



**PREPARING FOR IMPLEMENTATION OF THE 2019 CPT CODES FOR
ADAPTIVE BEHAVIOR SERVICES:
SUGGESTIONS FOR APPLIED BEHAVIOR ANALYSIS PROVIDERS**
October 2018

This document has been created by the Steering Committee for the ABA Services Workgroup (representatives of the organizations shown above and CPT consultants), which developed the code change application that resulted in the American Medical Association (AMA) CPT Editorial Panel issuing eight new Category I and two revised Category III CPT codes for reporting applied behavior analysis (ABA) services to health plans. The new codes go into effect January 1, 2019. The following suggestions are offered to help ABA providers prepare for implementation of the new codes and to foster communication between providers and payers.

General Strategies

- **Be well and fully informed.** Obtain accurate and complete information about the new CPT codes -- preferably from firsthand, reliable sources – and study them carefully.

Recommended resources include

- The CPT 2019 book, available from the AMA Store
- The code conversion table that was re-distributed by our Steering Committee in October
- The CPT Assistant article that will be published by the AMA later this fall
- Accurate Medically Unlikely Edits (MUEs) for the new codes that are issued by the Centers for Medicare & Medicaid Services (CMS)
- Additional resources that are being developed by our Steering Committee for dissemination over the next few months:
 - A model coverage policy
 - Valuation tables to assist providers whose payers will require Medicare Physician Fee Schedule (MPFS) coding crosswalks with submitted claims
 - A supplemental coding guidance article with clinical examples

Also look for opportunities to participate in online and in-person trainings and discussions by members of the Steering Committee.

- **Review your contracts.** Know the policies and requirements regarding medical necessity, coverage of ABA services, modification of contracts, claims documentation, and the like.
- **Calculate the value of your services and be prepared to negotiate rates.** Consider all components of each service (overhead, practice expenses, technology, liability insurance, etc.). For each code that involves the work of more than one person, include the services of all personnel; don't set flat rates. Use the resources provided by our Steering Committee and

other publicly available information, but take care to do that “homework” independently of other providers so as to comply with antitrust laws.

- **Engage with payers as soon as possible.** Don’t assume they will contact you. Send each of them a letter to alert them about the new codes. Include the code conversion table and other resources from our Steering Committee as well as information about your practice (the services you provide, numbers and types of clients served, staffing, etc.) Ask questions like the following:
 - Within what timeframe do you anticipate converting to the new CPT® codes?
 - Will you have a testing period for the new codes? If so, when will that occur and for how long? What codes will be used to process claims during the transition?
 - Will you use HCPCS codes for indirect services such as treatment planning by supervising behavior analysts to supplement the new codes?
 - Will you use modifiers to distinguish between services rendered by a professional behavior analyst (Licensed Behavior Analyst, Board Certified Behavior Analyst, Board Certified Behavior Analyst – Doctoral), assistant behavior analyst (Licensed Assistant Behavior Analyst, Board Certified Assistant Behavior Analyst), and behavior technician?
 - How will authorizations be handled once the new codes are implemented? How should we prepare for those changes?
 - If the new codes are carrier priced by the Centers for Medicare & Medicaid Services (CMS), will you require us to include crosswalk codes with claims submissions? If so, how will that work? Where should we identify the crosswalk codes in our claims?
- **Based on answers to the foregoing questions, consider providing your payers with suggested rate conversions from the codes that are in your current contract(s) to the new code set** and including those with your letter to the payer. See the instructions on the following pages for crafting such rate conversions. If you do that, include the following in the body of the letter:

“Our suggested rate conversions from the codes in our current contract to the new code set are outlined in the addendum to this letter.”

Crafting Rate Conversions from the 2014 Category III CPT Codes to the 2019 Codes

On the following pages you will find a table that you may use to suggest rate conversions from the codes in your current contract to the 2019 CPT codes. Here is some guidance on preparing your rate conversions:

1. Enter your **current contractual rates** in the second column of the table. Enter the **new or modified contractual rates** in the fourth column. You will need to do the math to convert rates based on the current code's time increment to the 15-minute standard increment for all codes in the 2019 code set. Some examples are provided below. They assume that you are satisfied with your current rates. If you are proposing increased rates, you will need to divide the per-hour amount you seek by 4 to derive a per-15-minute amount for the 2019 codes. ***The dollar amounts in the examples were selected arbitrarily for ease of illustration. They are not recommended rates and do not indicate what you should be paid for your time. You will need to determine that for your own practice with respect to the services represented by each code.***

- a. If 0359T per encounter is currently worth \$10 in your current contract and it typically takes you 10 hours to complete an initial assessment or reassessment, 97151 is worth \$0.25 per 15 minutes in the revised contract ($\$10/10 \text{ hours} = \1 per hour . $\$1/4 = \$0.25 \text{ per 15 minutes}$).
- b. If 0365T is currently worth \$5 per 30 minutes in your contract, 97153 is worth \$2.50 per 15 minutes in the revised contract. Follow this formula for all 30-minute base and add-on codes in the 2014 code set.
- c. If 0373T is worth \$10 per 60 minutes in your current contract, 0373T is worth \$2.50 per 15 minutes in the revised contract.

2. If the payer uses HCPCS codes instead of or in addition to the Category III CPT codes, include the HCPCS codes that are in your existing contract in columns 1-3 of the table.

ABA Services Work Group Steering Committee

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**ADDENDUM: RATE CONVERSIONS FROM CODES IN CURRENT CONTRACT
TO 2019 CPT CODES**

Current CPT / HCPCS Code(s)	Code Descriptor	Current Contract Rate w/ Modifier(s)	2019 CPT Code	Code Descriptor	2019 Contract Rate w/ Modifier(s)
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report		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	
0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient		97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)				
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient.		0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> ▪ administered by the physician or other qualified health care professional who is on site, ▪ with the assistance of two or more technicians, 	

0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)			<ul style="list-style-type: none"> ▪ for a patient who exhibits destructive behavior, ▪ completed in an environment that is customized to the patient's behavior 	
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time		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	
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)				
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time		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	
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)				
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time		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	
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)				
0370T	Family adaptive behavior treatment guidance, administered by		97156	Family adaptive behavior treatment guidance, administered by physician	

	physician or other qualified health care professional (without the patient present)			or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)		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	
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients		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	
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s), first 60 minutes of technicians' time, face-to-face with patient.		0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> • 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 	
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)				