



Behavior Analysis CPT Code Workshop

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Success in Proposing New Codes Requires

- Understand the process
- Know what you're talking about
- Every seat at the table has a ~~vested interest, mostly not~~ supporting your proposed code
- Lining up supporters outside your field
- Persistence and more persistence... ***and more persistence.***

“If you can’t describe what you’re doing as a process, then you don’t know what you’re doing.”

W. Edwards Demming

[illegible]

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Standard Medical Billing Mechanism



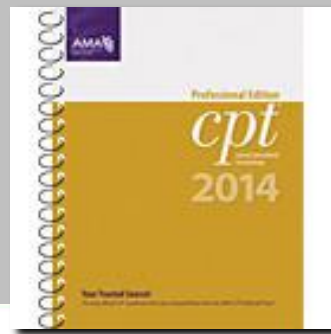
- Prior to use of CPT Codes there was no standard method of medical billing
- CPT Codes provided that mechanism mandated by Congress
- ~~its not just about money~~ for practitioners
- ***NO CPT CODE MEANS A GIVEN SERVICE IS NOT LIKELY TO BE AVAILABLE TO PATIENTS (CLIENTS)***



What Does a CPT Code Accord

- American Medical Association recognizes the procedure is supported by scientific evidence.
- A mechanism by which practitioners who use that procedure can get paid for their service
- It *DOES NOT* guarantee insurers will pay for the service, but it guarantees that if they deny payment they must have a strong rationale. Denying payment invites law suits.

Types of CPT Codes



- I. Standard, established widely recognized medical procedures are usually be reimbursed, though some insurers will not pay for all procedures
- ~~II. Codes that are mainly~~ for epidemiological record keeping and are not reimbursed.
- III. New codes which are a step away from becoming Type I Codes. Reimbursement must be negotiated with payers. There are no common national rates.

New ABA CPT Codes...



- To be Are Type III Codes, that will become Type I codes within five years (*or eliminated*)
- ~~Will allow for collecting~~ data on how widely each code is used and used to establish the likely projected long term reimbursement rates



How Much Reimbursement?

- **Reimbursement values for each CPT code**, are assigned based on interpretation of Congressional mandates. Congress authorized development of **The Resource-based Relative-value Scale (RBRVS)** (Hsiao, 1987). (*We will Discuss Later*)

How New CPT Codes Are Created



● Three step process:

- A **Work Group** representing various professional societies interested in the area in question propose codes for services not previously covered. Some new codes are initiative by individual practitioner groups.
-
- The **CPT Editorial Panel** Reviews the recommendations and approves, disapproves or delays action
 - The **Relative Value Scale Update Committee (RUC)** recommends relative reimbursement rates, which are then assigned by the Center for Medicaid Services *[This only occurs when new codes become Level I codes]*

Thanks to...

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Child and Adolescent Psychiatry

In particular Dr. Ben Shain (Chicago)
and Dr. David Berland (St. Louis), the
ABAI garnered the essential support
necessary to move forward with the
proposed codes.



Work Group Process

- Met by phone conference call every 3 weeks for 2 hours each for 18 months
- ~~Held 4 face to face~~ meetings twice per year to recommend:
 - Should new codes be created?
 - What should be covered?
 - Service delivered by whom?
 - Precise wording of each recommended code.

OUTCOME

- **Three Assessment CPT Codes** were recommended and approved
- ~~**Seven Treatment CPT Codes**~~ were recommended and approved

CPT Ground Rules

RULES

1. YOU CAN....
2. YOU CAN'T...
3. YOU CAN....
4. YOU CAN'T

- Within the language of the codes, **they cannot** specify a specific degree, certificate, license or training required to use a code (i.e. MD, PhD, BCBA or LP)
- Codes specify that a **Qualified Health Care Professional** in a given state may employ the code... it is usually up to states to define a QHCP in each jurisdiction.

