



ABA Coding Coalition Update

Autism Law Summit
Boise, ID

October 17, 2024

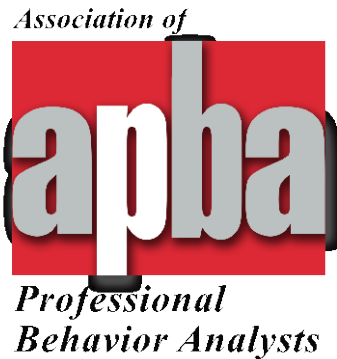


TOPICS

- Overview of the ABA Coding Coalition
- ABACC key resources
- ABACC priorities for 2025
- Policy updates
- Hot topics / FAQs
- Q&A

ABA Coding Coalition

- Formed in 2019



Allyson Moore
Chanti Waters



Wayne Fisher*
Rebecca Womack



Kelly Headrick



Mariel Fernandez
Kristen Koba-Burdtt

CPT® Consultant: Jenna Minton*, Proactive Strategies, LLC

ABA Consultant: Gina Green*

*Authors of code change application submitted by former ABA Services Work Group to AMA CPT® Editorial Panel in 2017 to modify Category III (temporary) codes for adaptive behavior/ABA services and upgrade them to Category 1. With CPT® Editorial Panel, also authored descriptors of CPT® codes that went into effect January 1, 2019 and article in November 2018 *CPT® Assistant*.

PRINCIPAL AIMS

- Support implementation of the 2019 CPT[®] code set by ABA service providers and payers by responding to inquiries, developing and disseminating information and resources, and communicating with our constituents and other interested parties
- Monitor Medically Unlikely Edits (MUEs) and National Correct Coding Initiative (NCCI) procedure-to-procedure edits for the code set and submit requests for revisions based on provider feedback and payer implementation
- Educate ABA service providers and payers about CPT[®], MUE, and related processes
- Develop and maintain website (www.abacodes.org) as a repository for coding and reimbursement resources and a portal for inquiries



[Home](#)[About Us](#)[Billing Codes](#)[Resources](#)[FAQs](#)[Advocacy Efforts](#)[Contact](#)

Recent News

Aetna Rescinds Policy Ending Telehealth Coverage for ABA Services in December 2023

December 11, 2023 Earlier this year, Aetna issued a statement indicating that they would be ending telehealth coverage of CPT codes 97151, 97153, 97155, 97156, and 97157 as of December 1, 2023. The Coalition wrote to the company in November to ask that they continue telehealth coverage of those services when medically necessary and add telehealth [...]

[Read More](#)

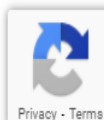
Ask a Question

Name

Email Address

Subject

Message



QUESTIONS PORTAL

Ask a Question at www.abacodes.org

- Since this time last year, we have answered 282 questions submitted via the portal on the homepage (average: about 24 per month).

Topics include:

- Payer requests for input on draft policies or interpretations of codes.
- Parent inquiries about coverage of ABA services and working with health plans.
- Provider inquiries on all things related to the ABA code set, including payer policies.

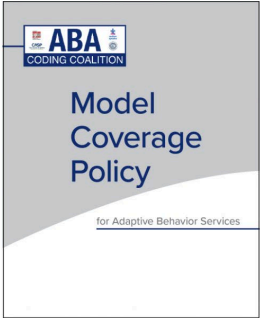
Search

Search



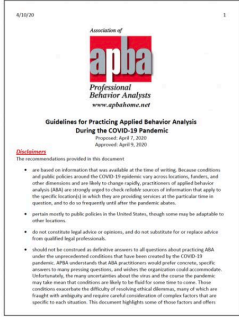
Resources

Model Coverage Policy for ABA Services: Guidelines for Working with CPT® Codes and Developing Payer Policies



This document has been developed to assist providers, billers, and payers in implementing comprehensive payer policies for the Category I and modified Category III CPT® codes for adaptive behavior (applied behavior analysis; ABA) services. The model policy is also designed to familiarize payers with ABA services and guide them in implementing coverage policies and monitoring utilization of those services.

