

TRICARE ACD: Category I CPT Code Changes

Q&As #3

****TRICARE Operations Manual changes pending****

Q61: Who is eligible to receive 4 additional hours of 97155?

A61: Only authorizations issued prior to 1/1/19 will receive the 4 additional hours of 97155. Authorizations issued after 1/1/19 should accurately account for the number of 97155 units that are medically necessary.

Q62: Please provide guidance regarding whether providers should bill as incurred or aggregate claims per guidance provided by CPT Code Assistant.

A62: Claims should be submitted for the actual time rendered completing 97151 not an aggregate of all of the time.

Q63: If we performed 0360T/0361T services prior to 1/1/2019 how do we submit claims for these hours if there is no direct crosswalk to the new CPT codes? I am tracking all of the changes post 1/1 and am asking only about those CPT III codes that we can no longer enter into the billing system since the start of the New Year.

A63: The systems still allow for claims submission for dates of service prior to this CPT code change. Please use the Category III CPT codes for dates of service in 2018.

Q64: Please provide guidance regarding the use of 97151 code.

A64: The elements of CPT code 97151 include:

- One-on-one observation of the beneficiary.
- Obtaining a current and past behavioral functioning history, to include functional behavior analysis if appropriate.
- Reviewing previous assessments and health records.
- Conducting interviews with parents/caregivers to further identify and define deficient adaptive behaviors.
- Administering assessment tools.
- Interpreting assessment results.
- Development of the TP, to include design of instructions to the supervised assistant behavior analysts and/or BTs (under the ACD).
- Discussing findings and recommendations with parents/caregivers.
- Preparing the initial ABA assessment, semi-annual ABA re-assessment (to include progress measurement reports), initial ABA TP and semi-annual ABA TP updates.

Q65: Are book updates billable by an assistant under the supervision of a BCBA?

A65: If "book updates" means treatment plan modification with the beneficiary present under CPT code 97155, then yes, the assistant behavior analyst may complete this activity if

delegated the responsibility by the supervising BCBA. If the beneficiary is not present, then this is considered an indirect service and not billable. Also note that the assistant cannot submit any claims for any service rendered. All rendered services must be submitted by the authorized ABA supervisor with the rendering provider's information on the claim.

Q66: It is my understanding that T1023 is the code billed for completing the PDDBI assessment every six months. For clients who are above the age range for PDDBI (e.g., a 19-year-old), an alternate assessment may be conducted. Can the code T1023 be billed to conduct this alternate assessment?

A66: Currently, T1023 is used for only the assessment measures specified in the TRICARE Operations Manual, Chapter 18, Section 4. Those measure are: the Pervasive Developmental Disability Behavior Inventory, the Vineland Adaptive Behavior Scales, Third Edition, and the Social Responsiveness Scales, Second Edition.

Q67: Will DHA allow providers to roll-over the currently authorized units for Category III CPT Codes 0360T and 0361T to Category I CPT Code 97155 to ensure all beneficiary programs receive adequate clinical direction or would DHA prefer providers submit addendums requesting additional units of Category I CPT Code 97155 to ensure all beneficiary programs receive adequate clinical direction?

A67: There will be no rolling over or resubmissions of authorization requests regarding units of 0360T/0361T as BT supervision is no longer a covered service. There is no need to adjust the CPT code 97155 as this code does not include BT supervision.

Q68: If a provider goes in to complete a modification and there is not a change that is needed after thorough review of the case, is it still billable as a treatment modification?

A68: Yes, that session is still billable, but documentation should reflect the reason for the lack of change and what activity occurred that led to this determination.

Q69: What is the justification for DHA's policy of not permitting concurrent billing of Category I CPT Codes 97153 and 97155 when the services are distinct, medically necessary, and both the CPT 2019 Professional Edition and recent CPT Assistant article support concurrent billing?

A69: DHA has never permitted concurrent billing. Additionally, the AMA develops language for billing of procedures. The funding source decides the policies and what they will reimburse.

Q70: Does DHA still retain the right to audit supervision forms for BTs and/or have a preferred form that they would like authorized ABA supervisor to use for BTs, even though this service is not billable?

A70: DHA will defer all supervisory requirements, including documentation, to the certification body. The only activity to ensure supervision compliance will now be through maintenance of the certification, as the certification bodies require documentation of supervision as a component of the certification.