Codes ***CANNOT...***



- Specify the discipline that can use a procedure, e.g. behavior analysts vs. occupational therapists vs licensed psychologists. That means some unqualified people are likely to claim to be able to use “our” codes.
Have to work with insurers to stop this.
- Specify a given diagnosis for which that procedure is appropriate... e.g. only autism, not ADHD

No Jargon



- As much as possible, **technical jargon used by specific disciplines may not be used**, unless it is broadly accepted by the medical community
-
- As a result, none of the standard behavior analysis terminology will be found in of the approved codes (e.g. reinforcement schedule, extinction, fading, etc).

APPROVED

**Behavior Analysis Adaptive Behavior
Assessment and Treatment CPT
Codes**

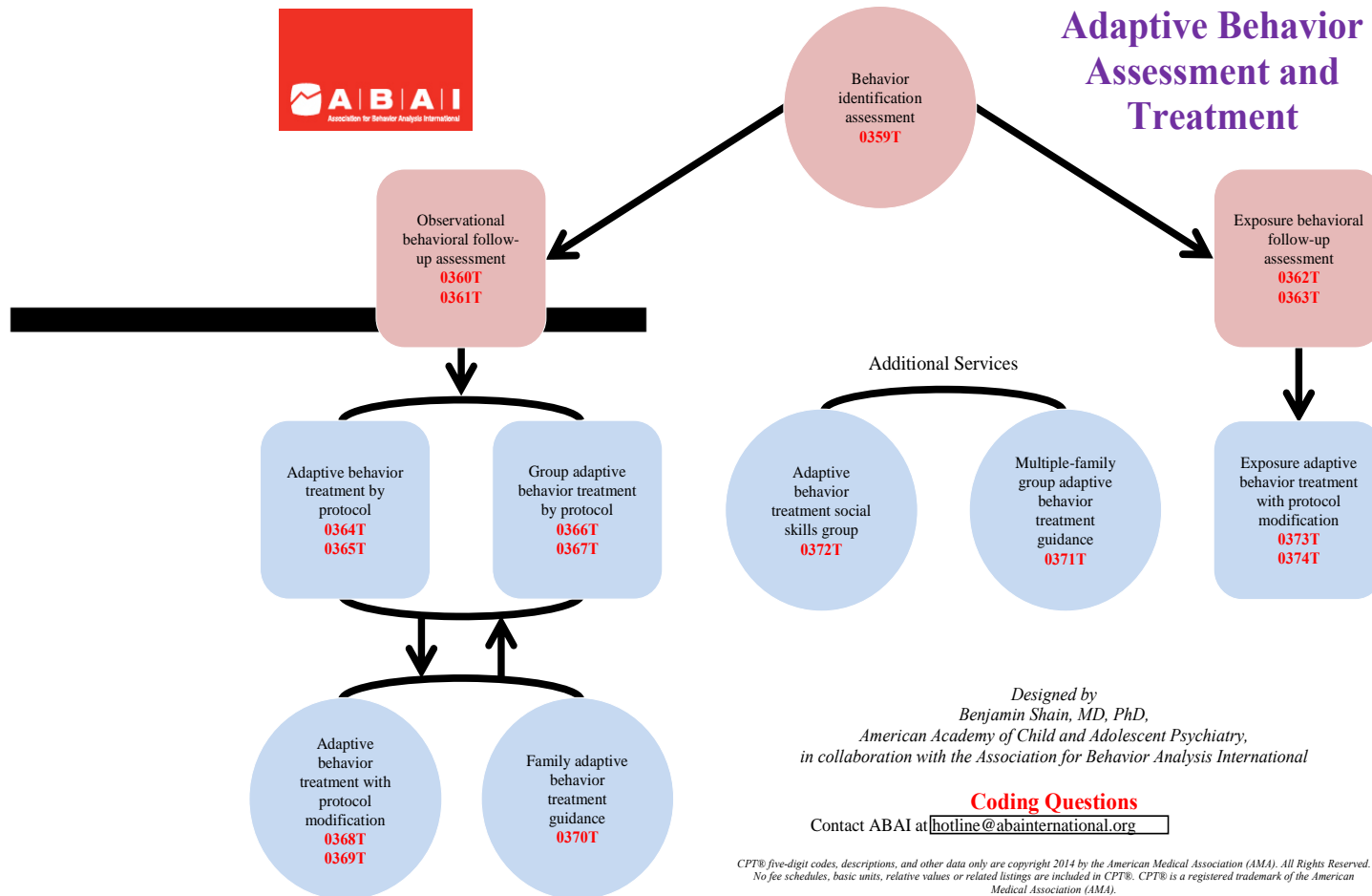


From the CPT Assistant Manual

- **“Billing Professional (QHCP):** Any physician or other qualified health care professional (QHCP)
with expertise in adaptive behavior treatment,
typically a behavior analyst or licensed psychologist.”

