are no common national rates.

ABA Codes are Category III codes



- We requested Category III codes because there is currently not enough data on the usage and costs of these services to assess their values relative to other Category I codes.
- It is important to note that AMA recognized that there is strong empirical support for the effectiveness of ABA services.
- They did not assign ABA codes to Category III because they regarded the procedures as “experimental treatments”.

New ABA CPT Codes...



- Type III Codes must either become Type I codes within five years *or be eliminated*
- Will allow for collecting data on how widely each code is used and used to establish the likely projected long term reimbursement rates

How New CPT Codes Are Created



● Three step process:

- A **Work Group** representing various professional societies interested in the area in question propose codes for services not previously covered. Some new codes are initiated by individual practitioner groups.
- The **CPT Editorial Panel** reviews the recommendations and approves, disapproves or delays action
- The **Relative Value Scale Update Committee (RUC)** recommends relative reimbursement rates, which are then assigned by the Center for Medicaid Services *[This only occurs when new codes become Level I codes]*

Once I have a code, how is it valued?

- **OPTIONS:**

- Valuation through the AMA Relative Update Committee (RUC) process / survey
- Valuation through rulemaking (i.e. CMS assigns values and allows notice and comment of their proposed values)
- Remain “carrier priced”. CMS does not set a value and all payers determine their own reimbursement rates

How Much Reimbursement?

- **Reimbursement values for each CPT code**, are assigned based on interpretation of congressional mandates. Congress authorized development of **The Resource-based Relative-value Scale (RBRVS)** (Hsiao, 1987). (*We will Discuss Later*)
- This is **EXTREMELY** complicated, political, and will give you a headache!



WHAT IS THE AMA RUC?

- The RUC is a unique **multispecialty committee** dedicated to describing the resources required to provide physician services that CMS considers in developing Relative Value Units (RVUs).
- They do this through standardized surveys sent out by medical specialty societies to members who are familiar with the services being valued.
- **Although the RUC provides recommendations, CMS makes all final decisions about what Medicare/Medicaid payments will be.** These are released twice a year via the proposed Medicare Physician Fee Schedule (MPFS).

WHAT IS CARRIER PRICING?

- This is the scenario where a RUC survey is not completed. That can occur for several reasons:
 - The Specialty does not feel they can obtain an adequate sample (ranges from 30-75),
 - The Specialty does not have a seat on the necessary panels, and therefore, cannot sponsor a RUC survey,
 - The Specialty elects not to survey and prefers the carrier priced valuation

WHAT IS CARRIER PRICING?

- **How Does this Work?**

- Specialties or individuals can inform CMS valuation by submitting valuation information/recommendations as part of the rulemaking cycle.
- If valuation information is not received, or CMS elects not to implement the recommendations, the codes can remain “carrier priced”
- Depending on the valuation outcome, commercial payers may or may not be likely to follow suit.

CPT Ground Rules



- Within the language of the codes, **they cannot** specify a specific degree, certificate, license, or training required to use a code (i.e. MD, PhD, BCBA or LP)
- Codes specify that a **Qualified Health Care Professional** in a given state may employ the code... it is usually up to states to define a QHCP in each jurisdiction.

Codes ***CANNOT...***



- Specify the discipline that can use a procedure, (e.g., behavior analysts vs. occupational therapists vs licensed psychologists). That means some unqualified people are likely to claim to be able to use “our” codes. Have to work with insurers to stop this.
- Specify a given diagnosis for which that procedure is appropriate... (e.g., only autism, not ADHD)

No Jargon



- As much as possible, **technical jargon used by specific disciplines may not be used**, unless it is broadly accepted by the medical community
- As a result, none of the standard behavior analysis terminology will be found in of the approved codes (e.g. reinforcement schedule, extinction, fading, etc.).

APPROVED

Adaptive Behavior Assessment and Treatment CPT Codes

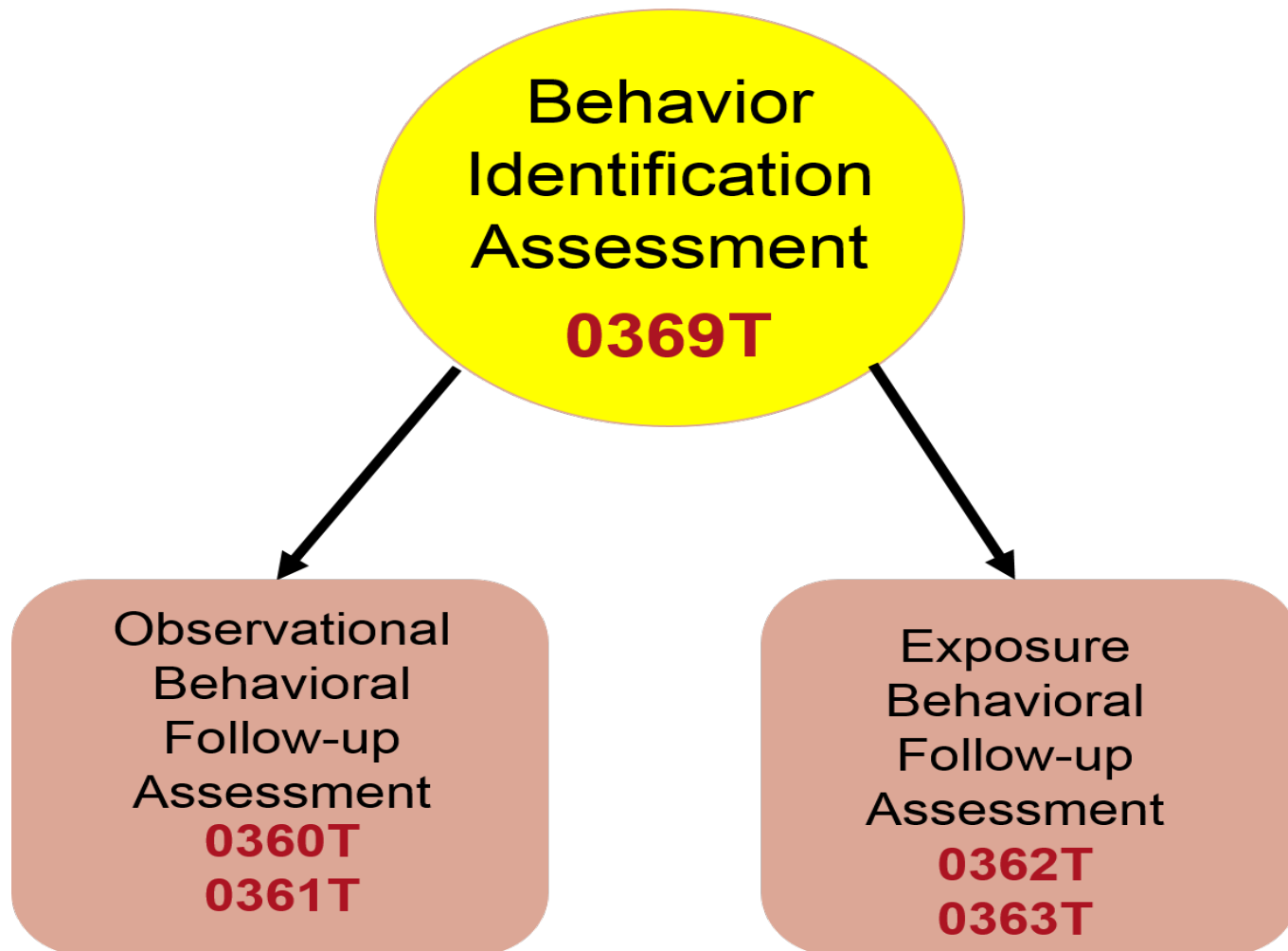
What should Jane do?

- Jane is a new BCBA. She observed an RBT, adjusted a protocol, and trained the RBT to implement the new protocol between 10:00 and 11:00 AM.
- The RBT worked with the client from 9:00 AM to 12:00 AM.
- Jane's employer told her to record her time with the client as 12:00 to 1:00 PM so that they can bill for Jane's time and the RBT's time.

From the CPT Assistant Manual



- **“Billing Professional (QHCP):** Any physician or other qualified health care professional (QHCP) with expertise in adaptive behavior treatment, typically a behavior analyst or licensed psychologist.”
- **“Assistant (“technician”):** An assistant behavior analyst or trained technician who delivers services under the direction of the QHCP. **The technician does not bill for the services.**

