

## **TRICARE ACD: Category I CPT Code Changes**

### **Q&As #1**

*\*\*\*TRICARE Operations Manual changes pending\*\*\**

Q 1: Will the ability to provide remote services billed with the GT modifier be extended to other codes such as program modification and parent trainings?

A 1: In an effort to have an expedited transition to the new Category I CPT codes, no changes were made to any codes regarding the possibility of using the GT modifier. Remote services with the GT modifier are excluded for 97151, 97153, 97155, & 97156. DHA will consider the application of the GT modifier to other CPT codes in future manual changes.

Q 2: Can the parent training code (97156) and the BT direct service code (97153) be billed concurrently by two separate QHP's? Can these be billed at the same time since they are separate services?

A 2: As the codes are currently defined, if a BCBA is providing the direct service to the parents without the beneficiary present while the BT is rendering the direct service to the beneficiary, then yes, both codes could be performed at the same time. Claims and documentation should explicitly note this distinction.

Q 3: Will the T1023 code continue to be in effect in 2019 to cover the PDDBI?

A 3: Yes. There are no pending changes considered for this code at this time. Having said that, there could be changes in the future.

Q 4: Can you please explain how we can find the rates for the T1023 they are not listed on the CHAMPUS?

A 4: According to TOM Chapter 18, Section 4, paragraph 13.6 "For BCBAs submitting claims for T1023, reimbursement shall be the geographically adjusted reimbursement methodology for CPT code 96102." The CMAC rates can be found at: <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/CMAC-Rates>. Once on the website, select the "Procedure Pricing" link, click accept, and then complete Steps 1 and 2 (your geographic information and CPT code 96102) and click submit. Then scroll down to the table for non-facility/non-physician.

**Q 5:** If we are approved to provide services funded by TRICARE in the school setting, can we use 97155 when conducting team meetings with teacher/school staff, demonstrating modified treatment protocol to teacher/school staff, or works with teacher to update treatment protocol?

**A 5:** No. CPT codes, including 97155, are for the rendering of medical care. Providing team meetings with school staff, who are not medical providers, is not the purpose of this code. Additionally, team meetings are no longer reimbursable under the ACD.

**Q 6:** What is the difference between supervision and protocol modification in CPT Code 97155?

**A 6:** 97155 covers “adaptive behavior treatment with protocol modification” where the BCBA-D, BCBA, or assistant behavior analyst resolves one or more problems with the protocol: “Protocol Modification” (e.g. evaluating progress, progressing programs, modeling modifications, probing skills). After January 1, 2019, the supervision of the assistant behavior analyst and behavior technician (e.g. treatment fidelity checks, feedback) is not covered under the ACD. The tasks performed associated with supervision are not billable.

**Q 7:** Can you bill for both BT supervision and direct service at the same time?

**A 7:** No. BT supervision is no longer a reimbursable service.

**Q 8:** Can CPT code 97155 be used for BT supervision?

**A 8:** No. CPT code 97155 is defined at Adaptive Behavior Treatment Protocol Modification. This code is interpreted as for the purpose of the BCBA making modifications to the treatment protocol. Additionally the AMA states that the QHP may provide direction. DHA does not interpret “direction” to equate to “supervision” as the term direction does not define a supervisory activity.

Q 9: What happens if I don't use all of the 16 units of 97151 within the 2 week period?

A 9: Any units of 97151 that are not used within two weeks will be denied. This is a "use it or lose it" concept. 97151 should be used only for the initial assessment and the 6-month authorization intervals. 97151 cannot be used intermittently throughout the authorization period.

Q 10: How is 97151 to be used?

A 10: 97151, previously the 0359T which was an untimed code, is now a timed code and the ACD will permit up to 16 units over a 2-week period. Any unused units will not transfer to the next assessment period nor will the units be payable after the 2-week period ends. Note, this 2-week period is a 14-day window, not a 2 week calendar period that starts on a Monday.

Q 11: What is TRICARE's plan for the roll out of the new CPT codes and what codes will be covered?

A 11: The ACD will adopt the new Category I CPT codes that directly transferred from the Category III codes. Specifically, the ACD will adopt, 97151, 97153, 97155, and 97156. Other codes for inclusion are under consideration and DHA will provide further guidance when available.

Q 12: What do we need to do on our end as providers to prepare for the CPT code change?

A 12: DHA is working with the contractors to implement a process that will have the least impact on work for the providers. The contractors and DHA will be providing more guidance as it becomes available. Please plan on using the new codes for all services provided on or after January 1, 2019.