- **“Assistant (“technician”):** An assistant behavior analyst or trained technician who delivers services under the direction of the QHCP. **The technician does not bill services”**

Adaptive Behavior Codes: Assessment & Treatment



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ABA Assessment & Treatment Codes



- **Adaptive Behavior Codes**

- Comprehensive Early Behavioral Intervention
 - Individualized Interventions for less severe Challenging Behavior in Natural Environments that incorporate promoting adaptive skills
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- **Exposure Codes**

- Clinical Functional Behavior Analysis Interventions (Iwata, Wacker) in an isolated setting such as an enclosed protective treatment room within a clinic or hospital
- Functional Behavioral Analysis Interventions (Iwata, Wacker) but in a less controlled non-clinical setting such as a licensed day program or residential center.
-

Assessment Codes

Code	Service	Administers
0359T	Behavior identification assessment	QHCP
0360T 0361T	Observational behavioral follow-up assessment	Technician
0362T 0363T	Exposure behavioral follow-up assessment	Technicians

Treatment Codes

0364T	Adaptive behavior treatment	Technician
0365T	by protocol	
0366T	Group adaptive behavior	Technician
0367T	treatment by protocol	
0368T	Adaptive behavior treatment	QHCP
0369T	with protocol modification	
0370T	Family adaptive behavior treatment guidance	QHCP
0371T	Multiple-family group adaptive behavior treatment guidance	QHCP
0372T	Adaptive behavior treatment social skills group	QHCP
0373T	Exposure adaptive behavior	Technicians
0374T	treatment with protocol modification	

Who Submits Reimbursement Requests



- **QHCP submits all reimbursement requests** on behalf of:
 - Her or himself...i.e. their own professional time
 - ~~● Technician...i.e. the time the Technician spends face to face working with patient/client~~

In CPT terminology...

Reporting means submitting a CPT code representing a specific procedure completed, to the payer for reimbursement

Codes may be ***Untimed*** (no specific amount of time involved) or ***Timed (in minutes)***

Examples of Untimed Codes

- **0359T: Behavior Identification Assessment,** QHCP conducts intake review of documents, interview with parents (e.g. history, current ~~status) and initial child observation~~ (e.g. in a clinic)
- **0372T: Family Adaptive Behavior Guidance:** QHCP discusses with parents face to face how an intervention is to be implemented

Examples of timed Codes

- **0360T: Observational Behavioral Followup Assessment:** Technician obtains real-time observation samples of child behavior in natural ~~environment~~
- **0364T: Adaptive Behavior Treatment by Protocol:** Technician implements behavioral intervention plan developed by QHCP in consultation with family

CPT Code Time Reporting

to assist in code selection.

Codes 0360T-0367T

Face-to-Face Technician Time	Report
Less than 16 min	Not reportable
16-45 min	0360T
	0362T
	0364T
	0366T
46-75 min	0360T and 0361T x 1
	0362T and 0363T x 1
	0364T and 0365T x 1
	0366T and 0367T x 1
76-105 min	0360T and 0361T x 2
	0362T and 0363T x 2
	0364T and 0365T x 2

Directions

1. Select the service (see American Medical Association CPT code descriptions)
2. Report an untimed service (codes 0359T, 0370T-0372T) with 1 code regardless of the duration of the service
3. Report a timed service (codes 0360T-0369T, 0373T, 0374T) based on face-to-face time on the date of service (see charts on this page)
4. The timed codes are all paired, with the first 30 (16-45) or 60 (31-75) minutes of service reported with the first code and successive 30 minute increments on the same date reported with the second code



