



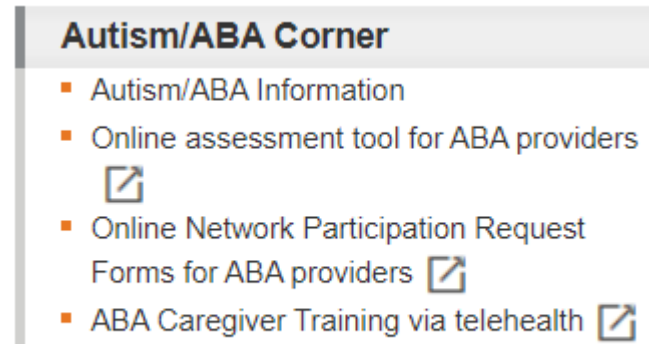
Optum® Category I CPT® Code  
Change March 30, 2020

# Disclaimer



- All resources are listed on the Optum® Provider Express website.
- This presentation is to focus on information prepared in the FAQ for Individual and Group Providers Contracted with HCPCS codes.
- This information should not replace any information received directly from Optum® provider representatives, and ABA agencies are encouraged to validate information directly by using Optum® resources or contacting Optum® directly.

- Provider Express
  - <https://www.providerexpress.com/content/ope-provexpr/us/en.html>
- Bottom left corner – Autism/ABA information:



- CPT® Code Changes 2019:

## CPT® Code Changes 2019

- [Click here if you using HCPCS Codes](#)  Revised

# Points of Reference



- When?
  - March 30, 2020 transition to Category I CPT® codes
- Who = Yes?
  - ABA Groups and solo BCBA's who should have received their formal Notice of Amendment letter by end of September 2019.
- Who = No?
  - Some ABA Agencies/Facilities may still be in process of transitioning to a Group Model set-up in Optum® systems, and until they are fully transitioned, these providers will continue to utilize HCPCS codes.
  - Once transitioned, providers will be notified via a formal Notice of Amendment and new Fee Schedule reflecting rates for the new CPT® codes.

*If you did not receive your formal notice of the change and you are not transitioning to the group model, please reach out to your Provider rep for confirmation and your new Fee Schedule.*

# What now?



- Refer to the Supplemental Guidance document at [www.abacodes.org](http://www.abacodes.org) and familiarize yourself with the intent of the Category I CPT® codes.
- Review your internal processes for modifications based on the prior use of HCPCS codes and the change to the new Category I codes.
- Note the change is effective March 30, 2020 (Monday). Dates of service through March 29, 2020 (Sunday) will be under the old codes.
  - There is no dual use or grace period for the code change.
- Plan to update your service codes within your Practice Management Software if you have not already done so.
  - End the HCPCS codes and rates 3/29/20
  - Start the CPT® codes and rates 3/30/20

# Diving deeper into the FAQ's



- Authorizations:
  - You should have already been receiving split authorizations with the old and new code sets.
  - Effective September 30, 2019, Optum® began to send authorizations with HCPCS codes ending March 29, 2019 and with CPT® codes starting March 30, 2020.
- Contracts:
  - Your contracts are updated effective March 30, 2020. A new fee schedule was sent to all In Network providers.
    - If you have not received yours, please contact your Optum® Provider Representative.
  - Review the crosswalk of your rates.
    - Note the FAQ indicates there will not be a need to negotiate rates.
    - Contact your Optum® Provider Representative with any questions.

# Diving deeper into the FAQ's



- Changes/Advantages listed in the FAQ:
  - ability to utilize your BCaBA's as BCBA extenders, billing with the outlined modifiers under your group model
  - modifiers are to be used in billing to reflect the credentials of staff delivering services and to allow for proper claims payment (HN = Bachelor's degree level – BCaBA; HM = less than Bachelor's degree level – Behavior Technician)
    - Note there is not a modifier for BCBA (typically HO)\*
  - ability to bill concurrently for both Supervisors and Behavior Technicians services during the supervision time, billing with 97153 and 97155
  - ability to utilize Behavioral Technicians for ABA Assessments billing with 97152

# Diving deeper into the FAQ's



- \*Modifiers:
  - Modifiers are to be used in billing to reflect the credentials of staff delivering services and to allow for proper claims payment (HN = Bachelor's degree level -- BCaBA; HM = less than Bachelor's degree level -- Behavior Technician).
  - Billing without a modifier will “assume” BCBA delivered services. Note that Optum® is not using the typical HO modifier for BCBA; only using HN and HM.
    - Review Fee Schedule and note the “blank” modifier column, these are equivalent to BCBA delivered services.



# Diving deeper into the FAQ's



- Indirect Services (Treatment planning):
  - Once the transition to the new 2019 CPT® codes is made Optum® will no longer utilize HCPCS codes for ABA services.
  - Please reference the 2019 CPT® code book for how indirect treatment planning is covered under the new code set.
- Remaining Category III T codes:
  - There is reference that Optum® will adopt the remaining T codes at a later date.
  - Validate they are in your Fee Schedule and speak to an Authorization specialist when requesting codes or to your Provider Representative.

# Additional Resources



## ABA Coding Coalition

- [www.abacodes.org](http://www.abacodes.org)

The ABA Coding Coalition comprises representatives of three of the organizations (Association of Professional Behavior Analysts, Autism Speaks, Behavior Analyst Certification Board) and a consultant who participated on the work group that developed the application to the American Medical Association CPT® Editorial Panel that resulted in the code set for adaptive behavior (applied behavior analysis) services that went into effect January 1, 2019. That code set includes eight Category I and two Category III CPT® codes modified from the Category III (temporary) codes for adaptive behavior services that were issued in 2014 pursuant to a process initiated by the Association for Behavior Analysis International (ABAI). The work group, which included representatives of ABAI and operated from 2015 through the end of March 2019, also developed resources to assist providers and payers with implementing the 2019 code set. The principal representative (Lorri Unumb) for the fourth organization in this Coalition (Council of Autism Service Providers) represented Autism Speaks on the previous work group.

The principal aims of the ABA Coding Coalition are to:

- 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) 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 this website as a repository for coding and reimbursement resources and a portal for inquiries