



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

(April 2020)

In light of increased interest in delivering ABA services via telehealth, the ABA Coding Coalition, in collaboration with the Council of Autism Service Providers (CASP) Telehealth Task Force, has adapted the clinical examples from "[Supplemental Guidance on Interpreting and Applying the 2019 CPT Codes for Adaptive Behavior Services](#)" (January 2019) to illustrate how that code set can be used to report telehealth delivery of each of the services. Each code descriptor is followed by guidance regarding patients for whom telehealth delivery of the service could be appropriate, environment and caregiver requirements, modifications that may be necessary, telehealth modalities, and considerations for telehealth delivery. This is followed by a telehealth case example of that service.

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

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| Appropriate Patients | <ul style="list-style-type: none"> All patients |
| Environment/ Caregiver Requirements | <ul style="list-style-type: none"> Caregiver should be on site (defined as immediately available and interruptible) during any telehealth assessments in which the provider is assessing the patient using live, synchronous methods. Technology assistance may be required for the caregiver Confirm or provide technology for the direct observation portion of assessment Complete any environmental modifications to ensure patient and caregiver safety Develop a contingency plan to reduce or eliminate technology-related distractions |
| Assessment Modifications | <ul style="list-style-type: none"> Gather required materials and use electronic assessment stimuli, when available and appropriate Review common items in service delivery setting that may be used for the assessment and mail any other needed materials to the caregivers Establish criteria for terminating assessment and referring to other service providers |

Telehealth Modalities

Dependent on payer approval:

- Telephonic interactions (caregiver interview portion only)
 - Synchronous videoconferencing
 - Store-and-forward
 - Remote Patient Monitoring
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Considerations

To conduct a 97151 assessment or reassessment via telehealth, the behavior analyst should either be face-to-face interacting with the patient (which is met via **synchronous, real-time videoconferencing**), OR payer must allow caregiver to serve as an **extension** of the behavior analyst. In the latter case, caregivers would assess patient behaviors with direction from the behavior analyst via telehealth.

In cases where a caregiver is serving as an **extension** of the behavior analyst, the time spent assessing the patient by the caregiver and behavior analyst is counted towards the face-to-face portion of the service. Non-face-to-face activities (e.g., analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan) should be counted and reported as they are when the service is delivered in-person. Remember, that assessments can occur over several dates of service.

Case Example

Telehealth Assessment Session 1

Prior to the appointment, **store-and-forward** technologies are used to transmit the patient's medical records, prior assessments, and records of any previous or current treatments for clinical review by the behavior analyst. Just before the assessment session, the behavior analyst gathers all materials required for that session. For assessments via telehealth, the behavior analyst works with the caregivers to identify resources they have within the treatment setting.

During the first assessment session, the behavior analyst uses **telephonic interactions to conduct a structured interview with the caregivers** to solicit their observations about the patient's adaptive behaviors (e.g., social, communication, or self-care skills), maladaptive behaviors, and other concerns. The behavior analyst conducts indirect assessments to identify potential skills to be strengthened and maladaptive behaviors to be reduced by treatment. Indirect assessments include standardized and non-standardized scales and checklists completed by the caregivers to evaluate the patient's adaptive skills in several domains. The data gathered from the caregiver interview and indirect assessments are used to determine the appropriate direct assessments.

After the indirect assessments are completed in the first session, the behavior analyst provides the caregiver with a list of items needed for the direct assessment and mails any items that are not available in the treatment setting.

Telehealth Assessment Session 2

Prior to the direct assessment session, the behavior analyst gathers electronic assessment tools needed for **face-to-face video interactions directly with the patient**. If the caregiver is serving as an **extension** of the behavior analyst, the provider confirms that the caregiver has all needed materials.