APBA Guidelines for Practicing Applied Behavior Analysis During the COVID-19 Pandemic



Information and recommendations are provided to help ABA practitioners make decisions in four key areas: determining if ABA services are deemed "essential" under emergency governmental orders; complying with behavior analyst licensure laws and rules, especially as they pertain to telepractice; using professional standards to guide decision-making about service delivery; and working with third-party payers on the delivery of services via telehealth.

Reporting CPT Codes for Telehealth Delivery of Adaptive Behavior (ABA) Services

KEY RESOURCES: Supplemental Guidance article

- Code descriptors
- Clinical examples, including direct and indirect components of each service/code.
- Typical patient vignettes
- FAQs on individual codes as well as broader concepts around reporting the codes
- *NOTE: Code descriptors, clinical examples, and vignettes are not specific to any diagnoses or patient populations.*



SUPPLEMENTAL GUIDANCE ON INTERPRETING AND APPLYING THE 2019 CPT CODES FOR ADAPTIVE BEHAVIOR SERVICES

JANUARY 2019

The Steering Committee for the ABA Services Workgroup (representatives of the organizations shown above and their CPT consultant) prepared this article to assist providers, billers, and payers in using the Category I and modified Category III CPT codes for adaptive behavior services that go into effect January 1, 2019. This document is meant to supplement the essential information about the new codes that is published in the 2019 CPT Code book (available from the American Medical Association [AMA] Store) and an article in the November 2018 issue of the *CPT Assistant* newsletter, which can be purchased by calling 1-800-621-8335, selecting option 2 in the recorded menu, and asking for item B1506118.

BENEFITS OF A MODEL COVERAGE POLICY

- Provides detail a contract cannot
- Serves as a road map for the day-to-day delivery of services and reporting of claims
- Serves as a guide for providers on initial authorizations, parameters around delivery of care, claims submission, and payment or appeal processes.



Model Coverage Policy

for Adaptive Behavior Services

USING THE MODEL COVERAGE POLICY

- **Payers:**
 - Consider implementing the model coverage policy in place of existing policies or to enhance existing policies.
- **Providers:**
 - Use it in communicating with payers about coverage determinations, profession's standards of care.
- **EMR companies and billers:**
 - Read it, learn it, integrate it into your systems.
 - Have it at the ready when working with health plans.



OTHER KEY RESOURCES


November 2018 *CPT*® *Assistant* article

- *CPT*® *Assistant*: Newsletter published by the AMA; provides guidance to providers around coding changes or development of new CPT codes to ensure proper and accurate reporting (beyond what appears in the AMA code book).
- November 2018 issue includes article about the 2019 CPT codes for adaptive behavior/ABA services that is an essential resource for everyone who bills health plans for ABA services.
- AMA has granted the Association of Professional Behavior Analysts (APBA) permission to make that issue available to its members free of charge in the Members Only section of www.apbahome.net.

November 2018 / Volume 28 Issue 11

cpt® Assistant

Official source for CPT coding guidance



In This Issue:

- 3 Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019
- 7 Vaccines and Toxoids: 2018 and 2019 Changes
- 9 Genomic Sequencing Procedure for Severe Inherited Conditions (81443)
- 10 Destruction of Prostate Tissue by Water Vapor Thermotherapy
- 11 Frequently Asked Questions

AMA
AMERICAN MEDICAL
ASSOCIATION

ABA CODING COALITION 2025 GOALS



Continue to evaluate the readiness of 0362T and 0373T (assessment and treatment of destructive behavior) codes to be elevated to Category I status with the CPT Editorial Panel.



Update the Model Coverage Policy, including integration of the updated CASP Guidelines.



Continue evaluating ways to obtain coverage of / reimbursement for non-face-to-face QHP activities that are integral to ensuring quality treatment.