Q71: Will claims from 2018 still be able to be filed in 2019 under their original authorization/codes (Category III codes) or will we have to file 2018 claims with the new codes? Basically if we did supervision as authorized in December 2018 and do not file claims until January 2019 for those claims will we still be reimbursed for supervision of 60/61?

A71: Claims for any service rendered prior to January 1, 2019 should still be submitted using the Category III codes.

Q72: We are looking for the specific activities that are covered by the 97155. I understand this is not supervision and that is not what this question is about. I want to know if I can model a skill for a BT, and then have the BT demonstrate that skill, I want to know if I can change a behavior intervention plan and test that change during a session, and I want to know what documentation you require.

A72: It is important to remember that 97155 is focused on the beneficiary, not the BT. Therefore, modifying a behavior intervention protocol and assessing that change would be included. Demonstrating the changed protocol to the BT is also covered and having the BT demonstrate the change is also part of the protocol modification. Additionally, 97155 activities include:

- Authorized ABA supervisor probing new skills/targets for the beneficiary
- Review and evaluation of data, session notes, treatment plan goals and targets relevant to the beneficiary's treatment plan (beneficiary must be present)
- Modifying the treatment plan
- Modeling skills/targets specific to the beneficiary's treatment plan

Q73: How will the 1 unit of 0370T per month be transferred to the new code 97156?

A73: One unit of 0370T will convert to 2 hours or 8 units of 97156.

Q74: With 97153, will there be a modifier to indicate service by a clinician?

A74: No modifiers have been used under this code (or its predecessor Category III CPT code) since the beginning of the ACD. The rendering provider's NPI or identification is used on the claim form to differentiate rendering providers.

Q75: Will the BT requirements change now that supervision is no longer a reimbursable service starting in 2019?

A75: BT certification requirements remain the same. The only change to the BT requirements under the ACD is that TRICARE will no longer dictate supervision requirements, i.e., 5% of total direct care time per BT per beneficiary. All other BT requirements remain in place, i.e., must be certified, must possess the BCLS training.

Q76: Is the TRICARE requirement for supervision note now void because there is no longer supervision of BTs?

A76: Correct. Since the supervision code is removed, there is no supervision note required for TRICARE purposes. Please follow your certification body requirements for the required documentation.

Q77: How do we sign up to GovDelivery so that we can get recent updates and documents?

A77: If you have sent us an email, we subscribed you to the list. Others interested in subscribing can go to health.mil, then click on the red envelope in the top right corner, and then enter the requested information.

Q78: For authorizations approved in December 2018 for services to begin January (i.e., 1/16/19-7/2019) using the old CPT codes, can we bill the old codes until authorization is up in July? Will units stay the same if we cannot (switches units Jan 1) use old codes? Will a notice for update number of units be sent out?

A78: The Category III CPT codes will be denied in the claims processing for dates of services rendered on or after 1/1/19. Even though you were issued an authorization in December issuing Category III CPT codes, those will be converted in the system and you are to submit claims using the corresponding Category I codes. The number of units issued generally will be doubled, i.e., if you had 10 units of 0364T/0365T, those units will convert to 20 units of 97153 (still totally 5 hours of 1:1 service delivery). No notice will be sent out by the contractors regarding the number of units.

Q79: I am a licensed School Psychologist and BCBA. I am qualified to give the SRS and the Vineland. How do we submit request for additional units on T1023?

A79: A school psychologist is not recognized as a TRICARE authorized independent provider and therefore would not be eligible to complete the outcome measures. If the specialized ASD diagnosing provider cannot complete the measures, a referral from that specialized ASD diagnosing provider will be submitted to the contractor, and an authorization may be issued by the contractor to another approved provider including but not limited to a BCBA.

Q80: How many hours of supervision do you require of BCaBAs?

A80: There are no supervision requirements from TRICARE after 1/1/19. All supervision requirements are set by the certifying body.

Q81: I would like to know if the codes T1023 and 0359T are billable under our contract with TRICARE.

A81: With prior authorization, T1023 is billable. For Category III CPT code 0359T, this code is no longer billable for dates of rendered service as of January 1, 2019, but has been replaced by 97151.

Q82: Are we billing the new CPT codes starting Jan 1st even if our authorization has different codes and different units?

A82: Yes. Please use the DHA CPT code crosswalk for assistance.

Q83: Regarding the 16-unit limit of 97151, we understand that the rationale for this limit is that it is consistent with the hours accounted for in the flat rate of the “T” code. We would ask that providers have the opportunity to request additional units when the individual patient requires it to ensure that treatment decisions continue to be individualized and based on medical necessity.