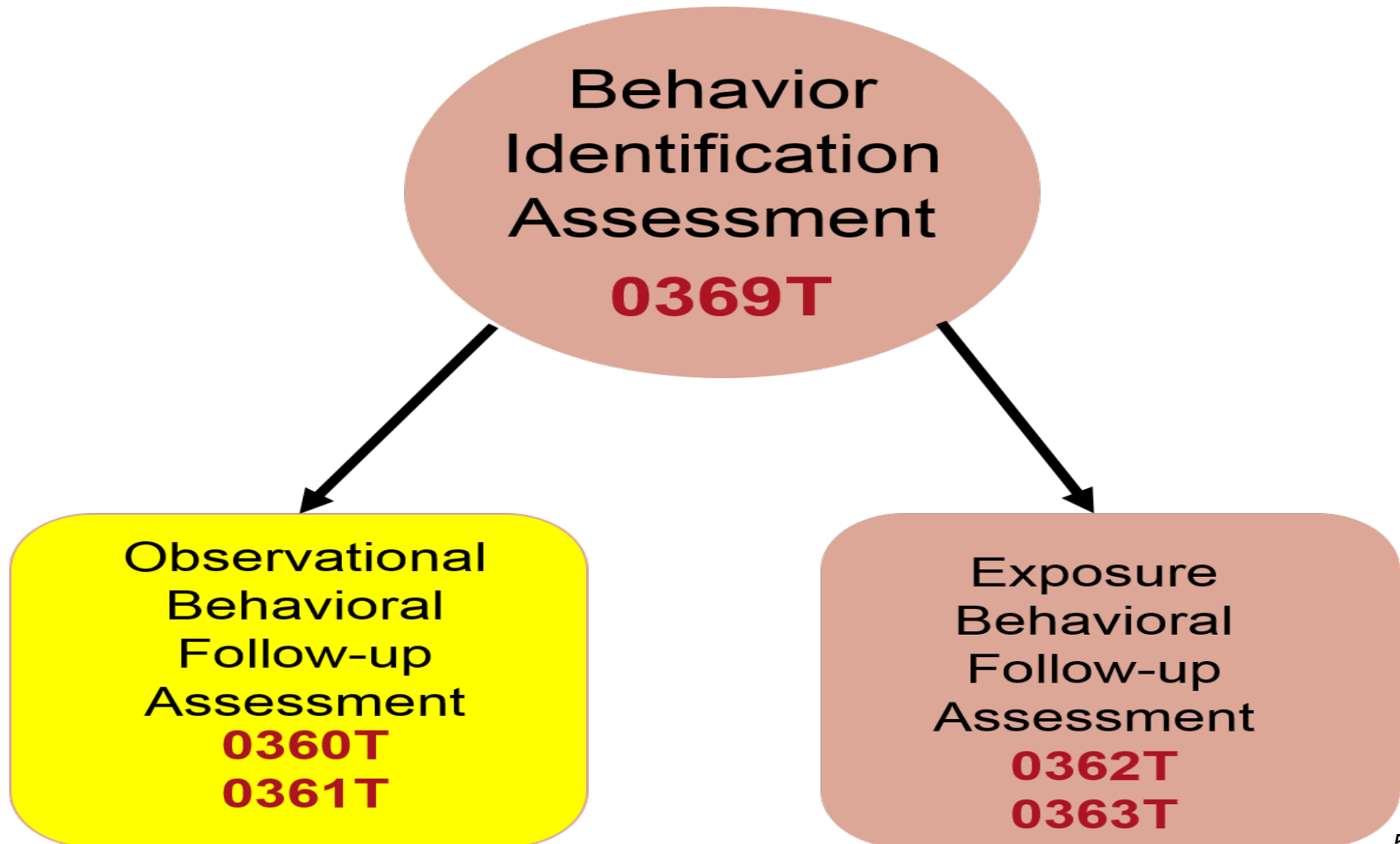


0359T Behavior identification assessment (Face to Face QHCP)

*[untimed, but about
90 minutes]*

- Review psych testing and pediatrics report
- Interview mother, get history, and current complaints
- Observe child to identify and prioritize treatment targets
- Complete Functional Assessment Checklist
- Discuss the nature of EIBI intervention with caregiver and answer questions
- Establish tentative therapy follow-up assessment schedule and set up first home appointment.

Behavioral Assessments to Develop Treatment Plan



Technician Observational Assessment

- **0360T**
Observational behavioral follow-up assessment.
Session1 (Face-to-Face Technician)
[Time 30 minutes Plus 0361T for each additional 30 minutes]

- Observation with mother & child in their home
- Establish Rapport with Child
- Discuss ABLLS with mother
- Observe child with probe ABLLS items

Observational
Behavioral
Follow-up
Assessment

0360T

0361T



Adaptive
Behavior
Treatment by
Protocol

0364T

0365T

Behavior Identification Assessment

0369T

Observational
Behavioral
Follow-up
Assessment

0360T
0361T

Exposure
Behavioral
Follow-up
Assessment

0362T
0363T

Exposure Follow-up Assessment

- 0362T & 0363T
Exposure Behavior
Follow Up
Assessment
- Billed as
Technician Time
but supervised
directly by QHCP
- Patient (client) is seen in
an enclosed room (often
padded) with minimum of
two technicians.
- Clinical Functional
Behavioral Analysis
conducted systematically
to assess functions of
self-injurious behavior and
probable alternative
adaptive replacement
behavior.

Exposure
Behavioral
Follow-up
Assessment

0362T

0363T



Exposure
Adaptive Behavior
Treatment by
Protocol

0373T

0374T

Other Adaptive Behavior Treatments

- 0371T Multiple-family group adaptive behavior treatment guidance
- QHCP Time
- QHCP reviews weekly child progress with parents and has parents identify ways of working on same problems at home; QHCP guides problem solving and trouble shooting common problems across families

Other Adaptive Behavior Treatments:

- 0372T Adaptive behavior social skills group
- QHCP led
- QHCP works with a group of children either in a center based program or at a clinic
- Focus on teaching communication and social skills for children needing such assistance

Assessment Codes

Code	Service	Administers
0359T	Behavior identification assessment	QHCP
0360T 0361T	Observational behavioral follow-up assessment	Technician
0362T 0363T	Exposure behavioral follow-up assessment	Technicians

Treatment Codes

Code	Service	Administers
0364T 0365T	Adaptive behavior treatment by protocol	Technician
0366T 0367T	Group adaptive behavior treatment by protocol	Technician
0368T 0369T	Adaptive behavior treatment with protocol modification	QHCP
0370T	Family adaptive behavior treatment guidance	QHCP

Treatment Codes

Code	Service	Administers
0371T	Multiple-family group adaptive behavior treatment guidance	QHCP
0372T	Adaptive behavior treatment social skills group	QHCP
0373T 0374T	Exposure adaptive behavior treatment with protocol modification	Technicians

Who Submits Reimbursement Requests



- **QHCP submits all reimbursement requests** on behalf of:
 - Her or himself...i.e., their own professional time
 - Technician...i.e., the time the Technician spends face to face working with patient/client is considered part of the QHCP's practice expense.
 - Exception: When the insurance company dictates otherwise (e.g., Tricare).

CPT Editorial Panel

- Tasked with ensuring that CPT codes remain up to date and reflect the latest medical care
- Professional societies (e.g., ABAI) submit proposals to change CPT codes
- AMA staff review incoming proposals and refers those representing new issues to the panel.

CPT Editorial Panel Review

- Two members of the panel review the CCP and make recommendations to the full panel
- The two reviewers also may meet with the applicants to resolve issues
- The full panel can accept, reject, revise, or table the CCP

Relative Value Scale Update Committee (RUC)



- Panel of 31 physicians and 300 medical advisors
- RUC regularly reviews medical services to determine whether they are appropriate, undervalued, or overvalued
- Makes recommendations to the Centers for Medicare and Medicaid Services (CMS)

Relative Value Scale is Based On:

- Physician work (about 51%)
- Practice expense (about 45%)
- Professional liability insurance (about 4%)

Relative Value Scale also is Based On:

- Preservice activities
- Intraservice activities
- Postservice activities
- Level of complexity of the procedure

Medically Unlikely Edit Values

- An **MUE** for a CPT code is the maximum units of service that a provider would report under most circumstances for a single patient on a single date of service.
- CMS initially set this value at 1 for all of our codes, but most have since been increased.

What should Bill do?

- Bill, a BCBA, realized that he made an error and billed more units of his time than he actually saw the patient.
- He discusses it with his billing manager who says that it will cause a big problem to correct, and says to just bill fewer units in the next week to make up for it.

In CPT terminology...

Reporting means submitting a CPT code representing a specific procedure completed to the payer for reimbursement

Codes may be ***Untimed*** (no specific amount of time involved) or ***Timed (in minutes)***

Examples of Untimed Codes

- **0359T: Behavior Identification Assessment**, QHCP conducts intake review of documents, interview with parents (e.g. history, current status) and initial child observation (e.g. in a clinic)
- **0372T: Family Adaptive Behavior Guidance**: QHCP discusses with parents face to face how an intervention is to be implemented

Examples of timed Codes

- **0360T: Observational Behavioral Follow-up Assessment:** Technician obtains real-time observation samples of child behavior in natural environment
- **0364T: Adaptive Behavior Treatment by Protocol:** Technician implements behavioral intervention plan developed by QHCP in consultation with family

CPT Code Time Reporting

Codes 0360T-0367T

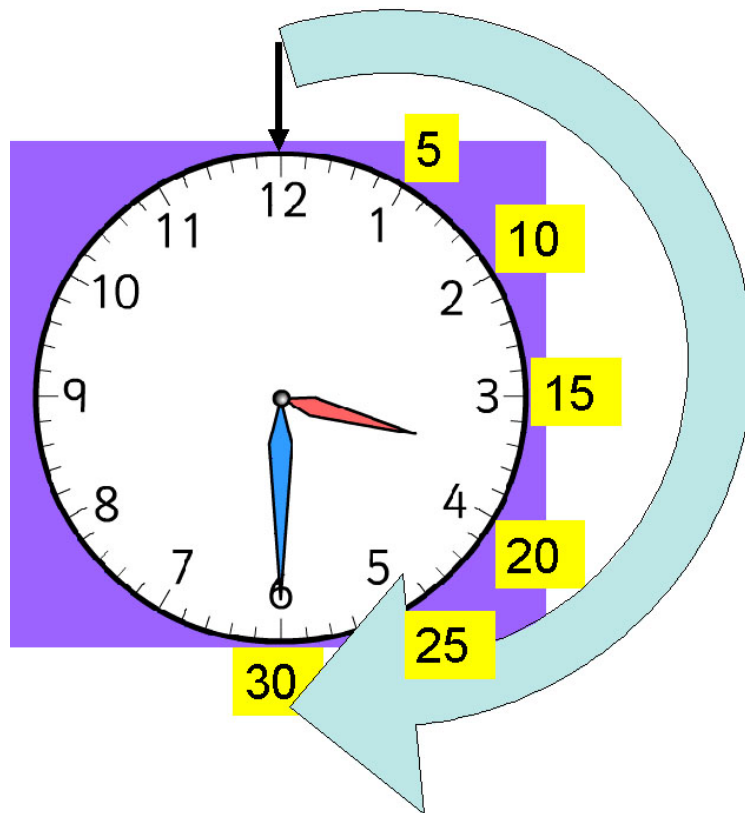
Face-to-Face Technician Time	Report
Less than 16 min	Not reportable
16-45 min	0360T
	0362T
	0364T
	0366T
46-75 min	0360T and 0361T x 1
	0362T and 0363T x 1
	0364T and 0365T x 1
	0366T and 0367T x 1
76-105 min	0360T and 0361T x 2
	0362T and 0363T x 2
	0364T and 0365T x 2
	0366T and 0367T x 2