During the session, the behavior analyst uses **synchronous videoconferencing** to conduct direct assessments of adaptive skills, including **direct observation** and recording of the patient's performance of skills in typical everyday situations, information about the type and amount of assistance (e.g., cues, prompts) the patient requires to perform each skill successfully, and the types of reinforcers for which the patient responds. In cases where the caregiver is serving as an **extension** of the behavior analyst, the behavior analyst gives real-time instructions to the caregiver to observe the patient's behavior during everyday interactions. **If approved by the funder**, the behavior analyst may also guide the caregiver to record patient behaviors across multiple settings and interactions. The behavior analyst uses the **store-and-forward video observations of the patient** in those everyday settings to record occurrences of maladaptive behaviors as well as environmental events that precede and follow those occurrences. Information from the functional behavior assessment is used to design functional analyses of maladaptive behaviors. Those assessments may be conducted over several days of service.

After: The data from all assessments are used to develop a treatment plan with goals and objectives, including social, communication, play and leisure, self-care, and other adaptive behaviors to be developed and maladaptive behaviors to be reduced, all defined in observable, measurable terms. The plan also specifies for each treatment target: (a) the current (baseline) level; (b) procedures for direct observation and measurement; (c) conditions under which the behavior is to occur; (d) a written protocol with instructions for implementing procedures (e.g., materials needed, instructions, prompting and prompt-fading, consequences for correct and incorrect responses, etc.) to change the behavior and promote generalization of behavior changes; and (e) criteria for mastery or attainment of the treatment goal.

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

Appropriate Patients

- All patients

**Environment/
Caregiver
Requirements**

- Caregiver should be immediately available and interruptible during any telehealth assessments in which the technician is assessing the patient using live, synchronous methods.
- If caregiver is serving as an **proxy** of the technician, caregiver should be available for duration of assessment
- Technology assistance may be required for the patient and/or caregiver
- Confirm or provide technology for direct observation portion of assessment
- Complete any environmental modifications to the treatment setting to ensure patient and caregiver safety
- Develop a contingency plan to reduce/eliminate technology-related distractions

**Assessment
Modifications**

- Gather materials and use electronic assessment stimuli, when available and appropriate
- Review common items in the treatment setting that may be used for the assessment and mail any other needed materials to the caregiver
- Establish criteria for terminating assessment and referring to another provider

**Telehealth
Modalities**

Dependent on payer approval:

- Synchronous videoconferencing
- Store-and-forward

Considerations

To conduct a 97152 assessment via telehealth, the technician should either be face-to-face (in-person or via telehealth) with the patient, OR the payer must allow the caregiver to serve as a proxy for the technician. In the latter case, consider whether payers will waive NPI, online training, and credentialing requirements typically expected of a technician.

Extensive preparation and guidance by the behavior analyst occurs when a technician conducts supplemental assessment activities. The same is true where a caregiver serves as a **proxy** for the technician. If both parties are present (technician and caregiver) via telehealth, the behavior analyst could instruct the technician and caregiver in cases where it is clinically appropriate for the patient.

Remember that code descriptors designate the minimum-level service provider to report and bill a service. In cases where a code descriptor states “by technician,” behavior analysts may also provide the direct service. In cases where a higher-level provider renders a “by technician” service, they should add a modifier to indicate that. Note that some payers do not utilize modifiers for this purpose, so it’s critical to check each payer’s policies and contracts to ensure compliance.

Case Example

Telehealth Supporting Assessment

Prior: Once the behavior analyst has determined from the initial assessment that stereotypic behavior is a treatment target and that more information is needed to develop appropriate treatment protocols, the behavior analyst directs the technician (or caregiver) to directly observe and record occurrences of the behavior in everyday situations. The technician/caregiver and the behavior analyst review information about the patient’s stereotypic behavior from the behavior identification assessment, the definition of that behavior, and procedures for directly observing and measuring occurrences of the behavior and environmental events that precede and follow occurrences. The technician/caregiver practices observing and recording occurrences of the behavior from a live **synchronous videoconferencing or recorded store-and-forward video** sample that is also scored by the behavior analyst. If being done by a technician, the behavior analyst compares his/her data to the data recorded by the technician and provides feedback to the technician regarding the accuracy and completeness of the technician’s data recording until the technician demonstrates proficiency. When a caregiver serves as a **proxy** for the technician via telehealth, the behavior analyst should work with the caregiver until they demonstrate proficiency. The behavior analyst should document fidelity and interobserver agreement measures in the patient’s medical records. In this scenario, the behavior analyst should also be responsible for taking data during the supporting assessment, not the caregiver.