A83: We will take this request under consideration. Additionally, once the initial assessment is complete using the units permitted under 97151, ABA providers can use 97155 for new or modified protocol changes. We are looking into other options.

Q84: Will we need to request new authorization numbers to correspond with the new CPT codes?

A84: No. Everything will be automatically transitioned for payment.

Q85: What will the grace period be for the billing of these codes and the old codes?

A85: There is no grace period for this CPT code transition. Category III CPT codes stopped working on 1/1/19 for date of service on or after 1/1/19. However, they are still functional for services rendered in 2018.

Q86: Is there a different code for BCBA direct service? How will the new codes work regarding the different reimbursement rates if the provider of the direct service is a BT or BCBA.

A86: There are no changes to the reimbursement rates structure for reimbursing of services. BCBAs will continue to use 97153 for the direct 1:1 service delivery and the reimbursement rate remains the same. No modifier is needed as the rendering provider number will indicate the reimbursement rate.

Q87: Will the ability to provide remote services billed with the GT modifier be extended to other codes such as program modification and parent trainings?

A87: We are currently reviewing all aspects of the ACD for a planned major redesign in 2019, and telehealth (or the use of the GT modifier) related to ABA and other services to beneficiaries diagnosed with autism spectrum disorder is part of that review.

Q88: Given the changes in CPT codes as of January 1, I need to make some changes to the supervision units for my clients. I will need more units as these units were originally requested using 0360T and 0361T which are now 0368T and 0369T for supervision. Please let me know if I need to resubmit a request form, with a rational.

A88: Supervision of BTs will no longer be a reimbursed service as of 1/1/19. CPT code 97155 (formerly 0368T/0369T) is for protocol modification only. These activities include: evaluating progress making program changes which could be adding or deleting new step or targets, probing new skills, analyzing data, and modeling the changes for the BT. The focus of 97155 is on the beneficiary and their program, not supervision of the BT. The change from Category III to Category I CPT codes should not result in a change in the number of hours authorized for any direct ABA service to include protocol modification as nothing in the beneficiary's treatment plan has changed.

Of note, DHA announced at the 12/19 provider information meeting that we will be adding 4 hours (or 16 units) of 97155 per month to all treatment plans issued before 1/1/19 as it appears that some providers were completing some activities of protocol modification under the supervision code of 0360T/0361T.

Q89: Since these are now Category I CPT codes, will the ACD no longer be a "demonstration project".

A89: No. TRICARE continues to follow the hierarchy of reliable evidence standards to make determinations on TRICARE basic medical benefits. Those 5 criteria are:

- (i) Well controlled studies of clinically meaningful endpoints, published in refereed medical literature.
- (ii) Published formal technology assessments.
- (iii) The published reports of national professional medical associations.
- (iv) Published national medical policy organization positions; and
- (v) The published reports of national expert opinion organizations.

Additionally, under 32 Code of Federal Regulation 199.2 (Definitions: Reliable evidence) state:

(2) The hierarchy of reliable evidence of proven medical effectiveness, established by (1) through (5) of this paragraph, is the order of the relative weight to be given to any particular source. With respect to clinical studies, only those reports and articles containing scientifically valid data and published in the refereed medical and scientific literature shall be considered as meeting the requirements of reliable evidence. Specifically not included in the meaning of reliable evidence are reports, articles, or statements by providers or groups of providers containing only abstracts, anecdotal evidence or personal professional opinions. Also not included in the meaning of reliable evidence is the fact that a provider or a number of providers have elected to adopt a drug, device, or medical treatment or procedure as their personal treatment or procedure of choice or standard of practice.

According to this definition of reliable evidence, there is a lack of evidence supporting the use of ABA services. The type of CPT codes is not a factor of whether or not something is a covered benefit under TRICARE.

Q90: Is it safe to state that a BCBA is permitted to direct the BT to probe new skills or changes in the programs AND the BCBA also analyzing data to determine protocol modification?

A90: CPT code 97155 is focused on the beneficiary, not the technician, and the BCBA should be providing the actual service. Probing and modeling new skills/targets is done by the authorized ABA supervisor. Demonstrating the changed protocol to the BT and having the BT demonstrate the change is also part of the protocol modification. So, once the BCBA has probed for new skills by the beneficiary, they can then direct the BT in how to provide the modified protocol that includes changes in light of the new skills discovered by the BCBA's probing.