Continue monitoring MUE barriers and working with CMS on both MUE and NCCI edits that are causing issues for providers.



Continue payer and provider education around the CPT code set, including webinars, conference presentations, answering portal inquiries, and updating the ABACC website.

OUTREACH

In the past year, Coalition has worked with:

- Aetna
- FL Medicaid
- GA Medicaid
- HI Medicaid
- KS Medicaid
- ND Medicaid
- OR Medicaid
- PA Medicaid

ADVOCACY EFFORTS: COMMON TOPICS

- Adoption of full 2019 code set as intended by authors and approved by AMA
- Authorization of 97152 (behavior identification supporting assessment by technician) to supplement assessment info gathered by behavior analyst under 97151 (behavior identification assessment by QHP)
- Concurrent billing
- Authorization of sufficient units to be consistent with scientific evidence, profession's standards of care, medical necessity (MUEs / NCCI edits)
- Adherence to AMA rounding rules



ADVOCACY EFFORTS: MEDICALLY UNLIKELY EDITS (MUES)

- **Medically Unlikely Edits (MUEs):** Maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. Not meant to be used as hard caps.
- Centers for Medicare & Medicaid Services (CMS) contracts with National Correct Coding Initiative (NCCI) to establish coding edits.
- Many payers mirror Medicare MUEs, which often differ from Medicaid MUEs for the same codes.
- ABA Coding Coalition advocates for use of Medicaid rather than Medicare MUEs, as the former are more appropriate for ABA services and patients.
- But we also continue to advocate for CMS to increase Medicare MUEs for some ABA CPT codes (e.g., 97151).

OTHER EFFORTS

Collaboration with CASP SIGs

- Coding Coalition consultants provided input on intended use of codes, required elements of 0362T and 0373T, and content and structure of session note templates developed by the Documentation SIG
- Members of the coding coalition attended the Profound Autism CASP SIG on the T codes to provide expertise related to the elements/requirements of the codes, and how they should be utilized/reported.



IMPORTANT UPDATE - 2025 MPFS PROPOSAL RE: VALUATION OF ABA CODES

- In July 2024, CMS published the proposed Medicare Physician Fee Schedule (MPFS) for 2025. The agency is proposing that the CPT codes for adaptive behavior/ABA services **remain carrier-priced** throughout 2025, as they have been since they went into effect January 1, 2019.
- We anticipate that the final rules for the 2025 MPFS will be published in November and will post an update in Recent News on the website at that time.



CMS TELEHEALTH COVERAGE

In the NPRM, CMS noted that *they do not have the authority to expand the list of eligible Medicare telehealth practitioners to include therapists after 2024 (citing regulations 87 FR 69449 – 69451) because the federal Consolidation Appropriations Act (CAA) of 2023 did not change the list of practitioners who can furnish and bill for telehealth services permanently.*

Rather, the CAA extended current telehealth flexibilities through the end of 2024. *Therefore, CMS proposes to retain all CPT codes for therapeutic services as telehealth Category 3 (temporary) through December 31, 2024. That includes the adaptive behavior/ABA services codes (97151-97158, 0362T, 0373T).*

CASP is actively supporting legislative changes that would remove this barrier for CMS and allow them to consider “therapy” services for permanent inclusion on the Medicare TH list.



FREQUENTLY ASKED QUESTIONS



IS CONCURRENT BILLING ALLOWED?

- The AMA CPT® book includes no exclusionary parentheticals indicating that these services may not be reported concurrently.
- The November 2018 AMA CPT® Assistant article specifies that code 97155 (adaptive behavior treatment with protocol modification administered by QHP; may include simultaneous direction of technician) is intended to be reported with 97153 (adaptive behavior treatment by protocol administered by technician) when the QHP directs a technician who is implementing a protocol with a patient.
- Also see the Supplemental Guidance Article at www.abacodes.org
- The services represented by 97155 and 97153 are separate and distinct, so billing them concurrently does not constitute duplication.