Prior to the assessment session the technician/caregiver gathers all materials required for that session. The technician also reviews the data and session notes from the most recent treatment sessions, if applicable. Again, caregivers would not be expected to review prior session data. If necessary, the behavior analyst would do so with them.

During the session, the behavior technician, under the direction of the behavior analyst, uses **synchronous videoconferencing** to observe and record occurrences of the patient's stereotypic behavior and environmental events that precede and follow those occurrences several times in a variety of situations.

If the caregiver is serving as a **proxy** for the technician, the behavior analyst uses **synchronous videoconferencing** to observe the caregiver-patient interactions and records occurrences of the patient's stereotypic behavior and environmental events that precede and follow those occurrences several times in a variety of situations.

After the session, the technician graphs the resulting data, indicating on the graph the date, time, and context for each of the data samples. The behavior analyst reviews and analyzes the graphed data from the technician's observations of the patient's stereotypic behavior and writes a progress note with a plan of action. In cases where a caregiver conducts the follow up assessment under the direction of a behavior analyst, the behavior analyst should observe and take data as a technician typically would.

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

Appropriate Patients

Patients who at a minimum exhibit the following skills and have demonstrated the ability to respond effectively to telehealth direct services delivered via synchronous videoconferencing:

- Basic joint attention skills
 - Basic discrimination skills
 - Basic echoic skills
 - Basic motor imitation skills
 - Ability to follow common 1-step instructions
 - Participate in session with limited caregiver support
 - Ability to sit independently at a computer for 8-10 minutes periods of time
 - Safety concerns and challenging behavior are low and/or caregivers are able to safely and effectively manage any challenging behavior
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| Environment/ Caregiver Requirements | <p>Caregiver should be immediately available and interruptible during any telehealth sessions in which the technician or behavior analyst is delivering treatment using live, synchronous methods and may need the caregiver to serve as an extension of the technician/behavior analyst.</p> <ul style="list-style-type: none"> • If caregiver is serving as a proxy for the technician, caregiver should be available for duration of treatment session or as specified for the provider • Caregiver instructional control • Develop a contingency plan to reduce/eliminate technology-related distractions |
| Treatment modifications | <ul style="list-style-type: none"> • Modified session breaks, treatment goals, session termination criteria • Changes to programs, naturalistic programs, daily schedules • Possible omission of some protocols while telehealth is occurring (e.g. toilet training) |
| Telehealth Modalities (dependent on payor approval) | <ul style="list-style-type: none"> • Synchronous videoconferencing • Telephonic interactions • Store-and-forward |
| Considerations | <p>Many patients may be good candidates for ABA services via telehealth. Evaluation of the patient’s skills and consideration of needed programming changes as discussed previously are paramount when services are delivered via telehealth.</p> <p>If a behavior analyst runs a telehealth session and they are not doing so to evaluate whether protocol modifications are needed, they should bill 97153 with a modifier. In some cases, prior payer policy directed behavior analysts to use 97155 regardless of whether they were conducting the face-to-face session. In those cases, providers should continue to follow previous payer guidance related to reporting 1:1 sessions with patients.</p> <p>Technician competency: Technicians should conduct 1:1 treatment sessions via telehealth only if the supervising behavior analyst has verified that they are competent to implement the procedures safely and effectively. If caregivers ask questions or make requests beyond the technician’s training or competence, the technician should be instructed to direct the caregiver to consult with the behavior analyst.</p> |

Where a technician is delivering 97153 via **synchronous video** they may need to utilize the caregiver as an **extension** of themselves (e.g. to deliver reinforcers or place physical items in front of the patient). This is not family training and is within the scope of a technician's competence just as rendering an in-home therapy session in-person without the behavior analyst present would be. If the caregiver requires extensive training and feedback in order to participate in the session, that is a family training service and should be reported by 97156 and conducted by the behavior analyst.

