



A | B | A | I

Association for Behavior Analysis International

Behavior Analysis CPT Code Workshop

Wayne Fisher, Ph.D., BCBA-D
ABAI Practice Board

0359T Behavior identification assessment (Face to Face QHCP)

[untimed]

- Review psych testing and pediatrics report
- Interview mother, get history, and current complaints
- Observe child to validate DSM diagnosis
- Complete Functional Assessment Checklist
- Discuss the nature of EIBI intervention with mother and answer questions
- Establish tentative therapy schedule and set up first home appointment.

0359T: Components of a Behavior Identification Assessment

- Imitation skills
- Listener or receptive skills
- Language production or expressive skills
- Compliance
- Nonverbal communication (e.g., eye-contact, joint attention)
- Play (e.g., functional, imaginative)
- Social skills

Structure Observations

Imitation

Object

Task objective	Administration	Probes (Appendix 11)	Criteria
D1: Upon request, student will imitate a motor activity with an object	Randomly select 5 probes for pre-test and 5 different probes for post-test	Randomly select 5 for pre-test and 5 for post-test Tap drum with a stick Rub stick on table Wave stick up and down Wave stick side-to-side Stack a block on another block Tap block on a table Push block with a finger Put a block in a cup Place block on a book Draw a line with a pencil Roll the pencil Put pencil in cup Roll the pencil Draw a line with a pencil	Raw Score % Correct

0359T: Components of a Behavior Identification Assessment (cont.)

- Repetitive behavior
- Insistence on sameness
- Unusual reactions to sensory input
- Feeding difficulties
- Sleep difficulties
- Aggression, elopement, property destruction, self-injury, pica

0359T: Disposition of a Behavior Identification Assessment (cont.)

- Appropriate type of service-observation assessment, exposure assessment, begin focused treatment or parent training
- Appropriate level or intensity of service-EI/BI, outpatient, intensive outpatient, day treatment, inpatient

- 0362T & 0363T
Exposure Behavior
Follow Up
Assessment
- Billed as Technician
Time but supervised
directly by QHCP
- Patient (client) is seen in an
enclosed room, padded with
minimum of two technicians.
- Clinical Functional Behavioral
Analysis conducted
systematically to assess
functions of self-injurious
behavior and probable
alternative adaptive
replacement behavior.

Severe Self Injurious Behavior

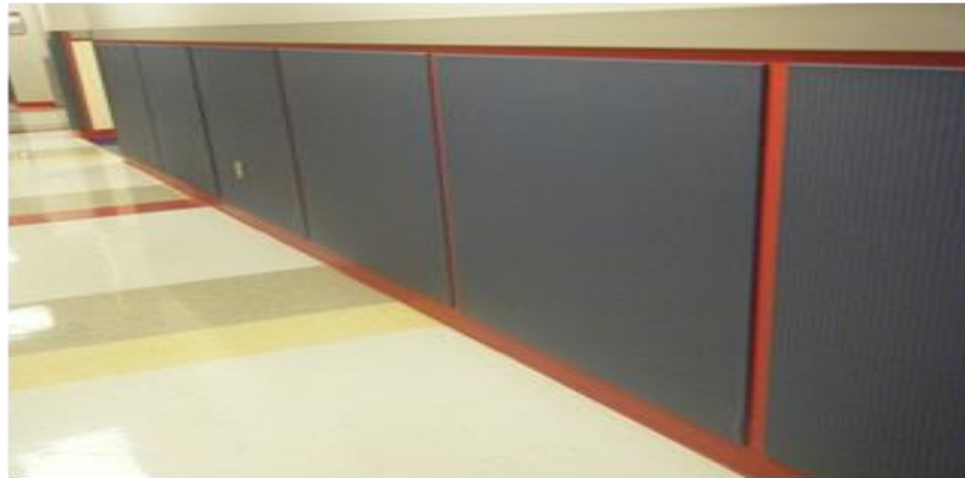
- 0373T and 0374T Exposure adaptive behavior with protocol modification
- Billed as Technician Time in 60 minute; 0374T in subsequent intervals
- QHCP reviews data after each FBA assessment and determines probable functions of SIB and likely alterantive behavior;
- QHCP directs Technicians in implementing function-based behavioral interventions including replacing SIB with alternative behavior serving the same function.

Budget Planning (Costs)

Severe Behavior Day Treatment Costs		W/O Medical
Team of 2.5 Bachelor's/Master's Therapists	\$84.85	\$84.85
Ph.D. Supervisor (25%)	\$20.61	\$20.61
Postdoctoral Fellow (25%)	\$9.70	\$9.70
Developmental Pediatrician (5%)	\$6.79	
Nursing (10%)	\$3.79	
Receptionist (12.5%)	\$4.24	\$4.24
Insurance Authorization Liaison (25%)	\$9.70	\$9.70
Supplies	\$13.00	\$13.00
Total Directs	\$152.66	\$142.09
Overhead	\$30.53	\$28.42
Total Hourly Costs	\$183.20	\$170.51
Total Daily Costs @ 6 hours/day	\$1,099.18	\$1,023.03