WHAT ARE ROUNDING RULES?

- With time-based CPT codes, a service may be reported when half the time increment specified in the code descriptor has been met.
- All the 2019 CPT codes for ABA services are timed and in 15-minute increments, so work lasting 8 - 22 minutes is reportable as one unit. Work lasting less than 8 minutes is not reportable.

ROUNDING RULES (Cont'd)

- When a session begins late or ends early, it is essential to document the exact time the provider was actively engaged with the patient on the session note, even if the rounding rule will be used to determine the number of units billed.
- *IMPORTANT: Using the rounding rule to intentionally and systematically end sessions early – for example, to write session notes – is likely to trigger an audit by the health plan.*
- Writing session notes does not constitute direct, face-to-face services, even if done in the presence of the patient, because the patient's presence is NOT NEEDED to complete this task.
- Recording data on the patient's behavior during sessions is part of direct service and different from writing session notes because the patient's presence IS NEEDED to take data on their response to treatment.



WHAT ARE DIRECT SERVICES?

All ABA CPT codes require *face-to-face time with the patient or caregiver* (except for 97151, where indirect time can be counted too).
This is direct service time and is billable.



To be a direct services, the provider must be engaged in delivering services directly to the patient or caregiver. Services performed in the presence of the patient or caregiver but without their active engagement are indirect and not billable.

WHAT ARE INDIRECT SERVICES?

- Examples of indirect services include activities like updating written protocols and treatment plans, graphing data, writing session notes, and preparing or cleaning up the treatment space/room.
- There is no separate code for indirect services in the 2019 CPT code set (nor was there in the Category III CPT code set).
- Some payers may supplement the CPT codes with a HCPCS or other CPT code (e.g., H0032, G9012, H2019) for reporting indirect activities.
- If a payer does not, activities that occur prior to and after face-to-face time should not be reported, rather it's INCLUDED in the reimbursement for the face-to-face time you reported.



NATIONAL CORRECT CODING INITIATIVE EDITS

The NCCI quarterly edits set procedure to procedure edits (i.e., what services/codes can be billed together on a given date of service).

Some examples include limitations on ABA and speech or psychotherapy services being billed for the same patient, on the same day. This is NOT CONCURRENT.

Reports of these issues are really ramping up!

WHAT IS ADAPTIVE BEHAVIOR SERVICE PROTOCOL MODIFICATION?

- (a) adjustments to specific components of a protocol (e.g., treatment targets, treatment goals, observation and measurement, reinforcers, reinforcer delivery, prompts, instructions, materials, discriminative stimuli, contextual variables);
- (b) observations to determine if the protocol components are functioning effectively for the patient or require adjustments;
- (c) active direction of a technician while the technician delivers a service to a patient to ensure that the procedures are being implemented correctly, to correct errors in implementation, or to train the technician to implement a modified protocol; and
- (d) QHP implementation of the protocol with the patient to determine if changes are needed to improve patient progress or to test a modified protocol.

IS THE MODIFICATION OF WRITTEN TREATMENT PROTOCOLS BILLABLE?

Is the behavior analyst's modification of written treatment protocols or the treatment plan billable if done in the presence of a patient or caregiver?