**See Your
Handouts**

Telehealth – 0368/69 GT



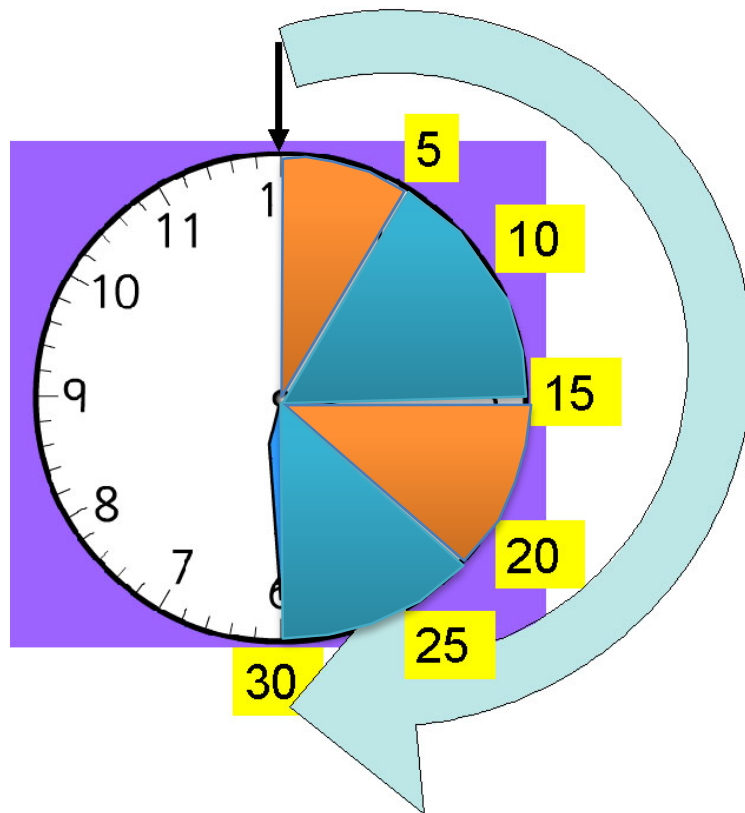
Timing is Everything



Face to Face



Timing is Everything



Face to Face

8:30-8:59 START

1) FIND WHEN MORNING SESSION STARTS									2) SWITCH NO EARLIER THAN AFTERNOON START TIME									3) FIND WHEN AFTERNOON STARTS AND END NO EARLIER THAN UNIT 8 TIME								
START	1 UNIT	2 UNITS	3 UNITS	4 UNITS	5 UNITS	6 UNITS	7 UNITS	8 UNITS	START	1 UNIT	2 UNITS	3 UNITS	4 UNITS	5 UNITS	6 UNITS	7 UNITS	8 UNITS	START	1 UNIT	2 UNITS	3 UNITS	4 UNITS	5 UNITS	6 UNITS	7 UNITS	8 UNITS
8:30	8:46	9:16	9:46	10:16	10:46	11:16	11:46	12:16	12:16	12:32	1:02	1:32	2:02	2:32	3:02	3:32	4:02	8:30	8:46	9:16	9:46	10:16	10:46	11:16	11:46	12:16
8:31	8:47	9:17	9:47	10:17	10:47	11:17	11:47	12:17	12:17	12:33	1:03	1:33	2:03	2:33	3:03	3:33	4:03	8:31	8:47	9:17	9:47	10:17	10:47	11:17	11:47	12:17
8:32	8:48	9:18	9:48	10:18	10:48	11:18	11:48	12:18	12:18	12:34	1:04	1:34	2:04	2:34	3:04	3:34	4:04	8:32	8:48	9:18	9:48	10:18	10:48	11:18	11:48	12:18
8:33	8:49	9:19	9:49	10:19	10:49	11:19	11:49	12:19	12:19	12:35	1:05	1:35	2:05	2:35	3:05	3:35	4:05	8:33	8:49	9:19	9:49	10:19	10:49	11:19	11:49	12:19
8:34	8:50	9:20	9:50	10:20	10:50	11:20	11:50	12:20	12:20	12:36	1:06	1:36	2:06	2:36	3:06	3:36	4:06	8:34	8:50	9:20	9:50	10:20	10:50	11:20	11:50	12:20
8:35	8:51	9:21	9:51	10:21	10:51	11:21	11:51	12:21	12:21	12:37	1:07	1:37	2:07	2:37	3:07	3:37	4:07	8:35	8:51	9:21	9:51	10:21	10:51	11:21	11:51	12:21
8:36	8:52	9:22	9:52	10:22	10:52	11:22	11:52	12:22	12:22	12:38	1:08	1:38	2:08	2:38	3:08	3:38	4:08	8:36	8:52	9:22	9:52	10:22	10:52	11:22	11:52	12:22
8:37	8:53	9:23	9:53	10:23	10:53	11:23	11:53	12:23	12:23	12:39	1:09	1:39	2:09	2:39	3:09	3:39	4:09	8:37	8:53	9:23	9:53	10:23	10:53	11:23	11:53	12:23
8:38	8:54	9:24	9:54	10:24	10:54	11:24	11:54	12:24	12:24	12:40	1:10	1:40	2:10	2:40	3:10	3:40	4:10	8:38	8:54	9:24	9:54	10:24	10:54	11:24	11:54	12:24
8:39	8:55	9:25	9:55	10:25	10:55	11:25	11:55	12:25	12:25	12:41	1:11	1:41	2:11	2:41	3:11	3:41	4:11	8:39	8:55	9:25	9:55	10:25	10:55	11:25	11:55	12:25
8:40	8:56	9:26	9:56	10:26	10:56	11:26	11:56	12:26	12:26	12:42	1:12	1:42	2:12	2:42	3:12	3:42	4:12	8:40	8:56	9:26	9:56	10:26	10:56	11:26	11:56	12:26
8:41	8:57	9:27	9:57	10:27	10:57	11:27	11:57	12:27	12:27	12:43	1:13	1:43	2:13	2:43	3:13	3:43	4:13	8:41	8:57	9:27	9:57	10:27	10:57	11:27	11:57	12:27
8:42	8:58	9:28	9:58	10:28	10:58	11:28	11:58	12:28	12:28	12:44	1:14	1:44	2:14	2:44	3:14	3:44	4:14	8:42	8:58	9:28	9:58	10:28	10:58	11:28	11:58	12:28
8:43	8:59	9:29	9:59	10:29	10:59	11:29	11:59	12:29	12:29	12:45	1:15	1:45	2:15	2:45	3:15	3:45	4:15	8:43	8:59	9:29	9:59	10:29	10:59	11:29	11:59	12:29
8:44	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	12:30	12:46	1:16	1:46	2:16	2:46	3:16	3:46	4:16	8:44	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30
8:45	9:01	9:31	10:01	10:31	11:01	11:31	12:01	12:31	12:31	12:47	1:17	1:47	2:17	2:47	3:17	3:47	4:17	8:45	9:01	9:31	10:01	10:31	11:01	11:31	12:01	12:31
8:46	9:02	9:32	10:02	10:32	11:02	11:32	12:02	12:32	12:32	12:48	1:18	1:48	2:18	2:48	3:18	3:48	4:18	8:46	9:02	9:32	10:02	10:32	11:02	11:32	12:02	12:32
8:47	9:03	9:33	10:03	10:33	11:03	11:33	12:03	12:33	12:33	12:49	1:19	1:49	2:19	2:49	3:19	3:49	4:19	8:47	9:03	9:33	10:03	10:33	11:03	11:33	12:03	12:33
8:48	9:04	9:34	10:04	10:34	11:04	11:34	12:04	12:34	12:34	12:50	1:20	1:50	2:20	2:50	3:20	3:50	4:20	8:48	9:04	9:34	10:04	10:34	11:04	11:34	12:04	12:34
8:49	9:05	9:35	10:05	10:35	11:05	11:35	12:05	12:35	12:35	12:51	1:21	1:51	2:21	2:51	3:21	3:51	4:21	8:49	9:05	9:35	10:05	10:35	11:05	11:35	12:05	12:35
8:50	9:06	9:36	10:06	10:36	11:06	11:36	12:06	12:36	12:36	12:52	1:22	1:52	2:22	2:52	3:22	3:52	4:22	8:50	9:06	9:36	10:06	10:36	11:06	11:36	12:06	12:36
8:51	9:07	9:37	10:07	10:37	11:07	11:37	12:07	12:37	12:37	12:53	1:23	1:53	2:23	2:53	3:23	3:53	4:23	8:51	9:07	9:37	10:07	10:37	11:07	11:37	12:07	12:37
8:52	9:08	9:38	10:08	10:38	11:08	11:38	12:08	12:38	12:38	12:54	1:24	1:54	2:24	2:54	3:24	3:54	4:24	8:52	9:08	9:38	10:08	10:38	11:08	11:38	12:08	12:38
8:53	9:09	9:39	10:09	10:39	11:09	11:39	12:09	12:39	12:39	12:55	1:25	1:55	2:25	2:55	3:25	3:55	4:25	8:53	9:09	9:39	10:09	10:39	11:09	11:39	12:09	12:39
8:54	9:10	9:40	10:10	10:40	11:10	11:40	12:10	12:40	12:40	12:56	1:26	1:56	2:26	2:56	3:26	3:56	4:26	8:54	9:10	9:40	10:10	10:40	11:10	11:40	12:10	12:40
8:55	9:11	9:41	10:11	10:41	11:11	11:41	12:11	12:41	12:41	12:57	1:27	1:57	2:27	2:57	3:27	3:57	4:27	8:55	9:11	9:41	10:11	10:41	11:11	11:41	12:11	12:41
8:56	9:12	9:42	10:12	10:42	11:12	11:42	12:12	12:42	12:42	12:58	1:28	1:58	2:28	2:58	3:28	3:58	4:28	8:56	9:12	9:42	10:12	10:42	11:12	11:42	12:12	12:42
8:57	9:13	9:43	10:13	10:43	11:13	11:43	12:13	12:43	12:43	12:59	1:29	1:59	2:29	2:59	3:29	3:59	4:29	8:57	9:13	9:43	10:13	10:43	11:13	11:43	12:13	12:43
8:58	9:14	9:44	10:14	10:44	11:14	11:44	12:14	12:44	12:44	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	8:58	9:14	9:44	10:14	10:44	11:14	11:44	12:14	12:44
8:59	9:15	9:45	10:15	10:45	11:15	11:45	12:15	12:45	12:45	1:01	1:31	2:01	2:31	3:01	3:31	4:01	4:31	8:59	9:15	9:45	10:15	10:45	11:15	11:45	12:15	12:45

