

TRICARE ACD: Provider Information Meeting 2019 Category I Current Procedural Terminology Codes And Beyond

January 2019



“Medically Ready Force...Ready Medical Force”

Agenda



- New Category I Codes
- CPT Crosswalk Table
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- CPT 97153
- CPT 97155
- T1023
- Concurrent Billing
- MUEs
- Documentation
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published 1/4/2019
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New Category I CPT Codes



- New Category I CPT codes replaced Category III CPT codes January 1, 2019.
- Autism Care Demonstration (ACD) has a direct crosswalk between previously covered Category III to Category I CPT codes.
- Future manual changes may include coverage of additional codes.
 - Currently under review by DHA.
- Reimbursement rates and direct-to-patient services have not changed.

Crosswalk Table



TRICARE ACD: ADAPTIVE BEHAVIOR SERVICE CATEGORY III TO I CPT CROSSWALK

CATEGORY III CPT CODES UNTIL 12/31/18

CATEGORY I CPT CODES BEGINNING 1/1/19

	CATEGORY III CPT CODES UNTIL 12/31/18						CATEGORY I CPT CODES BEGINNING 1/1/19					
	CPT III Codes	Description	Required Session Participants	Approved Rendering Provider Type	Timing	MUEs	CPT I Codes	Description	Required Session Participants	Approved Rendering Provider Type	Timing	MUEs
Assessment	0359T	Behavior identification assessment by the physician or other qualified healthcare professional, face-to-face with patient and caregiver(s). Includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.	client, QHP	BCBA-D BCBA Assistant	untimed	1 unit/6 months	97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	client, QHP	BCBA-D BCBA Assistant	per 15 min	16 units/6 months *All 16 units must be billed within a 2-week period
	0360T/ 0361T	Observational behavioral follow-up assessment/Supervised fieldwork	client, technician QHP	BCBA-D BCBA Assistant	per 30 min	6 units/day (3 hr/day)	No longer covered CPT code					
	T1023	PDDBI Assessment	BCBA only	BCBA-D/ BCBA	untimed	1 unit/6 months	T1023	PDDBI Assessment	BCBA only	BCBA-D/ BCBA	untimed	1 unit/6 months
Treatment	0364T/ 0365T	Adaptive behavior treatment by protocol administered by technician, face-to-face with one patient; first 30 minutes of technician time.	client, technician (QHP may substitute for the technician)	BCBA-D BCBA Assistant BT	per 30 min	16 units/day (8 hrs/day)	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.	client, technician (QHP may substitute for the technician)	BCBA-D BCBA Assistant BT	per 15 min	32 units/day (8 hrs/day)
	0368T/ 0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified healthcare professional with one patient; first 30 minutes of patient face-to-face time.	client, QHP; may include technician and/or caregiver	BCBA-D BCBA Assistant	per 30 min	4 units/day (2 hrs/day)	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.	client, QHP; may include technician and/or caregiver	BCBA-D BCBA Assistant	per 15 min	8 units/day (2 hrs/day)
	0370T	Family adaptive behavior treatment guidance administered by physician or other qualified healthcare professional (without the patient present).	caregiver and QHP	BCBA-D BCBA Assistant	untimed	1 unit/day	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	caregiver and QHP	BCBA-D BCBA Assistant	per 15 min	8 units/day (2 hrs/day)

Behavior identification assessment CPT 97151



- 14 day clarification
 - Clock starts- the first time CPT 97151 is rendered.
- After the initial assessment is complete, CPT 97155 can be used to bill for direct services of protocol modification.
- Each day 97151 is provided must have a separate claim.
- Direction to the Managed Care Support Contractors regarding exceptions is underway.

Adaptive behavior treatment by protocol CPT 97153



- No changes to reimbursement rates.
 - BCBA, Assistant, and Behavior technician can render this service and will be paid with the corresponding rate.
- BCBAs can bill CPT 97153 for the direct 1:1 service delivery.
- No modifier needed.

