



[Payer Contact Name]
[Payer Contact Title—recommend the medical director]
[Payer name]
[Address]
[Address]
[Address]
[City, State Zip Code]

Re: Claims Processing Changes to Incorporate New Category I and Category III CPT® Codes for Adaptive Behavior Services

Dear [Payer Contact Name]:

As you may know, eight new Category I and two revised Category III CPT codes for reporting adaptive behavior assessment and treatment services go into effect January 1, 2019. The new codes resulted from a code change application submitted to the American Medical Association (AMA) CPT Editorial Panel by our steering committee for a national workgroup comprising 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 CPT consultants, providers, and health plans. In preparing the code change application, the steering committee collected extensive information about utilization of the Category III CPT code set that had been used by some payers for reporting applied behavior analysis (ABA) services since 2014. Input was also sought from other stakeholder societies, which included specialties such as speech-language pathology, occupational therapy, pediatrics, and others.

ABA assessments and interventions are effective for building adaptive skills, reducing maladaptive behaviors, enhancing independent functioning, and preventing deterioration and regression. Members of our specialty provide therapeutic services using a large array of ABA procedures that have been derived from extensive scientific research on how behavior is influenced by interactions with the environment. ABA treatments vary in terms of intensity, duration, and the range and complexity of the intervention goals and objectives. The behavior analyst selects the most appropriate treatment model based on a variety of factors, including the number and complexity of the behavioral targets as well as the patient's response to prior interventions. We refer to ABA treatments that address a limited number of adaptive skills and/or maladaptive behaviors as focused treatments and those that address multiple developmental domains as comprehensive treatments. Most focused and comprehensive treatments can be delivered in the patient's home, a clinic, or community settings. However, some individuals who display destructive behaviors require treatment in specialized, safe environments that can include, but are not limited to, intensive outpatient, day treatment, residential, or inpatient programs.

For ABA services to be effective, it is essential to have billing codes that accurately describe

the services as well as fair reimbursement rates. We hope you agree that the new CPT codes describe ABA services more clearly and precisely than the existing Category III codes for adaptive behavior services in a smaller, simpler code set. In accordance with HIPAA requirements, we strongly encourage your company to implement the new codes as soon as possible, along with HCPCS codes and modifiers as applicable. We believe that will improve consistency and clarity in reporting by providers who render these important services. Enclosed for your reference is a code conversion table we developed that outlines the HCPCS codes many payers use to report ABA services, the 2014 Category III CPT code set for adaptive behavior services, and the 2019 Category I and revised Category III CPT code set. We also encourage you to obtain the *AMA CPT Assistant* article on the new codes when it is published. That article will provide valuable guidance on use of the new codes by providers and payers alike.

Based on our interactions with thousands of ABA providers and consumers around the country, we respectfully suggest that the process of converting to the new codes will be enhanced for all concerned if your company will communicate the following to your providers just as soon as possible:

- Within what timeframe you anticipate converting to the new CPT codes.
- Whether you will have a testing period for the new codes and, if so, when that will occur, for how long, and what codes will be used to process claims during the testing phase.
- How you will handle the conversion of authorizations to the new Category I CPT and other codes, and how providers should prepare for those changes.
- Whether you will require the use of crosswalk codes as part of the claim submission process under the new codes in the event they are carrier priced by the Centers for Medicare & Medicaid Services. If you will require such crosswalks, please instruct providers on that process and where they should identify the crosswalk code(s) in their claim submissions.

We will be most appreciative if you will send the foregoing information to us as well so that we can help disseminate it to our constituents.

Thank you in advance for considering this information and our requests. We look forward to working with you to implement the necessary changes. Should you have any questions or require additional information, please contact our coding consultant, Jenna Minton, Esq., at mintonhealthcarestrategies@gmail.com or 517.927.8606. We would also be more than happy to schedule a time to discuss this via phone if you prefer.

Sincerely,

Travis Thompson, Association for Behavior Analysis International
Gina Green, Association of Professional Behavior Analysts
James E. Carr, Behavior Analyst Certification Board
Lorri Unumb, Autism Speaks
Jenna W. Minton, Minton Healthcare Strategies (CPT Consultant)