In cases where caregivers deliver direct services as a **proxy** for the technician, the behavior analyst should guide them using synchronous video. The behavior analyst's time directing the caregiver and providing feedback on their implementation should be reported using 97155. The caregiver's time should not be reported in this scenario, as they are not an employee or being compensated for their time. Rather, they are serving in this role during the emergency created by the COVID-19 outbreak. In such cases the behavior analyst is responsible for recording data and writing a session note based on their observations of the treatment session.

Case Example

Telehealth Adaptive Behavior Treatment by Protocol (technician delivers directly to the patient)

Prior to the first implementation of any treatment protocols, the behavior analyst conducts a risk assessment and documents the patient's ability to participate in telehealth adaptive behavior treatment by protocol services. The behavior analyst and technician use **synchronous videoconferencing** to review the definitions of treatment targets in the areas of language, social skills, responding to changes in routines, and responding to the unavailability of preferred items in the patient's treatment plan as well as the written protocols for addressing each of those targets. Prior to each treatment session, the technician gathers all materials required for that session. The technician also reviews the data and session notes from the most recent treatment sessions.

During each session, the technician uses face-to-face via **synchronous videoconferencing** to implement the treatment protocols and data collection procedures with the patient in the treatment setting. Sessions are designed to provide multiple planned opportunities for the patient to practice each target skill. The caregiver is available for periodic support when needed for specific treatment programs; however, the patient is able to participate independently for the majority of the session.

After the session, the technician records notes summarizing what occurred and any aspects of the behavioral definitions or treatment protocols that may need to be scrutinized by the behavior analyst. The behavior analyst reviews technician-recorded graphed data and notes from all treatment sessions weekly to assess the patient's progress and determine if any treatment targets or protocols need to be revised.

Telehealth Adaptive Behavior Treatment by Protocol (caregiver serving as a proxy for technician)

Prior to the first implementation of any treatment protocols, the behavior analyst conducts a risk assessment and documents the patient's and caregiver's ability to participate in telehealth adaptive behavior treatment by protocol services, with the caregiver as a proxy for the technician. In **caregiver training sessions prior to the first session**, the behavior analyst and caregiver use **synchronous videoconferencing** to review the definitions of treatment targets in the areas of language, social skills, responding to changes in routines, and responding to the unavailability of preferred items in the patient's treatment plan as well as the written protocols for addressing each of those targets. Prior to each treatment session, the caregiver gathers all materials required for that session.

During each session, the caregiver uses face-to-face via **synchronous videoconferencing to conduct the treatment session**. The behavior analyst **guides the caregiver to** implement the treatment protocols (report their time using 97155). Sessions are designed to provide multiple planned opportunities for the patient to practice each target skill. As discussed in the pre-session caregiver training, programs may include the caregiver delivering directives and are specified in the patient's protocol to ensure the treatment programs are socially valid and adhere to technological requirements by providing clear and concise descriptions of procedures. The behavior analyst should record data via telehealth during the session.

After the session, the behavior analyst records notes summarizing what occurred and any aspects of the behavioral definitions or treatment protocols that may need to be scrutinized. The behavior analyst reviews graphed data and notes from all treatment sessions weekly to assess the patient's progress and determine if any treatment targets or protocols need to be revised. In cases where caregivers are serving as a **proxy** for the technician the behavior analyst should write a session note.

