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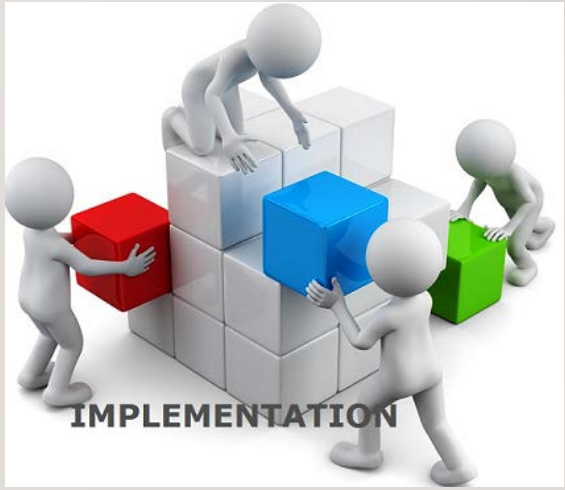
WHERE
ARE WE
NOW?

CATEGORY I CPT CODES ADAPTIVE BEHAVIOR SERVICES INTENT

- INTENT:
  - We are past the "intent" phase but…
  - We cannot move on without being fully educated on all resources for intent
    - CPT 2019 Code book, available from the American Medical Association (AMA) Store
    - Article in the November 2018 issue of the CPT Assistant newsletter published by the AMA
      - To purchase just the November 2018 issue, call 1-800-621-8335, select option 2 in the recorded menu, and ask for item BI506118. The cost is $19.95; $14.95 for AMA members).
    - APBA Recorded Webinars
    - APBA Member Resources
      - CPT Codes Conversion Table
      - New CPT Codes – Suggestions for Providers
      - CPT MUE's
      - New CPT Codes – Supplemental Guidance

CATEGORY I CPT CODES ADAPTIVE BEHAVIOR SERVICES IMPLEMENTATION

- IMPLEMENTATION:
  - We are in the IMPLEMENTATION PHASE… what does that mean?
    - Continued Education
      - Stay connected to relevant resources
    - Watching Payer Behavior
      - Have conversations with health plans during Authorization
      - Watch how authorizations match to your medically necessary requests
      - Request and review your new Fee Schedules
    - Advocacy
      - We've only just begun… don't give up!



STRIKING A BALANCE BETWEEN INTENT AND IMPLEMENTATION

EXAMPLE OF BALANCE #1: CONCURRENT BILLING

INTENT

- Per the Steering Committee Guidance, it is the Intent of Codes 97155 (Protocol Modification with Simultaneous Direction) and 97153 (Treatment by Protocol) to be billed Concurrently.

IMPLEMENTATION

- Providers do not need to seek to have this in writing, the language of the code and supplemental guidance will suffice in an audit.
- Providers do, however, need to watch for documented payer policies that "disallow" this and continue to educate health plans of the intent.

CONCURRENT BILLING…CONTINUED

- The descriptor for code 97155 adds that the service may include *simultaneous* direction of a technician by the QHP, and the CPT Assistant article reads: "Adaptive behavior treatment by protocol (97153) is administered by a technician under the direction of a physician/other QHP, who may provide direction during the actual treatment, which represents face-to-face skill training delivered to a patient.
- The physician/other QHP designs the treatment protocols, assists the technician in adhering to the protocols, and analyzes the technician-recorded data to determine whether the protocol is producing adequate patient progress (97155)" and "Code 97155 may be reported in two scenarios: when the physician/other QHP is delivering the treatment with the client (according to the code descriptor) one-to-one or when the physician/other QHP is directing the technician in delivering treatment (code 97153) and both the technician and the client are present."
- Both the CPT code book and the CPT Assistant article list codes that cannot be billed concurrently with each of the codes in the 2019 code set. For 97155 that list does not include 97153.

EXAMPLE OF BALANCE #2: TREATMENT BY PROTOCOL

INTENT

- Per the Steering Committee Guidance and CPT Manual, Treatment by Protocol can be substituted by a QHP.
- With this substitution, health plans should be willing to provide a means for a QHP reimbursement rate to be equivalent to that provider level of service.

IMPLEMENTATION

- Some health plans do have a means to identify the level of provider rendering treatment by protocol and reimburse at a matching rate (eg TRICARE billing by provider or modifiers and matching rates on fee schedules).
- Some health plans have documented that this service will be reimbursed at the technician rate.