Specialized Space

(a)



(b)



(c)



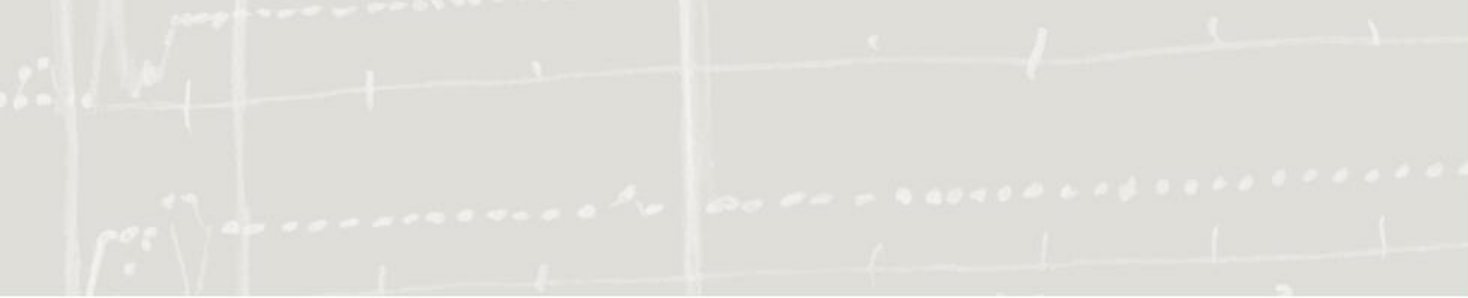
Data Based



Problem behavior is quantified and measured precisely

It is Important to Hire Employees Who are Good Actors and Love Their Work





Getting authorization for Exposure Assessment and/or Tx

- Verify insurance benefits for recommended service (e.g., day Tx)
- Obtain letter of support from referring physician indicating medical necessity
- Rule-out alternative, in-network providers
- Keep family informed and have them request a case manager and then work with that individual

Getting authorization for Exposure Assessment and/or Tx (cont.)

- Review evaluation and medical history
- Document previous services that have not been effective
- Document all contacts with the family, the insurance company, and other providers
- Prepare and submit a pre-determination letter

Pre-Determination Letter

- Requesting ad-hoc in-network approval – due to unique nature of the program it should be covered in-network
- Always include codes in header request
- Include brief description of program
- Include the letter of support documenting medical necessity from the referring M.D.
- Call case manager after a few days to verify that the letter was received

Pre-Determination (Continued)

- Call case manager or customer service at least weekly to check status
- Be prepared to verify fax, resend entire request, and be on hold for long periods of time
- Be polite, pleasant, but determined (don't let your frustration show through)

Status

- Denied - Start appeal process
 - Get in Writing (reason for denial)
 - Never take “No” for an answer
- Authorized – Initiate “Letter of Agreement”
- Notify family
- Remember – Nothing set in stone until we receive written authorization

Approval

- Never begin an admission on a verbal approval
- Verbal approval is ½ the battle – Notify family and feeding team of status
- Determine what is approved: What CPT code, what billing code, how many days, and was it approved in-network
- Notify insurance that you would like work out a rate agreement

Rate Negotiation

- Day Treatment Per Diem \$1400.00 (per day)
- Insurance Liaison Supervisor can authorize discounts up to 20% (\$1,120)
- Fees are always billed at the \$1400.00 rate but the LOA is attached so the bill can be processed correctly

Predetermination Letter

- Attn: Predetermination/Claims
- Re: Fredrick B. Skinner
- DOB: 2/7/4
- Policy #: W111111112
- Diagnoses:
 - 312.34 Intermittent Explosive Disorder with severe aggression
 - 307.30 Stereotypic movement disorder with severe self-injury

Predetermination Letter (cont.)

- Request: Ad hoc in network approval for F.B. Skinner to receive services through the Severe Behavior Program.
- Rationale: There are no in-network programs or facilities that can offer this level of care for him. We would like to begin intensive treatment as soon as possible.
- CPT Codes: 0362T, 0363T, 0373T, 0374T
- GAF = 50

Predetermination Letter (cont.)

- Dear Reviewer:
- Summary of activities that led to this request
- Clinical information
- Psychosocial Impact of the Behavior Disorder
- Our approach to severe behavior disorders
 - 90% or greater reduction in severe behavior in 84% of cases
 - Behavior therapy team consisting of a Ph.D. psychologist and board certified behavior analyst who oversees a highly trained team of master's- and bachelor- level therapists

Other Adaptive Behavior Treatments

- 0371T Multiple-family group adaptive behavior treatment guidance
- QHCP Time
- QHCP reviews weekly child progress with parents and has parents identify ways of working on same problems at home; QHCP guides problem solving and trouble shooting common problems across families

Other Adaptive Behavior Treatments:



- 0372T Adaptive behavior social skills group
- QHCP led
- QHCP works with a group of children either in a center based program or at a clinic
- Focus on teaching communication and social skills for children needing such assistance