

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY

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ATTENTION: BEHAVIORAL HEALTH PROVIDERS PROVIDING ABA THERAPY

CHANGES TO CPT CODES

The American Medical Association (AMA) has released new Current Procedural Terminology (CPT) codes used for billing of Applied Behavior Analysis (ABA) services that will be implemented for reporting on Jan. 1, 2019, in addition to changes to the existing CPT codes in the 2019 edition of the Current Procedural Terminology (CPT) Code Book.

These codes are broken down by Assessment and Treatment Levels and are a direct result of trying to ensure more quality service and determination between treatment levels. These new codes will replace the temporary Category III codes that have been used by ABA providers to bill for adaptive behavior assessment and treatment services.

The Behavior Analyst Certification Board (BACB) has posted background on the new codes, and has also created a Treatment Code Conversion Table cross-walking the older Category III (temporary) codes to the newly released ABA codes to be used as a general reference:

<https://www.autismspeaks.org/sites/default/files/Letter%20from%20CPT%20Steering%20Committee%20on%20new%20codes.pdf>

This Treatment Code Conversion Table is being provided as an informational source. It is not provided as an endorsement of the content included.

Key Differences

- The code set is smaller (10 new vs. 16 old). The 10 new codes include Category I codes (8 permanent codes) and Category III codes (2 temporary codes)
- All codes are timed (minimum 15-minute increments)
- There are no codes for indirect services. However, there may be allowances under code 97151 to “analyze and interpret” and to “prepare.”
- CPT codes 97151-97152 describe behavior assessments and are differentiated by the test administrator.
- 97153-97158 describe adaptive behavior treatment. The codes are differentiated by the performing provider, as well as individual, group, or family.
- For Medical Policy direction, please reference Autism Spectrum Disorders V-37-032 or Psychiatric Care Defined V-15-017.



- ABA will continue to be a benefit in 2019, ***subject to the terms of an individual member's benefits.***

New ABA CPT Codes

The Category I codes are:

- **97151:** Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare 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.
- **97152:** Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, every 15 minutes.
- **97153:** Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes.
- **97154:** Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes.
- **97155:** Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes.
- **97156:** Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes.
- **97157:** Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes.
- **97158:** Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes.

The revised Category III codes are:

- **0362T:** Behavior identification supporting assessment, every 15 minutes of technicians' time face-to-face with a patient, requiring the following components:
 - Administered by the physician or other qualified healthcare professional who is on site;
 - With the assistance of two or more technicians;
 - For a patient who exhibits destructive behavior; and
 - Completed in an environment that is customized to the patient's behavior.
- **0373T:** Adaptive behavior treatment with protocol modification, every 15 minutes of technicians' time face-to-face with a patient, requiring the following components:
 - Administered by the physician or other qualified healthcare professional who is on site;
 - With the assistance of two or more technicians;
 - For a patient who exhibits destructive behavior; and
 - Completed in an environment that is customized to the patient's behavior.

Verify Members' Benefits Before Providing ABA Services

As mentioned above, ABA benefits are subject to the terms of an individual member's benefits.

To determine a member's specific benefits and if authorization is required, always verify the member's benefits prior to providing services.

To verify ABA and behavioral health benefits via NaviNet[®], select the **Eligibility and Benefits Inquiry** transaction from the main menu on Highmark Plan Central. Click on the **Additional Benefit Provisions** link on the Eligibility and Benefits Detail page. From the pop-up box, select **Behavioral Health/Substance Abuse** for detailed behavioral health benefits. ABA Therapy is available for those members with a **YES** listed for **State Mandated Benefits**.

Highmark appreciates the quality care you provide to our members, your patients.