GREEN = NO ADJUSTMENTS NEED MADE

YELLOW = AFTERNOON START TIME NEEDS ADJUSTED

RED = BOTH AFTERNOON AND END TIME NEED ADJUSTED

Face to Face



No Unreimbursed Time

Procedures

Add New

☒ Auto-Calculate Units/Duration Unreimbursed Minutes: 10

Actions	Order	Procedure Code	Modifier Code	Duration	Units	Unreimbursed Minutes
Down Del	1	0364T		30	1.00	0
Up Del	2	0365T		160	5.00	10

Session With Unreimbursed Time

Procedures

Add New

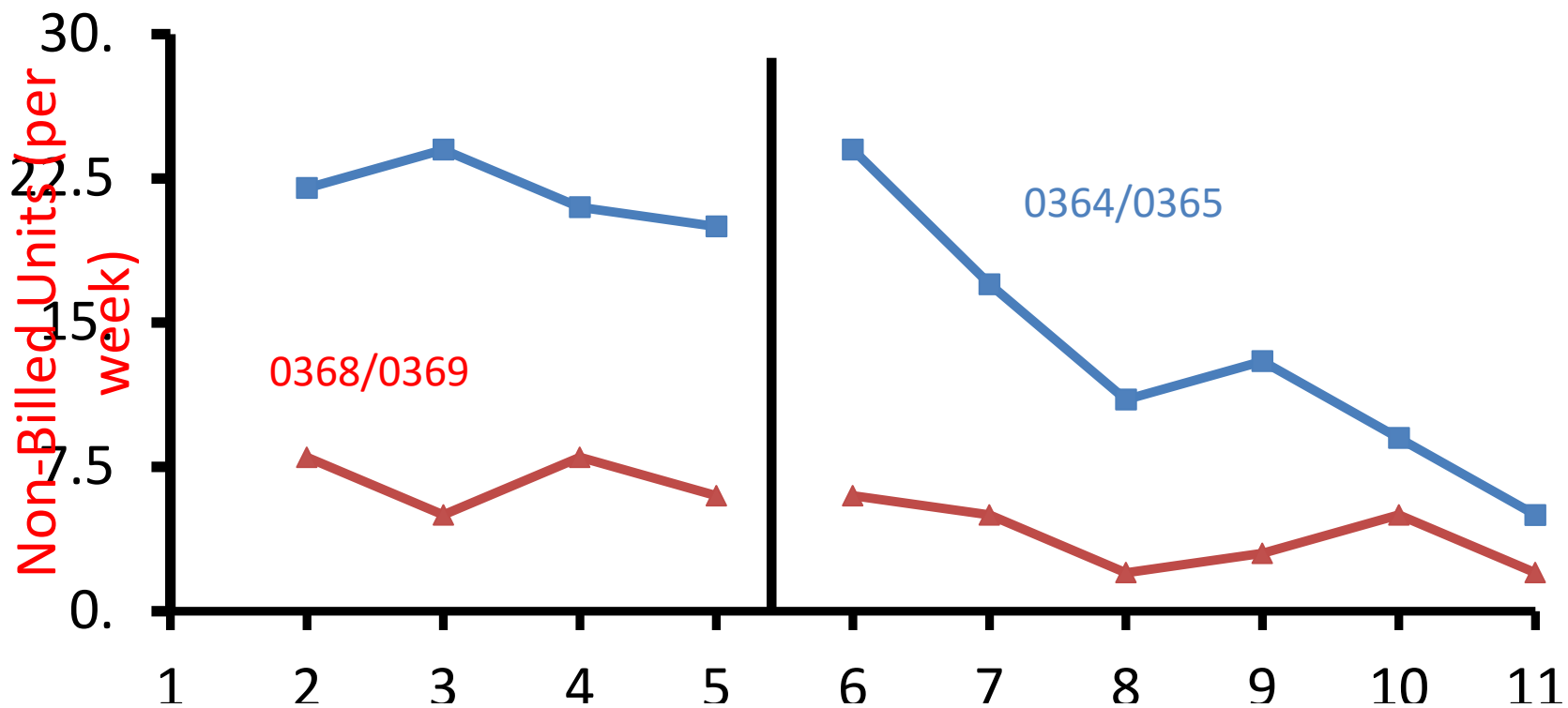
☒ Auto-Calculate Units/Duration Unreimbursed Minutes: 0

Actions	Order	Procedure Code	Modifier Code	Duration	Units	Unreimbursed Minutes
Del	1	0365T		240	8.00	0

Simultaneous Billing

START	14	2	14	14	2	14	14	2	14	14	2	14	14	2	14	14	2	14	14	2	14	14	2	14	14	2	14	14
8:30 AM	8:30 AM		8:46 AM	9:14 AM		9:16 AM	9:44 AM		9:46 AM	10:14 AM		10:16 AM	10:44 AM		10:46 AM	11:14 AM		11:16 AM	11:44 AM		11:46 AM	12:14 PM		12:16 PM	12:44 PM			
1 UNIT			BCBA																									
2 UNITS						BCBA																						
3 UNITS									BCBA																			
4 UNITS											BCBA																	
5 UNITS													BCBA															
6 UNITS															BCBA													
MAKE UP																		BCBA										
MAKE UP																										BCBA		

The value of a minute



What should Melissa do?

- Melissa is a clinical director for an ABA company.
- She asked her most productive BCBA how he managed to bill so many hours and get his paperwork done.
- The BCBA reported that he completed his paperwork while the RBT worked with the patient and billed the adaptive behavior with protocol modification code.

Case Example and Discussion of Code Assignments

Early Intensive Behavioral Intervention Client/Patient

- 3-yr-old female previously diagnosed with Autism by LP using ADOS and valid intellectual, speech and ability assessments



0359T Behavior identification assessment (Face to Face QHCP)

[untimed]

- Review psych testing and pediatrics report
- Interview mother, get history, and current complaints
- Observe child to validate DSM diagnosis
- Complete Functional Assessment Checklist
- Discuss the nature of EIBI intervention with mother and answer questions
- Establish tentative therapy schedule and set up first home appointment.

0359T: Components of a Behavior Identification Assessment

- Imitation skills
- Listener or Receptive Skills
- Language Production or Expressive Skills
- Compliance
- Nonverbal communication (e.g., eye-contact, joint attention)
- Play (e.g., functional, imaginative)

Structure Observations

Imitation

Object

Task objective	Administration	Probes (Appendix 11)	Criteria
D1: Upon request, student will imitate a motor activity with an object	Randomly select 5 probes for pre-test and 5 different probes for post-test	Randomly select 5 for pre-test and 5 for post-test Tap drum with a stick Rub stick on table Wave stick up and down Wave stick side-to-side Stack a block on another block Tap block on a table Push block with a finger Put a block in a cup Place block on a book Draw a line with a pencil Roll the pencil Put pencil in cup Roll the pencil Draw a line with a pencil	Raw Score % Correct

0359T: Components of a Behavior Identification Assessment (cont.)

- Repetitive behavior
- Insistence on sameness
- Unusual reactions to sensory input
- Feeding difficulties
- Sleep difficulties
- Aggression, elopement, property destruction, self-injury, pica

0359T: Disposition of a Behavior Identification Assessment (cont.)

- Appropriate type of service
 - observation assessment,
 - exposure assessment,
 - begin focused treatment or parent training
- Appropriate level or intensity of service
 - EIBI
 - intensive outpatient
 - day treatment
 - inpatient

Technician Observational Assessment

- **0360T**
Observational behavioral follow-up assessment.
Session1 (Face to Face Technician)
[Time 30 minutes Plus 0362T for each additional 30 minutes]

- Observation with mother & child in their home
- Establish Rapport with Child
- Discuss ABLLS with mother
- Observe child with probe ABLLS items

Technician Observational Assessment

- **0360T Observational behavioral follow-up assessment.
Sessions 2 & 3
(Face to Face Technician)**
- ***[Timed first 30 minutes plus 0361T for each additional 30 minutes]***
- **Conduct ABLLS assessment
(Sessions 2 & 3
Scales A-F)**
- **(Sessions 4 & 5
Scales G-L)**

- **0364T & 0365T
Adaptive behavior
treatment by
protocol.**

- [Face to Face Technician
106-135 minutes]
- 1 unit of 0364T and 3
units of 0365T.

- Conduct individual 1-
to-1 therapy with the
child beginning with
basic skills and
building more complex
skills according to
data. Summarize data
at the end of each
session and record
progress notes.

What should Jose' do?

- A colleague asked Jose' for advice because the friend's ABA company changed the friend's bills to report more time than the friend actually spent with patients.
- When the friend raised the issue with the CEO of the company, the CEO threatened to fire the friend, and the friend cannot afford to lose the job.

