



---

September 30, 2016

Niles R. Rosen, M.D.  
Medical Director  
National Correct Coding Initiative  
Medically Unlikely Edits  
Correct Coding Solutions LLC

Cc: Ms. Marie Mindeman, BA, RHIT, Director CPT Coding and Regulatory Affairs  
Ms. Karen O'Hara, BS, CCS-P, American Medical Association  
Erika D. Moott, CMS COR for the Medicare and Medicaid NCCI and MUE Programs  
Valeria Allen, CMS/CPI Program Manager for NCCI/MUE  
Marsha Mason-Wonsley, CMS CPT Coding Specialist  
Andrew Ward, PhD, CMS Director, DASG/ DMA  
Adrian M. Oleck, MD, Medicaid Medical Director, Correct Coding Solutions LLC  
Charleen A. Porter, MA, CPC, CHC, Medicaid Coding Specialist, Correct Coding Solutions LLC

Dear Dr. Rosen,

I am writing on behalf of a national workgroup that comprises representatives of the Association for Behavior Analysis International (ABAI), Association of Professional Behavior Analysts (APBA), Autism Speaks, and the Behavior Analyst Certification Board (BACB), as well as providers and health plans, to express our concern regarding medically unlikely edits (MUE) which are set to take effect on October 1, 2016 related to the Applied Behavior Analysis Category III CPT code set (0359T-0374T).

Specifically, it was recently brought to the workgroup's attention that the following MUEs were recommended by the CMS workgroup for this family of codes. We are very concerned that these edits will have the unintended result of limiting daily ABA therapy for individuals who qualify for this service. In fact, we are already receiving reports from providers from across the country that third party payers are implementing these edits prior to the CMS October 1 release date and are currently severely restricting patient access to care as a result.

For example, CPT code 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)*. As is indicated by the code's descriptor, this is an add-on code to CPT 0364T. In combination, these two codes represent the typical ABA therapy that is provided to individuals with Autism Spectrum Disorders as well as those with a variety of other diagnosis. As was presented to the CPT Editorial Panel during review of the Category III code set in 2014, robust literature is available to support the efficacy of this therapy across individuals of all ages. Literature also supports consistent and ongoing therapy in

order to make the largest gains in patient care. This can range from daily treatment of one hour a day to up to 8 hours or more, depending on the needs of the individual patient. The same is true of the code combination 0373T/0374T *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* (0374T additional 30 minutes), as this represents daily treatment provided to the more severe, high-risk, patient who requires more than one technician to support their routine treatment.

Likewise, code combinations 0368T/0369T *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* (0369T additional 30 minutes) and 0366T/0367T, *Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time* (0367T additional 30 minutes) represent scenarios where the physician or other QHCP is providing direct treatment to the client or modeling for the technician, with the patient present, how to deliver different treatment techniques; or the patient may be engaged in daily group therapy/treatment. Just as is outlined above, this can occur for anywhere from 1-8 hours per day, depending on the patient's needs and authorization.

Lastly, we feel the MUE for 0370T, 0371T, and 0372T should all be modified to "2". The rationale here is that there are all encounter codes, or untimed codes, and it is foreseeable that a family member / guardian or a patient could participate in any of these activities (family therapy, multi-family group therapy, or a social skills group) more than once in a day. Scenarios where this could occur would be if parents of a child receiving treatment are divorced and each one attends a separate family treatment sessions with the physician or QHCP on the same date of service. Another example would be where a high-functioning patient's treatment is focused solely on building social skills to prepare them for a mainstream classroom. They may attend a morning and afternoon social skills group in order to facilitate this treatment.

We hope that these examples are helpful to you in reviewing our request, however, we are more than happy to supply additional information or literature references to support our recommendations. ***In summary, we are requesting the following two action items:***

- 1) That the MUEs for this family of CPT codes be modified in accordance to the highlighted recommendations below, effective immediately; and***
- 2) That our organizations be included in the ongoing solicitation for feedback from national specialty society organizations related to NCCI and MUE assignments.***

HCPCS/CPT Code	Practitioner Services MUE Values	ABA Workgroup Recommended MUEs	MUE Adjudication Indicator	MUE Rationale
0359T	1	Agree – 1	2 Date of Service Edit: Policy	Nature of Service/Procedure
0360T	1	Agree – 1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction

0361T	3	Agree – 3	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
0362T	1	Agree – 1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
0363T	3	Agree – 3	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
0364T	1	Agree – 1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
0365T	1	Disagree – 15 (totals 8 hours per day w/ base code)	1 Line Edit	Clinical: CMS Workgroup
0366T	1	Agree – 1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
0367T	1	Disagree – 5 (totals 3 hours per day w/ base code)	1 Line Edit	Clinical: CMS Workgroup
0368T	1	Agree – 1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
0369T	1	Disagree – 15 (totals 8 hours per day w/ base code)	1 Line Edit	Clinical: CMS Workgroup
0370T	1	Disagree – 2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
0371T	1	Disagree – 2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
0372T	1	Disagree – 2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
0373T	1	Agree – 1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
0374T	1	Disagree – 15 (Totals 8 hours per day w/ base code)	1 Line Edit	Clinical: CMS Workgroup

Thank you in advance for your consideration of these requests. We truly appreciate your prompt response to this important matter. Should you have any questions, concerns or would like to convene a call or meeting, please contact our CPT and RUC consultant, Jenna W. Minton, Esq. at: [mintonhealthcarestrategies@gmail.com](mailto:mintonhealthcarestrategies@gmail.com) or 517.927.8696.

Sincerely,

Association for Behavior Analysis International  
Association of Professional Behavior Analysts  
Autism Speaks  
Behavior Analyst Certification Board