Q 13: Will the contractors provide training to ABA providers in how to process these codes effectively for claims prior to their implementation?

A 13: DHA will host at least three provider information meetings, in addition to sending information out through our GovDelivery site. DHA will also respond to policy related question through our ACD e-mail. DHA anticipates that the contractors will be providing additional information to TRICARE providers.

Q 14: Will there be a code that can be used for program development and updates without the client present?

A 14: No. DHA is adopting the Category I CPT codes for Adaptive Behavior Service (ABS) as written. There is no additional code for an indirect service that the ACD will reimburse.

Q 15: Will there be a code that can be used for team meetings with the BT and parent without the client present?

A 15: No. DHA is adopting the Category I CPT codes for ABS as written. There is no additional code for an indirect service that the ACD will reimburse.

Q 16: What will be the rates for the new CPT codes effective January 1, 2019?

A 16: The reimbursement rates will not change as a result of this CPT code transition. The reimbursement rates will be geographically adjusted for the \$125/\$75/\$50 rates. The only change you will see is the cross walk to the 15-minute units as opposed to the 30-minute unit.

Q 17: What is the implementation process going to be?

A 17: The new codes will be in effect on January 1, 2019. Please utilize the new codes for all services provided on or after this date.

Q 18: What are your new max limits?

A 18: The new medically unlikely edits (MUEs) will be the same as the previous limits by units per day/authorization. For 97151, the MUE is 16 units per authorization (must be rendered within 2 weeks of first 97151 unit, 97153 is 32 units per day, 97155 is 8 units per day, 97156 is 8 units per day. The MUE includes all renderings at all locations. Claims billed above the MUE daily limits will be denied. What that means in transition is that the units will be issued for the 15-minute increment for the same daily hour limit as was under the category III codes. Please see the TRICARE crosswalk for additional information.

Q 19: What is the time frame for releasing the new CPT I and III codes?

A 19: DHA will adopt the (4) Category I CPT codes, the same codes that align with the previously covered Category III CPT codes on January 1, 2019.

Q 20: Will the codes be interpreted in the same way?

A 20: The codes are being interpreted as written by AMA. DHA will not make adaptations to any of the codes as Category I CPT codes do not have that flexibility.

Q 21: Will the regional contractors have training in how to process these codes effectively for claims prior to their implementation?

A 21: The contractors have received guidance on the codes and their implementation from DHA. They will be implementing the codes on January 1, 2019. Please contact your contractor for any additional information regarding their processes for implementation.

Q 22: When will the new 2019 reimbursement rates be posted?

A 22: For the CPT change, those rates will be available for January 1, 2019. Additionally, the annual reimbursement rates will be posted in March or April as has been done in previous years.

Q 23: Are the new ABA reimbursement codes changing?

A 23: The hourly rate for the reimbursement rates are not changing. The only change you will notice is that the units change from 30 to 15 minutes, so the hourly rate is presented by (4) 15-minute units. The previously untimed codes are now 15-minute increments, but the reimbursement rates are retained; i.e., \$500 for 97151 and \$125/hour for 97156.

Q 24: Will the new CPT codes of 97153 and 97155 be able to be billed concurrently?

A 24: No. As with our current policy, DHA will not reimburse both 97153 and 97155 services that are billed concurrently.

Q 25: Will ABA services be available to individuals without a diagnosis of autism?

A 25: No. The ACD is authorized only for beneficiaries diagnosed with ASD.

Q 26: Is there a cap on the number of units available for 97151?

A 26: Yes. 97151 will be authorized for a maximum of 16 units to be used within a two week period per authorization interval.

Q 27: Who must be present for each of the new CPT codes?

A 27: Please see the TRICARE CPT code crosswalk for the required participants for each covered service. Of note, 97151 is the only code that will permit indirect work. All other codes require either the beneficiary or the parent to be present.

Q 28: What CPT codes are allowed under the ACD?

A 28: The covered codes under the ACD are: 97151, 97153, 97155, 97156, and T1023.

Q 29: How will copays be applied for the new Category I CPT codes?

A 29: For CPT code 97151, all assessment services rendered within a two week period using this CPT code shall be subject to one cost-share/copayment. For all other CPT codes rendered on or after January 1, 2019, all ABA services rendered on the same day shall be subject to only one cost-share/copayment per day.

Q 30: Do we need to renegotiate our reimbursement rates within our contracts?

A 30: No. Continue using the geographically adjusted reimbursement rates that are updated annually and posted on health.mil. Additionally, DHA will retain the floor reimbursement rates for these newly transitioned CPT codes.