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

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

Appropriate Patients

Patients who at a minimum exhibit the following skills and have demonstrated the ability to respond effectively to telehealth direct services delivered via synchronous videoconferencing:

- Joint attention skills
- Intraverbal skills
- Conditional discrimination skills
- Advanced motor imitation skills
- Ability to follow common 1-2 step instructions
- Ability to wait and take turns
- Participate in session with limited caregiver support
- Ability to sit independently at a computer or tablet for 8-15 minutes
- Safety concerns and challenging behavior are low and/or caregivers are able to safely and effectively manage any challenging behavior

**Environment/
Caregiver
Requirements**

- Caregiver should be immediately available and interruptible during any telehealth sessions in which the technician or behavior analyst is delivering treatment using live, synchronous methods.
- If caregiver is serving as an **extension** for the technician, caregiver should be available for duration of treatment session or as specified
- Caregiver should have strong instructional control
- Develop a contingency plan to reduce/eliminate technology-related distractions

**Treatment
modifications**

- Modified group session breaks, treatment goals, session termination criteria
 - Changes to programs, naturalistic programs, daily schedules
 - Possible omission of some programs while telehealth is occurring (e.g. toilet training)
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Telehealth Modalities

Dependent on payor approval:

- Synchronous videoconferencing
 - Store-and-forward
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Considerations

These services are appropriate for patients who can engage in group activities, such as social skills groups, via telehealth.

If a behavior analyst is providing direction to the technician while they implement a group session, that is reported concurrently using 97154 / 97155.

To constitute a group, 2-8 patients must be present. Report 97154 or 97158 once per patient attending the group.

Documentation of the session content must occur per patient served in the group.

Case Examples

97154

Prior to treatment initiation, the behavior analyst conducts a risk assessment and documents the patient's ability to participate in group adaptive behavior treatment by protocol via synchronous video conferencing telehealth. Prior to the session, the behavior analyst and technician use **synchronous videoconferencing** to review the data and notes from the most recent treatment session, the treatment protocol, and the data collection procedures. Prior to each treatment session, the technician gathers all materials required for that session. The technician also reviews the data and session notes from the most recent treatment sessions.

During the session, the technician uses **synchronous videoconferencing** and instructs clients and/or their caregivers on the group activities. The technician implements the group treatment protocols and data collection procedures with the patient(s). Caregivers may serve as an **extension** of the technician and provide assistance to the patient, as programmed by the behavior analyst. Sessions are designed to provide multiple planned opportunities for the patient(s) to practice each target skill. Where sessions are conducted via telehealth one technician instructs a caregiver for each patient attending the group to implement the protocols in the treatment setting. The technician should record data via telehealth during the session based on their observations.

After the session, the technician writes a session note. The behavior analyst reviews technician-recorded graphed data and session note to assess the patient's progress and determine if the treatment protocol needs to be adjusted. The behavior analyst writes a progress note with a plan of action.

Prior: The behavior analyst includes participation in group treatment sessions that focus on peer social skills in the patient's treatment plan. Prior to the treatment session, the behavior analyst conducts a risk assessment and documents the patient's ability to participate in group adaptive behavior treatment by protocol via synchronous video conferencing telehealth. The behavior analyst reviews data, notes, and treatment protocols regarding the patient's social and communication skills and modifies the treatment protocol to be implemented in telehealth group treatment sessions. Just before the session, the behavior analyst gathers all materials required for that session.

During the session the behavior analyst uses **synchronous videoconferencing** and begins the group session by asking each patient to briefly describe two of their recent social encounters with peers, one that went well and one that did not. The behavior analyst uses that information to develop a group activity in which the patient has the opportunity to practice the skills she used in the encounters that went well and to problem solve the interactions that did not go well. The behavior analyst helps the patient identify social cues that were interpreted correctly and incorrectly and what she could have done differently, and provides prompts and feedback. The behavior analyst also records data on the patient's performance. The behavior analyst ends the session by summarizing the discussion and skills that were practiced, answering questions, and giving the patient an assignment to practice a particular peer social skill and record her own performance of that skill.

After the session, the behavior analyst graphs and reviews data recorded during the session and writes a progress note and plan of action.