No. Modifying written protocols and other indirect activities (writing session notes, updating treatment goals or plans, reviewing data, creating materials, etc.) are not billable with any CPT code in the current adaptive behavior/ABA services code set except 97151, which allows the behavior analyst to bill for direct as well as some indirect services (e.g., reviewing records, interviewing the patient or caregivers, scoring assessments) to develop an initial treatment plan or a progress report. For all other codes in the set, only the time spent face-to-face with a patient or caregiver is billable. **“Face-to-face” means that the provider is actively engaging the patient or caregiver in assessment or treatment.** Simply having them nearby while completing indirect work does not fulfill the CPT face-to-face requirement. The Coalition understands that a great deal of indirect work is required to deliver ABA services effectively and ethically. In fact, the authors of the current CPT code set advocated for the American Medical Association's CPT Editorial Panel to issue a standalone code for indirect services, but they declined to do so. It is important to note that indirect services are “bundled” with direct services for the vast majority of CPT codes that are used by medical and other professionals; it is not specific or unique to the ABA code set. That said, the Coalition advocates for payers to allow ABA providers to use a HCPCS or CPT code to bill for indirect services, which some payers are doing. For information about activities that constitute billable protocol modification activities for CPT codes 97155, 97158, and 0373T, indirect services associated with each CPT code, and bundling direct and indirect services for billing, please see the Supplemental Guidance Article on our [Resources](#) webpage.

WHO DELIVERS 97152 SERVICES (BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT BY TECH)?

This code is NOT for technicians to conduct assessments independently.

As indicated in the FAQ on our website and the Supplemental Guidance article, its intended use is for assessments by the technician (e.g., direct observation and recording of patient behaviors) that the QHP deems necessary to supplement assessment information they have collected (97151).

Per the clinical example in the Supplemental Guidance article, the QHP must prepare the technician to conduct 97152 assessments prior to those sessions. They may be present or on site during the sessions, but that is not required.



HOW TO USE AND REPORT 0362T AND 0373T (ASSESSMENT AND TREATMENT OF DESTRUCTIVE BEHAVIOR)

- Both codes have 4 elements
 - *Destructive behavior*
 - *Two or more technicians*
 - *Customized environment to patient's behavior*
 - *QHP on-site*
- ALL ELEMENTS of the code must be met in order to report the service
- What if my payer uses the code differently?
 - Point them to AMA and ABACC materials / guidance
 - Get variances in writing

WHAT IS "DESTRUCTIVE BEHAVIOR"?

Q: What is meant by "destructive behavior"? Is it limited to self-injury, property destruction, and the like?

A: As indicated in the article about the 2019 adaptive behavior/ABA services CPT codes in the November 2018 issue of the American Medical Association CPT® Assistant newsletter, destructive behaviors include but are not limited to "... self-injurious behavior, aggression, property destruction, pica, elopement, and other behaviors associated with high-risk medical consequences or property damage" (p. 4). That encompasses any behaviors that jeopardize a patient's health or safety and for which research documents that ABA services are effective for preventing or reducing the risk of medical consequences, i.e., injuries and/or health problems. Examples in addition to those just listed include but are not limited to feeding difficulties, sleep difficulties, rumination, bruxism, mouthing objects, inadequate fluid intake, skin picking, resistance to or lack of cooperation with dental and medical care procedures, and other behaviors that may result in the need for medical treatment. CPT codes 0362T and 0373T are appropriate for reporting ABA assessment and treatment of such behaviors if all required elements of those codes are met (QHP/behavior analyst on site, two or more technicians, environment customized to patient's behavior).

WHAT IS “ON-SITE”?

- Immediately interruptible and available
- *What is “interruptible”?*
- *What is “available”?*



BREAKING DOWN THE GROUP CODES



Reminder: groups can be as small as 2 but no larger than 8 patients.



Use 97158 for group treatment led by QHP. *Note, it does NOT require protocol modification.*



Use 97154 for group treatment led by a technician.



If QHP joins 97154 session to direct technician on implementation of protocols, bill 97154 for technician's time and 97155 for QHP's time.

HOW SHOULD GROUP TREATMENT CODES BE REPORTED

97158: Group treatment led by QHP

- While 97155 could be reported concurrently with 97158, it would typically not be reported concurrently unless a separate QHP is directing the QHP leading the group.

Reporting when some patients are 1:1 and others share a technician

- Report 97153 for any patients who have a 1:1 technician
- Report 97154 for all patients who share a technician

QUESTIONS





THANK YOU!