Case Example 2 and Discussion of Code Assignments

Example 2: Focused intervention for Mild/Moderate challenging behavior

- 9-year-old male with ADHD and high functioning autism. Presenting with periodic impulsive aggressive outbursts. Referred for ***Functional Assessment Based Treatment.***



0359T Behavior identification assessment (Face to Face QHCP)

[untimed]

- Review psych testing and pediatrics report
- Interview mother, get history, and current complaints
- Observe child to validate DSM diagnosis
- Complete Functional Behavioral Assessment Checklist
- Discuss initial impression of the nature of the behavior challenge
- Establish tentative therapy schedule and set up first home appointment.

- **0360T**
Observational
behavioral follow-
up assessment.
Session1 (Face to
Face Technician)
[Timed 45 minutes]

- Observational interview with mother & child in treatment center
- Establish Rapport with Child
- Review Child Interests
- Complete Reinforcer Checklist
- Instruct caregiver on Touchette Scatter Plot to complete
- Discuss priorities with parent

Example 2: Focused behavioral challenge in natural setting

- **0360T**
Observational behavioral follow-up assessment.
Session1 (Face to Face Technician)

[Timed 45 minutes]

THIS IS ACTUALLY QHCP WORK

- Review Scatter plot data, identify problem areas
- Explain and instruct parent how to complete ABC assessment form
- Begin working with child on goal setting
- Progress notes

Focused Behavioral Challenge

- 0370T Family Adaptive Behavior Guidance [QHCP child not present]
- Review and interpret all assessment findings
- Establish intervention protocol; specific activities and times daily
- Review intervention materials with caregiver
- Review forms for progress tracking

What should Lamar do?

- Lamar, a BCBA, supervises multiple cases for an ABA company, and all of his patients receive 40 hours of treatment per week.
- Lamar believes that half of the patients don't need that intensity of service.
- When he raised the issue, his clinical director said that it wasn't his job to determine the intensity of service needs of his patients.

Case Example 3 and Discussion of Code Assignments

Severe Self Injury: Exposure Assessment and Treatment

- 19-year-old male with severe Autism and severe intellectual disability and extreme self injury. Previously evaluated by pediatric neurologist and LP.



0359T Behavior identification assessment (Face to Face QHCP)

[untimed]

- Review psych and neurology testing and pediatrics report
- Interview mother, get history, and current complaints
- Observe youth to validate DSM diagnosis
- Complete Functional Behavioral Assessment Checklist
- Discuss initial impression of the nature of the behavior challenge
- Establish daily Exposure Assessment Schedule

- 0362T & 0363T
Exposure Behavior
Follow Up
Assessment
- Billed as
Technician Time
but supervised
directly by QHCP
- Patient (client) is seen in
an enclosed room,
padded with minimum of
two technicians.
- Clinical Functional
Behavioral Analysis
conducted systematically
to assess functions of
self-injurious behavior and
probable alternative
adaptive replacement
behavior.

Severe Self Injurious Behavior

- 0373T and 0374T
Exposure adaptive behavior with protocol modification
- Billed as Technician
Time in 60 minute;
0374T in subsequent intervals
- QHCP reviews data after each FBA assessment and determines probable functions of SIB and likely alternative behavior;
- QHCP directs Technicians in implementing function-based behavioral interventions including replacing SIB with alternative behavior serving the same function.

Other Adaptive Behavior Treatments

- 0371T Multiple-family group adaptive behavior treatment guidance
- QHCP Time
- QHCP reviews weekly child progress with parents and has parents identify ways of working on same problems at home; QHCP guides problem solving and trouble shooting common problems across families

Other Adaptive Behavior Treatments:

- 0372T Adaptive behavior social skills group
- QHCP led
- QHCP works with a group of children either in a center based program or at a clinic
- Focus on teaching communication and social skills for children needing such assistance

What should Kanen do?

- Kanen, a new BCBA, recently took over supervision of several cases for whom the company bills \$60 per hour to insurance for 20 hours per week, because that is all the insurance company will authorize, and bills \$45 to the parent for an additional 10 hours per week if the parent pays in advance (i.e., a 25% discount for prepaying).
- This doesn't sound right to Kanen.

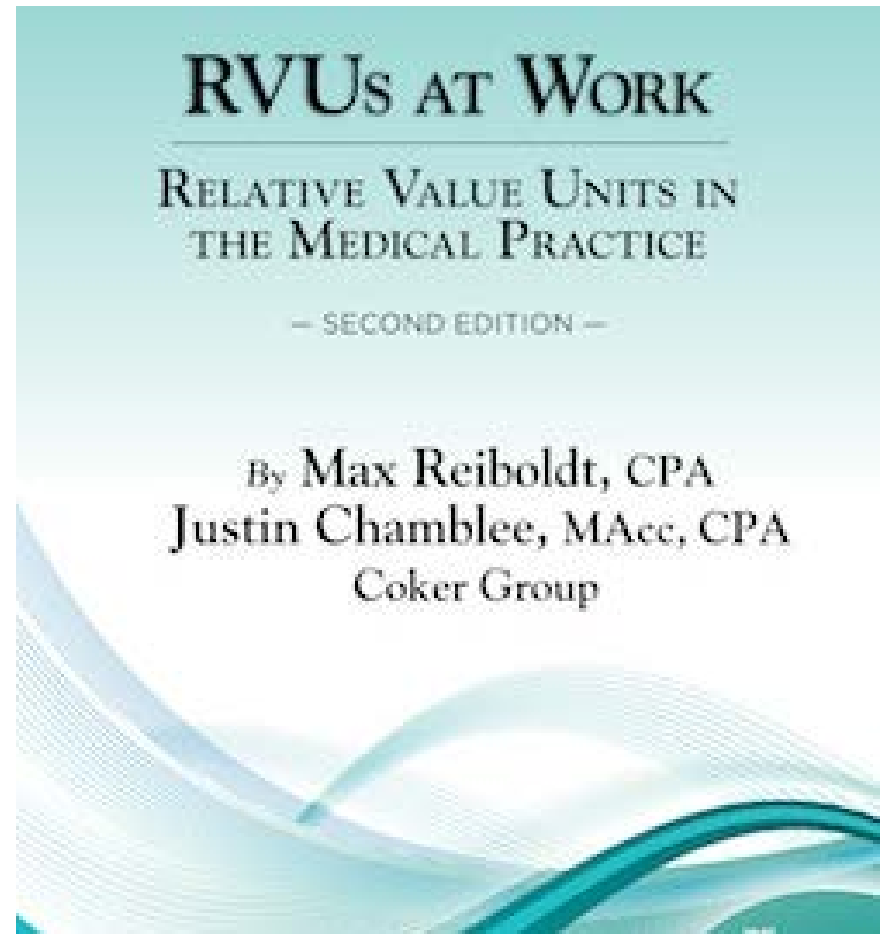
How Much Reimbursement?

- At present reimbursement rates must continue to be negotiated with individual payers... more likely you will get cooperation
- Over the next three years we will apply to convert these codes into Level I codes, which are likely to undergo valuation by RUC or CMS.

Reimbursement Rates...

At that point, Relative Value Amounts will be established for Each ABA Code

For now, don't waste much time thinking about how that will shake out



Components of RVUs

- RVUs are established based on three types of resource expenditures:
 - **Professional's work** includes time, technical skill and effort, mental effort and judgment, and stress to provide a service
 - **Practice expenses** include technician labor, space, equipment, and supplies
 - **Professional liability insurance**

What should Vic do?

- Vic owns a ABA company and is a member of a provider group that works with Medicaid on streamlining billing procedures.
- Members the group have suggested that the group meet with Medicaid to explain that if Medicaid does not raise its rates, many of the providers will be forced to stop serving Medicaid patients.

Budget Planning (Costs)

Severe Behavior Day Treatment Costs		W/O Medical
Team of 2.5 Bachelor's/Master's Therapists	\$84.85	\$84.85
Ph.D. Supervisor (25%)	\$20.61	\$20.61
Postdoctoral Fellow (25%)	\$9.70	\$9.70
Developmental Pediatrician (5%)	\$6.79	
Nursing (10%)	\$3.79	
Receptionist (12.5%)	\$4.24	\$4.24
Insurance Authorization Liaison (25%)	\$9.70	\$9.70
Supplies	\$13.00	\$13.00
Total Directs	\$152.66	\$142.09
Overhead	\$30.53	\$28.42
Total Hourly Costs	\$183.20	\$170.51
Total Daily Costs @ 6 hours/day	\$1,099.18	\$1,023.03

Specialized Space

(a)



(b)



(c)



Data Based



Problem behavior is quantified and measured precisely

It is Important to Hire Employees Who are Good Actors and Love Their Work





Getting authorization for Exposure Assessment and/or Tx



- Verify insurance benefits for recommended service (e.g., day Tx)
- Obtain letter of support from referring physician indicating medical necessity
- Rule-out alternative, in-network providers
- Keep family informed and have them request a case manager and then work with that individual

Getting authorization for Exposure Assessment and/or Tx (cont.)

- Review evaluation and medical history
- Document previous services that have not been effective
- Document all contacts with the family, the insurance company, and other providers
- Prepare and submit a pre-determination letter

Pre-Determination Letter

- Requesting ad-hoc in-network approval – due to unique nature of the program it should be covered in-network
- Always include codes in header request
- Include brief description of program
- Include the letter of support documenting medical necessity from the referring M.D.
- Call case manager to verify that the letter was received

Pre-Determination (Continued)

- Call case manager or customer service at least weekly to check status
- Be prepared to verify fax, resend entire request, and be on hold for long periods of time
- Be polite, pleasant, but determined (don't let your frustration show through)

- Denied - Start appeal process
 - Get in Writing (reason for denial)
 - Never take “No” for an answer
- Authorized – Initiate “Letter of Agreement”
- Notify family
- Remember – Nothing set in stone until we receive written authorization

Approval

- Never begin an admission on a verbal approval
- Verbal approval is ½ the battle – Notify family and feeding team of status
- Determine what is approved: What CPT code, what billing code, how many days, and was it approved in-network
- Notify insurance that you would like work out a rate agreement

Rate Negotiation

- Day Treatment Per Diem \$1400.00 (per day)
- Insurance Liaison Supervisor can authorize discounts up to 20% (\$1,120)
- Fees are always billed at the \$1400.00 rate but the LOA is attached so the bill can be processed correctly

Predetermination Letter

- Attn: Predetermination/Claims
- Re: Fredrick B. Skinner
- DOB: 2/7/4
- Policy #: W111111112
- Diagnoses:
 - 312.34 Intermittent Explosive Disorder with severe aggression
 - 307.30 Stereotypic movement disorder with severe self-injury

Predetermination Letter (cont.)