EXAMPLE OF BALANCE #3: SUPERVISED FIELDWORK VS DIRECTION OF TECHNICIAN

(FROM THE SUPPLEMENTAL GUIDANCE)

DIRECTION

"Direction" in the context of code 97155 refers to the QHP directly monitoring the delivery of treatment to a patient by a behavior technician. The focus is on ensuring that treatment protocols are implemented correctly in order to maximize benefit to that patient. Direction of a technician includes, but is not limited to, the QHP frequently observing the technician implementing the patient's protocols with the patient, providing instructions and confirming or corrective feedback as needed, and/or demonstrating correct implementation of a new or modified treatment protocol with the patient while the technician observes, followed by the technician implementing the protocol with the patient while the QHP observes and provides feedback. That service should be reported and billed using code 97155 (adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional). The technician's time is separately reportable under 97153 (adaptive behavior treatment by protocol administered by technician under the direction of a physician or other qualified health care professional). Time reported and billed must be face-to-face time with the patient.

SUPERVISION

"Supervision" of a technician or other employee by a QHP generally refers to processes through which the QHP ensures that the supervisee (a) practices in a competent, professional, and ethical manner in accordance with the standards of the profession; (b) engages with and follows the employer's policies and procedures; (c) continues to develop their knowledge and skills; and (d) receives the personal support needed to cope with the stressors and demands of their position. "Supervision" may also involve activities to enable the supervisor and supervisee to comply with specific requirements for obtaining or maintaining a paraprofessional or professional credential, such as a certification or license, or to fulfill ethical responsibilities. Supervision activities that do not involve delivery of services directly to patients are generally not reportable or billable to health plans using CPT codes, though some payers may allow them to be billed using HCPCS or other codes. Those that do involve direct delivery of services to maximize benefits to individual patients may be reportable and billable to a health plan and fulfill some supervision requirements for certification or licensure purposes, but only the former should be reported to the health plan.

EXAMPLE OF BALANCE #4: MUE LIMITS

INTENT

- CMS published MUE (medically unlikely edit) limits are applied to Adaptive Behavior Service Category I codes.
- CMS agreed to modify 97151 from 2 hours "per day" to 8 hours per day and will publish this change 4/1/19.

IMPLEMENTATION

- Health plans that apply MUE limits may apply the 97151 early limit until the published change.
- TRICARE has identified their own MUE limits per code.
- MUE limits are not guidelines for requesting what is medically necessary for treatment.

EXAMPLE OF BALANCE #5: RATES

INTENT

- With new Codes, new Fee Schedules should follow.
- With new Fee Schedules, discussion of appropriate rates should be an option.
- With new Codes and Fee Schedules, discussion of Code intent and full program needs should be allowed.

IMPLEMENTATION

- Most plans have self cross-walked current Fee Schedules from old codes to new codes based on their interpretation.
- Continued Education needs to occur using the materials and resources that describe intent of the codes and the needs required for an ABA program.
- Providers should bill their Usual and Customary Rate and not contracted rate.

DEEPER DIVE INTO: BEHAVIOR IDENTIFICATION ASSESSMENTS

Per the Steering Committee Supplemental Guidance sent to Providers or found in the Members Only section of www.apbahome.net

- Q: Is 97151 intended to be used for day-to-day assessment and treatment planning?
- A: No. This code is intended for reporting initial assessment and treatment plan development and reassessment and progress reporting by the QHP (timeframes for reassessments are determined by payer policy or medical necessity). 97151 includes face-to-face time with the patient and/or caregivers to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report. The QHP must have conducted both the face-to-face and non-face-to-face activities to report this service. Day-to-day assessment and treatment planning by the QHP are bundled into the treatment codes below (i.e., 97153-97158 and 0373T); therefore, 97151 cannot be used to report those indirect services because they do not meet all requirements of the code descriptor.

97151 – BEHAVIOR IDENTIFICATION ASSESSMENT …CONTINUED

- CPT code 97151 is for development of an initial or revised treatment plan as well as assessment to identify initial or revised treatment targets by the QHP (LBA or BCBA). There is no code for ongoing assessment and revision of treatment targets and protocols by the QHP in the Category I codes for Adaptive Behavior Services.
- Those "indirect services" are bundled with the new treatment codes, meaning that providers need to negotiate rates for those codes that take into account not only the direct treatment of the client by the technician or QHP, but also the work the QHP does before and after treatment sessions.
- Providers also should seek to request a stand alone code for Treatment Planning whenever possible.