Example

Adaptive behavior treatment by protocol (codes

See Your Handouts

CPT Code Time Reporting

Assessment	0359T	Observational behavioral assessment	QHCP	Untimed; typically 90	guardian(s)/caregiver(s)	0360T, 0361T or 0362T, 0363T
	0360T 0361T	Observational behavioral follow-up assessment	Technician	First 30: 0360T Each additional 30: 0361T	Patient	
	0362T 0363T	Exposure behavioral follow-up assessment	Technicians	First 30: 0362T Each additional 30: 0363T	Patient	QHCP onsite direction
	0364T 0365T	Adaptive behavior treatment by protocol	Technician	First 30: 0364T Each additional 30: 0365T	Patient	
Treatment	0366T 0367T	Group adaptive behavior treatment by protocol	Technician	First 30: 0366T Each additional 30: 0367T	Patients	Maximum 8 patients
	0368T 0369T	Adaptive behavior treatment with protocol modification	QHCP	First 30: 0368T Each additional 30: 0369T	Patient	May include protocol demonstration to technician(s), guardian(s), caregiver(s) with patient present
	0370T	Family adaptive behavior treatment guidance	QHCP	Untimed; typically 60-75	Guardian(s)/caregiver(s)	Patient not present
	0371T	Multiple-family group adaptive behavior treatment guidance	QHCP	Untimed; typically 90-105	Guardians/caregivers	Guardians/caregivers of maximum 8 patients; patients not present
	0372T	Adaptive behavior treatment social skills group	QHCP	Untimed; typically 90-105	Patients	Maximum 8 patients
	0373T	Exposure adaptive behavior treatment	Technician	First 60: 0373T	Patient	QHCP onsite

Case Example and Discussion of Code Assignments

Early Intensive Behavioral Intervention Client/Patient

- 3 yr old female previously diagnosed with Autism by LP ~~using ADOS and valid~~ intellectual, speech and ability assessments



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.

Technician Observational Assessment

- **0360T Observational behavioral follow-up assessment. Session1**
~~(Face to Face~~
Technician)

***[Time 30 minutes Plus
0362T for each additional
30 minues]***

- Observation with mother & child in their home
- Establish Rapport with Child
- Discuss ABLLS with mother
- Observe child with probe ABLLS items

Technician Observational Assessment

- **0360T Observational behavioral follow-up assessment. Sessions 2 & 3 (Face to Face Technician)**
- ***[Timed first 30 minutes plus 0361T for each additional 30 minutes]***
- **Conduct ABLLS assessment (Sessions 2 & 3 Scales A-F)**
- **(Sessions 4 & 5 Scales G-L)**

- **0364T & 0365T**
Adaptive behavior
~~**treatment by**~~
protocol.

- [Face to Face Technician 106-135 minutes]
- 1 unit of 0364T and 3 units of 0365T.

- Conduct individual 1 to 1 therapy with the child beginning with basic skills and building more complex skills according to data. Summarize data at the end of each session and record progress notes.

Case Example 2 and Discussion of Code Assignments

Example 2: Focused intervention for Mild/Moderate challenging behavior

- 9 year old male with ADHD and high functioning autism. Presenting with periodic impulsive aggressive outbursts. Referred for ***Functional Assessment Based Treatment.***



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 Behavioral Assessment Checklist
- Discuss initial impression of the nature of the behavior challenge
- Establish tentative therapy schedule and set up first home appointment.

- **0360T Observational behavioral follow-up assessment.**

~~Session 1 (Face to~~
Face Technician)
[Timed 45 minutes]

- Observational interview with mother & child in treatment center
- Establish Rapport with Child
- Review Child Interests
- Complete Reinforcer Checklist
- Instruct caregiver on Touchette Scatter Plot to complete
- Discuss priorities with parent

Example 2: Focused behavioral challenge in natural setting

- **0360T Observational behavioral follow-up assessment.**

~~Session 1 (Face to~~
Face Technician)
[Timed 45 minutes]

**THIS IS ACTUALLY
QHCP WORK**

- Review Scatter plot data, identify problem areas
- Explain and instruct parent how to complete ABC assessment form
- Begin working with child on goal setting
- Progress notes

Focused Behavioral Challenge

- 0370T Family Adaptive Behavior Guidance [QHCP child ~~not present~~]
- Review and interpret all assessment findings
- Establish intervention protocol; specific activities and times daily
- Review intervention materials with caregiver
- Review forms for progress tracking

Case Example 3 and Discussion of Code Assignments

Severe Self Injury: Exposure Assessment and Treatment

- 19 year old male with severe Autism and severe intellectual disability and extreme self injury. Previously evaluated by pediatric neurologist and LP.