- Request: Ad hoc in network approval for F.B. Skinner to receive services through the Severe Behavior Program.
- Rationale: There are no in-network programs or facilities that can offer this level of care for him. We would like to begin intensive treatment as soon as possible.
- CPT Codes: 0362T, 0363T, 0373T, 0374T
- GAF = 50

Predetermination Letter (cont.)

- Dear Reviewer:
- Summary of activities that led to this request
- Clinical information
- Psychosocial Impact of the Behavior Disorder
- Our approach to severe behavior disorders
 - 90% or greater reduction in severe behavior in 84% of cases
 - Behavior therapy team consisting of a Ph.D. psychologist and board certified behavior analyst who oversees a highly trained team of master's- and bachelor- level therapists

Planning for the most recent Code-Change Proposal

- Organizations Involved
 - ABAI
 - APBA
 - Autism Speaks
 - BACB
 - Small and Large Provider Groups
 - Representative of Insurance Providers

Common Antitrust Questions

- Why don't we have ABAI or our local chapter represent us in collective bargaining to negotiate payment rates for ABA services?
 - Price fixing is illegal
 - Economic competitors cannot get together and set common prices
 - Applies to oil companies and ABA providers alike

Common Antitrust Questions

- It is important to remember that individual providers and integrated practice groups can negotiate with insurance companies or decide what rates they will and will not accept.

Common Antitrust Questions

- Why can unions engage in collective bargaining? Can't we form a union and do the same thing?
 - Unions have an antitrust exception for collective bargaining, but it only applies when a group of employees to collectively bargain with their employer.

Common Antitrust Questions

- What can our state ABAI chapter do to help practitioners with payment rate issues?
 - Groups can petition the government regarding low payment rates (e.g., state representatives, insurance commissioner).
 - And collect and disseminate historical price information that is at least 3 months old and anonymous regarding individual competitors

Common Antitrust Questions

- What can our state ABAI chapter do to help practitioners with payment rate issues (Cont.)?
 - Chapters can act as a messenger to relay common provider concerns to an insurance company.
 - The chapter must make it clear that they are not negotiating or threatening the insurance company in any way.

Common Antitrust Questions

- If MassABA decides to provide any of these services to its members, they should carefully read the following:

Statements of Antitrust Enforcement Policy in Health Care



LET'S JUST SAY

IT'S KIND OF A BIG DEAL!

What should Vlad do?

- Vlad owns a ABA company and is a member of a provider group that works with Medicaid on streamlining billing procedures.

Members the group have suggested that the group meet with Medicaid to explain how much work is involved in serving Medicaid patients in order to show that the members are loosing money on every Medicaid patient they see.

ABA Coding: Where we've been recently

- The ABA Workgroup Submitted a Code Change Application to CPT® Editorial Panel October 2016 and presented it at Panel's February 2017 meeting
- The Application included:
 - Revised code set
 - Rationale for proposed revisions
 - Vignettes and descriptions of work
 - Evidence review
 - Policy statements, guidelines from professional societies and payers
 - Descriptions of providers

What's happening now?

- CPT® Editorial Panel published its new code book
- We provided CMS with comparison codes with similar descriptions of work so they could develop relative value units (RVUs), recommend rates for the new ABA codes
 - They distribute their new rules in Summer and publish their final values and fee schedule in November
- ABA Services Steering Committee is developing materials to help providers and payers work with the new codes; will disseminate when allowed to by AMA rules.
- APBA will strive to keep members apprised of developments.



LET'S JUST SAY

IT'S KIND OF A BIG DEAL!

CPT® Codes for 2019



- 8 codes approved as Category I (97151 – 97158)
- 2 modified codes to remain Category III (0362T, 0373T)
- All other Category III codes go away
- Effective January 1, 2019!!!



Behavior Identification Assessment

- **97151 Behavior identification assessment**, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan

Behavior Identification Assessment

- **97151 Behavior identification assessment** is now a timed code.
- Billed in 15 minute units
- Includes face-to-face time and non-face-to-face time
- Insurance companies may limit the number of units they authorize

Behavior Identification Assessment

- **97151 Behavior identification assessment** conducted by the QHCP to:
- identify deficient adaptive or maladaptive behaviors (e.g., impaired social, communication, and other adaptive skills, stereotypic behaviors; destructive behaviors) and
- develop a treatment plan.
- Typically reported once per 6 to 12 months

Behavior Identification Assessment Description of Work



- **97151 Preservice Work**
- Prior to the appointment, the qualified health care professional (QHCP) reviews the child's medical records, previous assessments, and records of any previous or current treatments.

Behavior Identification Assessment Description of Work



- **97152 Intraservice Work**
- During the initial visit, the QHCP conducts a structured interview with the parents to solicit their observations about the child's deficient adaptive behaviors (e.g., impaired social, communication, or self-care skills), maladaptive behaviors, and other concerns.
- The QHCP then conducts a series of indirect and direct assessments to identify potential skills to be strengthened and maladaptive behaviors to be reduced by treatment.

Behavior Identification Assessment Description of Work

- **97151 Intraservice Work (cont.)**
- Indirect assessments include standardized and non-standardized scales and checklists completed by the parents and other caregivers to evaluate the patient's adaptive skills in several domains (e.g., social, communication, play, self-help, community participation) as well as maladaptive behaviors.

Behavior Identification Assessment Description of Work



- **97151 Intraservice Work (cont.)**
- Direct assessments include a functional behavior assessment comprising an interview with the parents about environmental events that may precede and follow occurrences of maladaptive behaviors, and observations of the patient in several everyday settings to record occurrences of tantrums, repetitive movements, and other maladaptive behaviors as well as environmental events that precede and follow those occurrences.

Behavior Identification Assessment Description of Work

- **97151 Intraservice Work (cont.)**
- Information from the functional behavior assessment is used to design functional analyses of tantrums and ritualistic behaviors. The data from all assessments are used to develop a treatment plan with potential goals and objectives, including social, communication, play and leisure, self-care, and other skills to be developed and maladaptive behaviors to be reduced, all defined in observable, measurable terms.

Behavior Identification Assessment Description of Work

- **97151 Postservice Work (cont.)**
- The QHCP and parents then meet to review the assessment results and proposed treatment plan and to select and prioritize goals and objectives.
- The QHCP progress toward the goals and objectives and revises the treatment plan as needed.

What should Bob do?

- Bob, a BCBA, realized that he made an error and billed more units of his time than he actually saw the patient using 97151.
- He discusses it with his billing manager and the billing manager says that she will take care of it.

Behavior identification supporting assessment

- **97152 Behavior identification supporting assessment**, is designed by the QHCP to identify and evaluate factors that may impede the development of adaptive behaviors and/or maintain maladaptive behaviors.
- enables the QHCP to evaluate the contexts in which adaptive and maladaptive behaviors are likely or unlikely to occur and potential maintaining antecedents and consequences

Behavior identification supporting assessment

- **97152 Behavior identification supporting assessment**
- Areas assessed may include but not be limited to cooperation, motivation, receptive and expressive communication, imitation, play and leisure, self-care, social skills and maladaptive behavior.
- Assessments are typically completed over multiple days within one month after the QHCP conducts the behavior identification assessment ([97151](#)).

Behavior identification supporting assessment

- **97152 Behavior identification supporting assessment**
- Behavior identification supporting assessment is administered by a technician under the direction of a QHCP.
- The QHCP may or may not be on site during the face-to-face assessment process.

Behavior identification supporting assessment

- **97152 Behavior identification supporting assessment**
- Code-97152 includes the QHCP's interpretation of results and may include functional behavior assessment, functional analysis, and other structured observations and/or standardized and/or non-standardized instruments and procedures to determine levels of adaptive and maladaptive behavior.

Behavior identification supporting assessment

- **97152 Behavior identification supporting assessment**
- ***Coding Tip***
- If the QHCP personally performs the technician activities, his or her time engaged in those activities may be included as part of the required technician time to meet the elements of the code.

Behavior Identification Supporting Assessment Description of Work

- **97152 Preservice Work**
- Prior to the appointment, the QHCP trains a behavior technician to observe and record occurrences of the patient's target responses and the relevant environmental events that just precede and follow those occurrences.

Behavior Identification Supporting Assessment Description of Work



- **97152 Intraservice Work**
- During the appointment(s), the technician observes and records the patient's behavior and associated environmental events several times in a variety of situations (e.g., structured intervention sessions, solitary play, play with others).
- For example, the BCBA may have the technician manipulate establishing operations to determine whether the patient's apparent requests actually function as mands.

Behavior Identification Supporting Assessment Description of Work

- **97152 Postservice Work**
- After the appointment(s), the QHCP reviews the data from those observations along with data from prior assessments to identify environmental events that may influence the target responses, designs functional analysis procedures to directly evaluate the effects of each event on the behavior, and trains the technician to conduct a functional analysis.
- Results of the functional analysis are used by the supervising QHCP to identify antecedents and consequences that influence the problem behavior and to develop a protocol for treating it, which the QHCP incorporates into the treatment plan.

What should Megan do?

- Megan is a clinical director for an ABA company.
- She told her least productive BCBA that he needed to increase his billed hours by 20% in all future months.
- One of the RBTs working with the BCBA subsequently told Megan that the BCBA had subsequently rounded his service times to the nearest half hour for the 97151 and 97152 codes.

Adaptive behavior treatment by protocol

- **97153 Adaptive behavior treatment by protocol**, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient; each 15 minutes

Adaptive behavior treatment by protocol

- **97153** is administered by a technician,
 - under the direction of a QHCP,
 - utilizing a treatment protocol designed in advance by the QHCP,
 - who may or may not provide direction during the treatment.