97152 – BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENTS

- Q: Does the descriptor for 97152 indicate that technicians can perform assessments independently?
- A: No. This code is for reporting supplemental assessments conducted by the technician that the QHP determines are needed to develop the treatment plan or progress report (see code 97151). Additionally, as indicated in the clinical example, the QHP reviews the assessment procedures with the technician and has the technician practice recording data. That may occur on the day of an assessment session with a patient or several days leading up to the session(s). That work by the QHP is bundled into the value of code 97152 and is not reported separately.

DEEPER DIVE INTO: PROTOCOL MODIFICATION

- Q: What is adaptive-behavior service protocol modification?
- A: Adaptive behavior service protocol modification involves changes made by a qualified health care provider (QHP) to the procedures for implementing an adaptive behavior service. Protocol modification includes but is not limited to (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. Any protocol-modification services that are delivered during face-to-face sessions with patients or caregivers are billable. Modifying written protocols is an indirect service that is not reported separately, but is bundled with 97155 for payment.

97155 – PROTOCOL MODIFICATION… CONTINUED

- Uses:(1) When a QHP conducts 1:1 direct treatment with the patient to observe changes in behavior or troubleshoot treatment protocols; or (2) when the QHP joins the patient and the technician during a treatment session to direct the technician in implementing a new or modified treatment protocol. In the second case, 97153 should be reported concurrently.
- When Not to Use: Fidelity checks for treatment by protocol only without intent to evaluate for modification. Other Supervised Fieldwork that does not qualify under the Code descriptor.
- Session Note Documentation: To safeguard during audit review the understanding of how the intent of the code was implemented, the session note must clearly state what occurred during the session, even if the decision by the QHP was to not modify treatment goals at this time.

97155 – PROTOCOL MODIFICATION… CONTINUED

- Q: What is adaptive-behavior service protocol modification?
- A: Adaptive behavior service protocol modification involves changes made by a qualified health care provider (QHP) to the procedures for implementing an adaptive behavior service. Protocol modification includes but is not limited to (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. Any protocol-modification services that are delivered during face-to-face sessions with patients or caregivers are billable. Code 97155 should be reported only for services where the QHP is either engaged directly with the patient or is directing a technician in implementing a modified protocol with the patient.

DEEPER DIVE INTO: GROUP THERAPY

- Q: Can I report 97154 and 97158 concurrently?
- A: No. 97158 is intended to be reported for QHP-led group sessions only.
- Q: Can I report 97154 and 97155 concurrently?
- A: Yes, as long as the criteria in the descriptors for both codes are met. A single QHP may not report 97154 and 97155 concurrently.
  - Note: when performing direction of technician under 97155, it must be 1:1 per client, per technician
- Q: What constitutes a "group"?
- A: A group includes at least 2 patients but no more than 8.
- Q: Do I report 97154 for each patient in the group session?
- A: Yes. Report this code for each patient attending the group session.

COMPLIANCE IN ACTION

- Seven components that provide a solid basis upon which a practice can create a voluntary compliance program:

1. Conducting internal monitoring and auditing;
2. Implementing compliance and practice standards;
3. Designating a compliance officer or contact;
4. Conducting appropriate training and education;
5. Responding appropriately to detected offenses and developing corrective action;
6. Developing open lines of communication; and
7. Enforcing disciplinary standards through well-publicized guidelines.

https://oig.hhs.gov/authorities/docs/physician.pdf


What
Do I Do
Now

ACTION TASK LIST

1) Stay educated using reliable, relevant resources!
2) Seek to have discussions with the Medical Directors at the health plans that you work with about topics that matter (rates, misunderstanding of intent of codes, stand alone codes for indirect services)
3) Establish a Compliance Committee and processes for self audits
4) Develop Session Documentation standards that align with the intent of the codes
5) Document Payor Policy revisions for future audits
6) Advocacy efforts!

ADVOCACY

- Use all available resources to discuss the intent of the codes with Payers
  - Payer provider reps and claims specialists are learning the codes too
  - If the Payer Policy is not documented and published, don't take the guidance in a phone call that is misaligned with the intent without seeking to speak to a decision maker with the health plan and ask for information in writing
- Advocate for your Business!
- Participate in your state ABA Chapter
  - Become a leader in advocating for the industry

ADDITIONAL RESOURCES

- APBA 2019 Convention with Workshops related to the Code changes
- BAAN upcoming webinar on Session Note Documentation for New Category I CPT codes
- ABA Ethics Hotline Article on Ethical Billing by Michele Silcox, CMRS
- Health care attorney well versed in ABA when needed
  - Jodi Bouer
    Bouer Law LLC
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    www.bouerlaw.com
- Watch for a joint BACB/APBA statement clarifying key aspects of the BACB's ASD treatment guidelines to be distributed soon