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

Appropriate Patients

- Same as 97153

Environment/ Caregiver Requirements

- Same as 97153

Treatment modifications

- Same as 97153

Telehealth Modalities

Dependent on funder approval:

- Synchronous videoconferencing
- Store-and-forward
- Remote patient monitoring

Considerations

In cases where the caregiver is implementing the program face-to-face with the patient, confirm with the payer that the caregiver may serve as a **proxy** for the technician with the behavior analyst directing them to implement the program via telehealth. Do not report 97153 for the caregiver's time; only report 97155 for the time the behavior analyst directs the caregiver on implementation of the protocol. This code can also be reported when the behavior analyst conducts a 1:1 session with the patient **to evaluate the need for protocol modification** and the patient is able to participate via telehealth (refer to supplemental coding guidance article for more on protocol modification: www.abacodes.org).

These sessions could also be conducted in the typical scenario where there is a technician using telehealth to provide the direct service and the behavior analyst directs them via telehealth. In this scenario, report 97153 for the technician's time and 97155 concurrently for the behavior analyst's time.

**Telehealth Adaptive Behavior Treatment with Protocol Modification
(directing technician or caregiver)**

Prior to the treatment session, the behavior analyst reviews data and notes from previous sessions. To promote generalization of treatment gains across situations, the behavior analyst modifies the written protocols used previously to incorporate procedures designed to build the patient's language and social skills into daily routines (e.g., play, dressing, mealtimes). Just before the session, the behavior analyst gathers all materials required for that session.

During the session, the behavior analyst uses **synchronous videoconferencing** to demonstrate the modified treatment procedures with the patient while the technician or caregiver observes. The technician or caregiver then implements the modified treatment protocol with the patient while the behavior analyst observes and provides feedback. The behavior analyst records data on the technician's/caregiver's performance. **If approved by the funder**, the behavior analyst may direct the technician or caregiver to **record video** of treatment sessions.

After the session, the behavior analyst modifies the protocols if indicated by the behavior analyst's observations during the session. **If approved by the funder**, the behavior analyst uses the **store-and-forward video** observations of the patient's behavior to determine if the protocol components are functioning effectively for the patient or require adjustments. The behavior analyst writes a progress note with a plan of action.

**Telehealth Adaptive Behavior Treatment with Protocol Modification
(no technician/caregiver present, QHP 1:1 with patient)**

Prior to session, the behavior analyst reviews data and notes from previous sessions and observes a spike in patient maladaptive behavior. To evaluate the need for modifications to the treatment protocol, the behavior analyst conducts a 1:1 session with the patient. Just before the session, the behavior analyst gathers all materials required for that session.

During the session, the behavior analyst uses **synchronous videoconferencing** to troubleshoot current treatment protocols face-to-face with the patient. The behavior analyst tests adjustments to specific components of the protocol (e.g., reinforcers, reinforcer delivery, prompts, instructions, materials, contextual variables) to determine if changes are needed to improve patient progress.

After the session, the behavior analyst modifies the protocols if indicated by the behavior analyst's observations during the session. The behavior analyst writes a progress note with a plan of action. The behavior analyst schedules a time to join the patient and technician during a treatment session to direct the technician in implementing the modified protocols.

97156 -Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with/without patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

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

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| Appropriate Patients | <ul style="list-style-type: none">• All patients |
| Environment/ Caregiver Requirements | <ul style="list-style-type: none">• Caregiver's commitment to participation• Access to telephone• Access to technology and secure internet connection• Confirm or provide technology for direct observation portion of assessment• Complete any environmental modifications to the treatment settings to ensure patient and caregiver• Technology assistance may be required for the caregiver• Develop a contingency plan to reduce/eliminate technology-related distractions |
| Treatment modifications | <ul style="list-style-type: none">• Changes to programs, naturalistic programs, daily schedules• Possible omission of program while telehealth is occurring (e.g. toilet training) |
| Telehealth Modalities | <p>Dependent on funder approval:</p> <ul style="list-style-type: none">• Synchronous videoconferencing• Telephonic interactions• Store-and-forward• Remote patient monitoring |

Considerations

Family sessions done via telehealth are not simply “check ins” to see how caregivers are doing. They should focus on building caregiver skills to allow them to successfully implement programming and serve as a **proxy** for a technician.