Adaptive behavior treatment by protocol

- **97153 Preservice Work**
- The QHCO develops a treatment plan and written protocols to increase appropriate requesting of preferred items, labeling (common objects, body parts, people, colors, etc.), and commenting on a variety of topics.
- The QHCP also develops protocols to train the child to tolerate changes in routines in the context of typical everyday activities.
- Procedures for building those skills include prompting and prompt fading, shaping, and differential positive reinforcement.

Adaptive behavior treatment by protocol

- **97153 Preservice Work (Cont.)**
- The QHCP also develops a protocol for reducing problem behavior by ensuring that occurrences of that behavior do not result in access to preferred items or activities and gently redirecting the child to engage in an appropriate alternative response (e.g., asking for a preferred item).
- All protocols include observable, measurable definitions and procedures for recording occurrences of each treatment target, as well as procedures to promote generalization of behavior change across time, settings, and people.
- The QHCP trains technicians to implement all treatment protocols and data collection procedures.

Adaptive behavior treatment by protocol

- **97153 Intraservice Work**
- During treatment sessions, the technician provides the patient with multiple planned opportunities for the child to practice each target skill in the family home and in community settings (e.g., a playground, stores, church).
- The technician implements the treatment and provides prompts and reinforcement according to the written protocol.
- The technician records the patient's responses and the level of prompting or assistance required from the technician for the child to perform the skill.

Adaptive behavior treatment by protocol

- **97153 Postservice Work**
- The technician briefly discusses the child's performance and progress of the child with the caregiver.
- The technician cleans and disinfects the training materials that will be reused.
- The technician summarizes and graphs the data from the day's treatment and share the results with the QHCP.
- The QHCP reviews technician-recorded, graphed data to assess the child's progress and determine if any treatment protocols need to be adjusted.

What should Kanen do?

- Kanen, a new BCBA, recently took over supervision of several cases for whom the company bills \$60 per hour to insurance for 20 hours per week, because that is all the insurance company will authorize, and bills \$45 to the parent for an additional 10 hours per week if the parent pays in advance (i.e., a 25% discount for prepaying).
- This doesn't sound right to Kanen.

Group adaptive behavior treatment by protocol

- **97154 Group Adaptive behavior treatment by protocol**, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients; each 15 minutes

Group adaptive behavior treatment by protocol

- **97154** is administered by a technician,
 - under the direction of a QHCP,
 - utilizing a treatment protocol designed in advance by the QHCP,
 - who may or may not provide direction during the treatment.

Group adaptive behavior treatment by protocol

- Code 97154 involves treatment delivered to a patient who can benefit from training in a group of peers to develop skills such as turn-taking in communication and leisure activities.
- The QHCP directs the treatment by designing the treatment protocols, assisting the technician in adhering to the protocols, and analyzing the technician-recorded progress data to determine whether the protocol is producing adequate patient progress.

Group adaptive behavior treatment by protocol

- **97154 Preservice Work**
- The QHCP develops a treatment plan and written protocols for strengthening the patient's interactions with peers during small-group activities with children of similar ages.
- Treatment targets typically include ones previously addressed in one-to-one training sessions with adults (e.g., following instructions during games, giving a partner turns, awaiting turns quietly, accepting "no" without tantrumming).
- All protocols include observable, measurable definitions and procedures for recording occurrences of each treatment target.
- The QHCP trains technicians to implement all treatment protocols and data collection procedures during small-group activities.

Group adaptive behavior treatment by protocol

- **97154 Intraservice Work**
- During treatment sessions, the technician provides the patient with multiple planned opportunities to strengthen interactions with peers.
- The technician implements the group treatment and uses prompting, shaping, and reinforcement in accordance with the written protocol.
- The technician records for each patient whether the patient emitted each target response independently of with prompts from the technician.

Group adaptive behavior treatment by protocol

- **97154 Postservice Work**
- The QHCP writes a progress note for each participant describing their progress in the group.
- The QHCP meets with the technician to review each patient's progress.
- The QHCP adjusts the protocol for the subsequent session based on patient progress.

Group adaptive behavior treatment by protocol

- **97154 Coding Tips**
- *Do not report code 97X54 for patients in groups larger than 8.*
- *Report group adaptive behavior treatment by protocol (97154) only for patients who are participating in the interaction in order to meet their individual treatment goals.*

What should Allysa do?

- Alyssa is a BCBA who supervises David's case, who is currently attending a summer camp.
- The camp director and David's mother call and request that David's technician attend the camp to help manage David's behavior during group activities.
- David's mother wants Allysa to bill the 97154 code to insurance for the technician's time.

Adaptive behavior treatment with protocol modification

- **97155 Adaptive behavior treatment with protocol modification** administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes

Adaptive behavior treatment with protocol modification

- **Adaptive behavior treatment with protocol modification** (97155) is administered by a QHCP face-to-face with a single patient.
- The QHCP resolves one or more problems with the protocol and may simultaneously direct a technician in administering the modified protocol while the patient is present.
- QHCP direction to the technician without the patient present is not reported separately.

Adaptive behavior treatment with protocol modification

- When the QHCP directs the technician about the treatment protocol without the patient present, the service is considered bundled with the above service codes and should not be reported separately.
- The 97155 code may be reported in two scenarios:
 - when the QHCP is delivering the treatment with the client one-to-one, or
 - when the QHCP is directing the technician in how to deliver treatment and both the technician and the client are present.

Adaptive behavior treatment with protocol modification

- **97155 Preservice Work**
- The QHCP reviews the patient's protocols and data to determine which protocols require modification.

Adaptive behavior treatment with protocol modification

- **97155 Intraservice Work**
- The QHCP demonstrates the procedures to the technician
- then has the technician implement the procedures with the child while the QHCP observes and provides feedback.

Adaptive behavior treatment with protocol modification

- **97155 Postservice Work**
- The QHCP revises and finalizes the written protocols for the technician based on observations during the intraservice work.
- The QHCP writes a progress note summarizing the protocol modification procedures implemented during the session.

What should Jill do?

- Jill is a new BCBA. Her employer told her that when she is observing the technician delivering direct services and providing direction, she can bill the 91753 for the technician's time and bill the 97155 code for her time.

Family adaptive behavior treatment guidance

- **97156 Family adaptive behavior treatment guidance**, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

Family adaptive behavior treatment guidance

- It is important that family members or guardians learn to implement treatment protocols to reduce maladaptive behaviors and reinforce appropriate behaviors.
- The QHCP administers the **family adaptive behavior treatment guidance (97156)** face-to-face with guardian(s)/caregiver(s) and it involves identifying potential treatment targets and training guardian(s)/caregiver(s) of one patient to implement treatment protocols designed to address deficient adaptive or maladaptive behaviors.
- 97X56 may be performed with or without the patient present.

Family adaptive behavior treatment guidance

- **97156 Preservice Work**
- The QHCP reviews the child's goals and data showing progress toward the goals and selects targets and treatment protocols appropriate for generalization to the home.
- The QHCP simplifies the corresponding written protocols so that they are appropriate for the caregivers.

Family adaptive behavior treatment guidance

- **97156 Intraservice Work**
- The QHCP trains the parents to use prompting and reinforcement to promote their child's use of appropriate communication.
- The parents are trained to recognize the child's communicative responses and to honor the child's requests whenever feasible.
- The QHCP reviews the child's written treatment and data collection protocols with the parents, demonstrating how to implement them in role-plays and/or with the child, and
- having the parents implement the protocols with the child while the QHCP observes and provides feedback.

Family adaptive behavior treatment guidance

- **97156 Postservice Work**
- The QHCP revises and finalizes the written protocols or the caregivers based on observations during the intraservice work.
- The QHCP writes a progress note summarizing the parent training procedures implemented and the parent's acquisition of those procedures.

Multiple-family group adaptive behavior treatment guidance

- **97157 Multiple-family group adaptive behavior treatment guidance,** administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes

Multiple-family group adaptive behavior treatment guidance

- Parents can learn some important parenting skills within a group-training format.
- The QHCP administers the **multiple family group adaptive behavior treatment guidance (97157)** face-to-face with multiple guardian(s)/caregiver(s) and it involves identifying potential treatment targets and training-guardian(s)/caregiver(s) of multiple patients to implement treatment protocols designed to address deficient adaptive or maladaptive behaviors.
- 97X57 is always performed without the patient present.

Multiple-family group adaptive behavior treatment guidance

- **97157 Preservice Work**
- The QHCP selects a general topic area for the group parent-training session (e.g., reducing resistance to change and replacing it with appropriate alternative responses).
- The QHCP prepares simple handouts that summarize the main points to remember when addressing the topic issue.

Multiple-family group adaptive behavior treatment guidance

- **97157 Intraservice Work (Cont.)**
- The QHCP introduces the topic area for the session.
- The QHCP asks each set of parents to identify one skill to be increased or one problem behavior to be decreased in their own child related to the topic area for the session.
- The QHCP describes how behavior-analytic principles and procedures could be applied increase the identified skill and decrease the identified problem behavior.

Multiple-family group adaptive behavior treatment guidance

- **97157 Intraservice Work**
- The parents then role-play implementing that procedure.
- Other group participants and the QHCP provide feedback and make constructive suggestions. That process is repeated for skills/behaviors identified by other sets of parents.
- The QHCP ends the group session by summarizing the main points, answering questions, and giving each set of parents a homework assignment to practice the skills they worked on during the session.

Multiple-family group adaptive behavior treatment guidance

- **97157 Postservice Work**
- The QHCP writes a progress note summarizing the group parent-training procedures implemented and the parent's acquisition of those procedures.