0359T Behavior identification assessment (Face to ~~Face QHCP)~~

[untimed]

- Review psych and neurology testing and pediatrics report
- Interview mother, get history, and current complaints
- Observe youth to validate DSM diagnosis
- Complete Functional Behavioral Assessment Checklist
- Discuss initial impression of the nature of the behavior challenge
- Establish daily Exposure Assessment Schedule

- 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.

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:

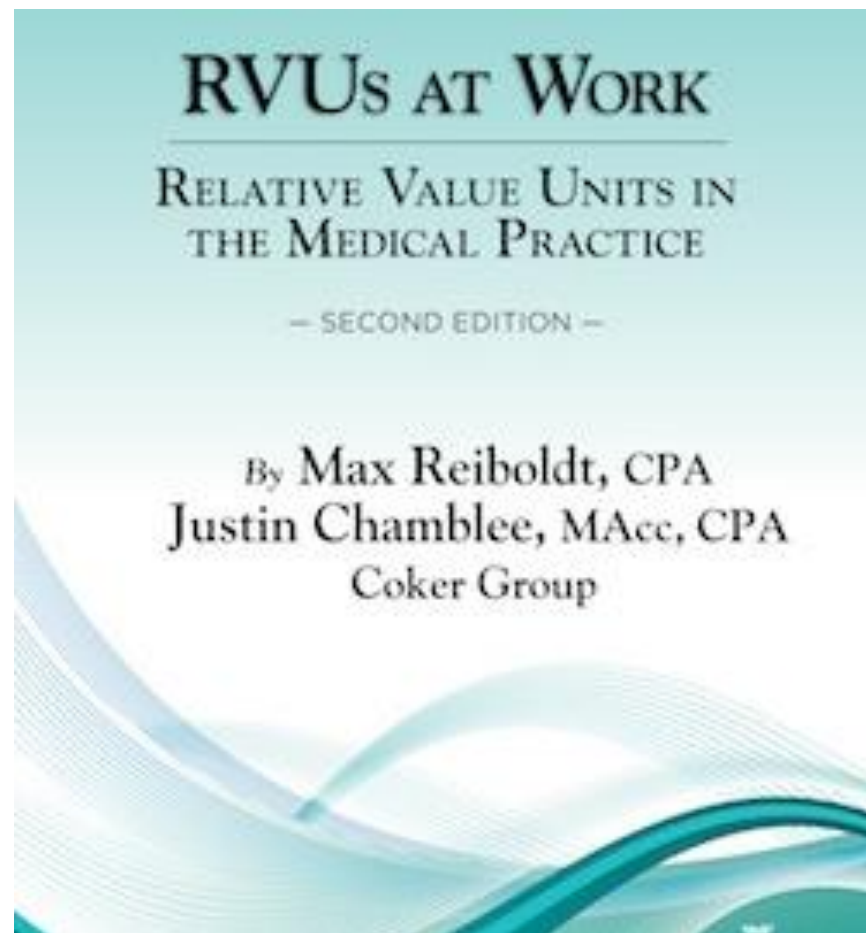
- 0372T Adaptive behavior social skills group
- ~~QHCP led~~
- QHCP works with a group of children either in a center based program or at a clinic
- Focus on teaching communication and social skills for children needing such assistance

How Much Reimbursement?

- At present reimbursement rates must continue to be ~~negotiated with~~ individual payers...
- Over the next three years we will apply to convert these codes into Level I codes which will involve a survey of utilization patterns and costs.

Reimbursement Rates...

At that point, Relative Value Amounts will be established for Each ABA Code



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B. Shain



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