Mobile health applications are gaining in popularity and are often used as a method for caregivers to record generalization and maintenance of skills outside of scheduled treatment sessions.

Multi-family caregiver trainings may be particularly useful via telehealth where patients live far apart but are working on similar targets; where family dynamics are similar and impact the patient’s programming (for instance, sibling interactions); or where support needs of caregivers are similar and they could learn from one another’s experiences.

To constitute a group, 2-8 sets of caregivers must be present. Report 97157 once per set of caregivers attending the group.

Case Examples

97156: Family Adaptive Behavior Guidance (synchronous videoconferencing)

Prior to the first appointment, the behavior analyst reviews data, notes, and treatment protocols regarding the patient’s picture communication skills. Just before the session, the behavior analyst gathers all materials required for that session. If needed, supplemental materials are also provided to the caregiver.

During the session, the behavior analyst uses **synchronous videoconferencing** to review the treatment protocol with the caregivers, which involves the use of prompting and reinforcement to promote the patient’s use of picture cards and gestures to indicate desire to stop an activity and to request help. The behavior analyst demonstrates those procedures, then has each caregiver in turn implement the procedures with the patient while the behavior analyst observes, provides feedback, and records data on the patient’s performance. The behavior analyst may also use **store-and-forward technology** to transmit an electronic copy of the treatment protocol and data sheets with instructions for implementing the protocol during typical routines. The behavior analyst instructs the caregivers to use **store-and-forward technology** to transmit the data at the end of the week and schedules a second follow-up appointment.

After the session, the behavior analyst graphs and reviews data recorded during the session and writes a progress note and plan of action.

**97156: Family Adaptive Behavior Guidance
(telephonic interactions example, if approved by funder)**

Prior to the appointment, the behavior analyst reviews data and parent-reported increases in challenging behavior during the patient's morning routine. Just before the session, the behavior analyst gathers all materials required for that session.

During the session, and **if approved by the funder**, the behavior analyst uses **telephonic interactions** to review the current daily structure and behavior intervention plan with the caregivers. During the telephonic interaction, the behavior analyst identifies antecedent strategies that the caregiver has implemented in prior routines, but is not included in the current treatment protocol. The behavior analyst instructs the caregiver to implement the antecedent strategy and record data on the patient's responses for the next three days.

After the session, the behavior analyst graphs and reviews data recorded during the session and writes a progress note and plan of action. The behavior analyst uses **store-and-forward technology** to transmit an electronic copy of the updated treatment protocol and data sheets with instructions for implementing the protocol during typical routines. The behavior analyst instructs the caregiver to use **store-and-forward technology** to transmit the data at the end of the week and schedules a second follow-up appointment.

**97157: Group Adaptive Behavior Guidance
(synchronous videoconferencing)**

Prior: The behavior analyst invites the caregivers to attend a training session with several other sets of caregivers. Prior to the session the behavior analyst reviews data, notes, and treatment protocols regarding the patient's hyperactive and disruptive behavior as well as his play, social, and communication skills.

During the session, the behavior analyst uses **synchronous telephonic or videoconferencing** to ask each set of caregivers to identify one skill to be increased or one problem behavior to be decreased in their own child/patient. The behavior analyst describes how behavior-analytic principles and procedures could be applied to the behavior identified by the caregivers. He demonstrates a procedure (e.g., prompting the child to speak instead of whining when he wants something, and not giving him preferred items when he whines). The caregivers then role-play implementing that procedure. Other group participants and the behavior analyst provide feedback and make constructive suggestions. That process is repeated for skills/behaviors identified by other sets of caregivers. The behavior analyst ends the group session by summarizing the main points, answering questions, and giving each set of caregivers a homework assignment to practice the skills they worked on during the session.