Group adaptive behavior treatment with protocol modification

- **97158 Group adaptive behavior treatment with protocol modification**, administered by physician or other qualified health care professional face-to-face with multiple patients, each 15 minutes

Group adaptive behavior treatment with protocol modification

- **97158 Group adaptive behavior treatment with protocol modification** is administered by a QHCP face-to-face with multiple patients.
- The QHCP monitors the needs of individual patients and adjusts the treatment techniques during the group sessions as needed.
- In contrast to group adaptive behavior treatment by protocol (97154), the QHCP adjusts the treatment protocols in real time rather than for a subsequent service.

Group adaptive behavior treatment with protocol modification

- Code 97158 involves treatment delivered to a group of patients who can benefit from training in a group of peers to develop more complex social skills (relative to 97154).

Group adaptive behavior treatment with protocol modification

- **97158 Preservice Work**
- The QHCP selects a general topic area for the group social-skills session (e.g., asking someone to go out on a date).
- The QHCP prepares simple handouts that summarize the main points to remember when addressing the topic issue.

Group adaptive behavior treatment with protocol modification

- **97158 Intraservice Work**
- The QHCP introduces the topic area for the session.
- The QHCP asks each patient to briefly describe two of their recent social encounters with peers related to the topic, one that went well and one that did not.
- The QHCP asks each patient to identify a skill that they would like to develop related to the topic area.
- The QHCP sets up role-play scenarios so that each patient can practice their identified skill and receive feedback from the QHCP and other patients.

Group adaptive behavior treatment with protocol modification

- **97158 Postservice Work**
- The QHCP writes a progress note for each participant describing their progress in the group.

Group adaptive behavior treatment by protocol

- **97158 Coding Tips**
- Do not report code 97158 for patients in groups larger than 8.

Behavior identification supporting assessment w Reqs



- **0362T** Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:
 - administered by the physician or other qualified health care professional who is on site,
 - with the assistance of two or more technicians,
 - for a patient who exhibits destructive behavior,
 - completed in an environment that is customized to the patient's behavior.

Behavior identification supporting assessment w Reqs

- **Behavior identification supporting assessment with required components (0362T; Cont.)**
- “On site” is defined as immediately available and interruptible to provide assistance and direction throughout the performance of the procedure; however, the physician or other qualified healthcare professional does not need to be present in the room when the procedure is performed.

Behavior identification supporting assessment w Reqs

- **Behavior identification supporting assessment with required components (0362T)** is designed by the QHCP to manipulate or stage environmental contexts in order to examine triggers, events, cues, responses, and consequences associated with destructive behavior(s).
- Examples include but are not limited to self-injurious behavior, aggression, property destruction, pica, and elopement. This service requires the QHCP to provide on-site direction to a team of technicians.
- Typically two to three technicians are required for this service, but additional technicians may be needed for some patients.

Behavior identification supporting assessment w Reqs



- **Behavior identification supporting assessment with required components (0362T; Cont.)**
- The behavioral team conducts the assessment in an environment that is customized for the patient's behavior and safety.
- For some behaviors the assessment can be conducted safely in the patient's home or community-based treatment program; f
- or others a specialized environment may be required (eg, an inpatient or outpatient facility), depending on the dangerousness of the behavior.

Behavior identification supporting assessment w Reqs

- **Behavior identification supporting assessment with required components (0362T; Cont.)**
- ***Coding Tips***
- In reporting code 0362T, only the face-to-face time spent by any one technician during a single session may be counted, not the combined time of multiple technicians.

Behavior identification supporting assessment w Reqs

- **Behavior identification supporting assessment with required components (0362T; Cont.)**
- ***Coding Tips***
- Code 0362T may be repeated on the same or different days until the behavior identification supporting assessment (0362T) is completed.
- Code 0362T may be reported separately with 97151 based on the time that the patient is face-to-face with two or more technicians.

Guide to Selection of Codes 97152 and 0362T

	97152	0362T
Physician or other qualified health care professional required to be on site		+
Physician or other qualified health care professional not required to be on site	+	
Number of technicians	1	2 or more
Deficient adaptive behavior(s), maladaptive behavior(s), or other impaired functioning secondary to deficient adaptive or maladaptive behaviors	+	
Destructive behavior(s)		+
May include functional behavior assessment	+	+
May include functional analysis	+	+
Environment customized to patient and behavior		+

Behavior identification supporting assessment w Reqs Description of Work

- **0362T Preservice Work**
- Prior to the appointment, the QHCP
 - conducts a risk assessment to ensure patient safety
 - determines the type of functional analysis to conduct
 - trains two to or more behavior technicians to conduct the functional-analysis sessions
 - trains the technicians to observe and record occurrences of the patient's target responses

Behavior identification supporting assessment w Reqs Description of Work

- **0362T Intraservice Work**
- During the appointment(s), the technicians
 - conduct the functional-analysis sessions
 - observe and records the patients behavior
 - summon the QHCP if unanticipated events occur

Behavior identification supporting assessment w Reqs Description of Work

- **97152 Postservice Work**
- After the appointment,
 - the technician summarizes and graphs the functional-analysis data and shares it with the QHCP
 - The QHCP reviews the functional-analysis data to determine whether additional assessment is required or the initiation of treatment is indicated
 - The QHCP writes a progress note describing the functional-analysis conducted and the current results

Adaptive behavior treatment with protocol modification

- **0373T Adaptive behavior treatment with protocol modification**, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:
- administered by the physician or other qualified health care professional who is on site,
- with the assistance of two or more technicians,
- for a patient who exhibits destructive behavior,
- completed in an environment that is customized to the patient's behavior.

Adaptive behavior treatment with protocol modification

- **Adaptive behavior treatment with protocol modification (0373T; Cont.)**
- “On site” is defined as immediately available and interruptible to provide assistance and direction throughout the performance of the procedure; however, the QHCP does not need to be present in the room when the procedure is performed.

Adaptive behavior treatment with protocol modification

- **0373T Adaptive behavior treatment with protocol modification using two or more technicians** is required when destructive behavior needs to be treated under the environmental contexts that typically evoke that behavior.
- Treatment addresses one or more specific destructive behaviors (eg, self-injurious behavior [SIB], aggression, property destruction) and one or more alternative adaptive behaviors.
- The behavioral team conducts the treatment in an environment that is customized to the patient's behaviors and supports patient safety.

Adaptive behavior treatment with protocol modification

- **0373T Adaptive behavior treatment with protocol modification using two or more technicians**
- For some behaviors the treatment can be safely conducted in the patient's home or community-based treatment program;
- for others a specialized environment may be required (eg, an inpatient or outpatient facility), depending on the dangerousness of the behavior.
-

Adaptive behavior treatment with protocol modification

- **0373T Adaptive behavior treatment with protocol modification using two or more technicians**
- ***Coding Tips***
- In reporting code 0373T, only the face-to-face time spent by any one technician during a single session may be counted, not the combined time of multiple technicians.

Guide to Selection of Codes 97153, 97155 and 0373T

	97X53	97X55	0373T
By protocol	+		
With protocol modification		+	+
Physician or other qualified health care professional face-to-face with patient		+	
Physician or other qualified health care professional required to be on site			+
Physician or other qualified health care professional not required to be on site	+		
Number of technicians	1	0-1	2 or more
Deficient adaptive behavior(s), maladaptive behavior(s), or other impaired functioning secondary to deficient adaptive or maladaptive behaviors	+	+	
Destructive behavior(s)		+	+
Environment customized to patient and behavior			+

Adaptive behavior treatment with protocol modification

- **0373T Preservice Work**
- Prior to the appointment, the QHCP
 - conducts a risk assessment to ensure patient safety
 - determines the type of function-based treatment to conduct and writes the treatment protocol
 - Determines the single-case design they will use to evaluate the treatment
 - trains two to or more behavior technicians to conduct the function-based treatment sessions
 - trains the technicians to observe and record occurrences of the patient's target responses

Adaptive behavior treatment with protocol modification

- **0373T Intraservice Work**
- During the appointment(s), the technicians
 - conduct the baseline and function-based treatment sessions
 - observe and records the patients behavior
 - summon the QHCP if unanticipated events occur

Adaptive behavior treatment with protocol modification

- **0373T Postservice Work**
- After the appointment,
 - the technician summarizes and graphs the treatment-evaluation data and shares it with the QHCP
 - The QHCP reviews the data to determine whether and what modifications need to be made to the treatment
 - The QHCP writes a progress note describing the functional-analysis conducted and the current results

ABA Coding Resources:

Development of a “Payer Packet”



- Model coverage policy (in production)
- Updated Coding Conversion Chart (released 9/1/1918)
- Template letter to payers announcing release of new code set and requesting timelines / process for implementation (released Sept 18')
- Valuation crosswalk tables to assist with payers who will require MPFS coding crosswalks with submitted claims – using comparisons to other “like” services’ relative value units (RVUs) to establish ABA code reimbursement



ABA Coding: Future



- **Payer Education**

- Alert your payers about the new codes!
- Continue to work with payers on utilization of the code conversion table to improve consistency in use of the 2019 code set
- Know your contract requirements (reimbursement timelines, requirements for amending contracts)
- Obtaining accurate NCCI and MUE edits for new codes

- **Provider Education**

- Compliance with Antitrust Laws is KEY!
- Consider all components of a “service” (overhead, practice expenses, staff, therapists, technology, liability insurance, indirect time / case management etc.).
KNOW YOUR OWN INFORMATION!

What else should I do to prepare?

- **Review your contracts.** What is the notice requirement for changes to your contract? Know your payer policies, understand the requirements for medical necessity / coverage as well as the terms for modification of your agreements.
- **Prepare for disruption to revenue.** It often takes payers about a quarter to update their EMRs after new codes are released on January 1, prepare your company to weather the storm.
- **Talk to your payers.** Are they aware of the coding changes? Send them notifications and engage them. Share your resources from the AMA and ABA Associations etc.
- **Negotiate!** It may not always seem like it, but rates in your contracts are always negotiable – start early dialogue with payers!
- **Ask questions!** Engage a consultant or national organization with information to assist you in the transition (i.e. understanding the new codes, implementing them into your EMR, etc.)

Questions???