After the session the behavior analyst writes a progress note and plan of action.

0362T - Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration 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; completion in an environment that is customized to the patient's behavior.

0373T -Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration 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; completion in an environment that is customized to the patient's behavior.

Telehealth Modalities

Dependent on funder approval:

- Partial Telehealth (In-person and synchronous videoconferencing)
- Store-and-forward
- Remote patient monitoring

Considerations

These services will most likely continue to be reported in settings where in-person face-to-face services continue due to the four required elements of the code.

In some cases, assessments and/or treatment could be done via telehealth. Risk assessments are critical due to the requirement that the patient exhibit destructive behavior (e.g., aggression, elopement, pica).

Where a risk assessment indicates that these services are appropriate via telehealth, the "on-site" requirement of the codes would be met by the behavior analyst being immediately available and interruptible via synchronous telehealth modalities.

Case Examples

0362T: Behavior Identification Supporting Assessment (blended approach of In-person & synchronous videoconferencing)

Prior: The behavior analyst reviews prior records and all prior functional behavior assessments and functional analyses and attempts to treat self-injurious behavior (SIB), including behavioral and pharmacologic interventions. He completes a risk assessment to determine safeguards needed to conduct a functional analysis safely, prepares materials, and briefs the technicians regarding idiosyncratic aspects of the patient's behavior. During the session (face-to-face/telehealth), three technicians work with the patient in a safe environment according to a behavior analyst-designed protocol.

During each of the functional analysis sessions, one technician collects continuous real-time data (in-person or via synchronous videoconferencing telehealth) on the patient's SIB and communication responses, a second technician/caregiver stands closely behind the patient and gently blocks his attempts at SIB directed toward the eyes, and the third technician/caregiver carries out the behavior analyst -designed functional analysis procedures. The behavior analyst is on site (this requirement can be met via synchronous videoconferencing telehealth based on individualized patient risk assessments) and closely monitors the technicians'/caregivers' implementation of the procedures, providing corrective feedback when needed.

After: Technicians record all results and provide data to the behavior analyst following each session. The behavior analyst analyzes the graphed data on an ongoing basis and, if needed, modifies the assessment protocol appropriately.

**0373T: Adaptive Behavior Treatment w/protocol modification
(blended approach of In-person & synchronous videoconferencing)**

Prior: The behavior analyst has modified previously developed written protocols for reducing the patient's pica based on a recent medical evaluation and a functional analysis of pica. Just before the session, the behavior analyst gathers all materials required for that session. One technician/caregiver carefully inspects the treatment room/area before the session to make sure there are no potential pica items on the floor.

During the session, the behavior analyst uses **synchronous videoconferencing** to demonstrate the modified treatment procedures with the patient while the **in-person** technicians/caregivers observe. The modified procedures involve one technician/caregiver presenting the patient with one small preferred food item and one item that resembles a pica item but is not dangerous if ingested on each of a series of trials. On each trial the two items are placed on a table in front of the patient. The second technician/caregiver is positioned directly behind the patient to provide the patient with a gentle physical prompt to pick up and eat the food item. If the patient tries to pick up the pica item, the second technician/caregiver gently blocks that response and removes the pica item from the patient's line of sight. The third technician records the patient's appropriate and maladaptive responses on each trial (e.g., consuming the food item and/or attempting to pick up the pica item). When performed via **synchronous videoconferencing telehealth** the third technician records data remotely.

The technicians/caregivers then implement the modified treatment protocol with the patient while the behavior analyst observes and provides feedback. The behavior analyst records data on the technicians'/caregivers' performances.

After the session, the behavior analyst reviews technician-recorded graphed data to assess the patient's progress and determine if the treatment protocol needs to be adjusted further. The behavior analyst writes a progress note with a plan of action.