Adaptive behavior treatment with protocol modification CPT 97155



■ Examples of code usage

- Authorized ABA supervisor works directly with the client conducting probes to try out new or revised protocols with or without the BT present.
- Modifying the treatment plan in the context of direct service assessment and probing
- The authorized ABA supervisor works directly with the client to model implementation of new or revised protocols for the BT or parent.

■ Do Not submit claims for BT supervision

■ 4 hours (16 units) added per month (for authorizations issued prior to 1/1/19)

*This slide modified based on feedback to the ACD mailbox.

Outcome Measures

Code T1023



- No changes at this time.
- Only code eligible for GT modifier
- CPT 96102 has been eliminated; however, the new fee schedules have not been published.
- Reimbursement will continue to be based off the geographically adjusted payment for CPT 96102.
- Providers will continue to submit T1023 just as before.

Concurrent Billing



- Billing for two codes performed simultaneously is permitted:
 - When the family and the beneficiary are receiving separate services and the beneficiary is not present in the family session.
 - Example: CPT 97153 occurring with the BT and the beneficiary and then CPT 97156 occurring with the BCBA and the family in two separate locations. Documentation also needs to explicitly state the two separate services occurring in two separate locations.
- Concurrent billing is not permitted:
 - CPT 97153 and CPT 97155 cannot be billed concurrently.

Concurrent Billing



- Table showing when two codes may be billed at the same time:

	97151	97153	97155	97156
97151	N/A	--	--	--
97153	Y	N/A	--	--
97155	N	N	N/A	--
97156	Y	Y	Y	N/A

- The rendering provider must be different for each billed CPT code
- The beneficiary cannot be present in multiple CPT codes (i.e., if billing 97153, the beneficiary cannot be present in 97156).

Medically Unlikely Edits (MUEs)



- Authorizations are issued based on medical necessity.
- MUEs are guides for utilization.
- MUEs are not “limits.”
- MUEs can be exceeded if medically necessary – must submit justification in advance.
- MUEs vary by code and are generally listed as a daily number.
 - The TRICARE crosswalk shows MUEs currently in place.
- Any changes to MUEs are under review for the next manual change and will follow evidence-based literature.

- All rendered ABA services require a session note:
 - 97151
 - 97153
 - 97155
 - 97156
 - T1023
- All criteria for code documentation remains the same, see TRICARE Operations Manual Chapter 18, Section 4, Paragraph 17.0.

Authorizations



- Authorizations issued on or after January 1, 2019 shall be submitted using the new Category I codes for ABA services.
- For services rendered through December 31, 2018, Category III CPT codes will still be submitted.
- New authorizations are not required as a result of the transition from Category III to Category I CPT codes.
 - For authorizations still containing Category III codes, four additional hours of CPT 97155 will be authorized. You may not see this update on the actual authorization.
 - Four additional hours of CPT 97155 will not be added to new authorizations issued on or after January 1, 2019.
- For additional questions regarding an authorization, please contact your regional contractor.

- For authorizations issued before January 1, 2019 (containing Category III CPT Codes):
 - All claims submitted for services performed on or after January 1, 2019 shall be cross-walked automatically to the new Category I CPT codes for ABA services under the existing authorization.
 - Use the crosswalk if needed.
 - Units have changed; therefore billing needs to reflect that time change; i.e. 15 minute increments.
- Do not submit claims for services rendered before January 1, 2019 using the new Category I CPT codes.
- Do not submit claims for services rendered on or after January 1, 2019 using the old Category III CPT codes

Manual Change published January 4, 2019



- Revision to the TRICARE Operations Manual was published on January 4, 2019.
 - This manual change was to provide additional clarification to the manual change that published September 5, 2018 regarding provider requirements.
 - This publication does not contain changes related to the new Category I CPT Codes.
 - Manual change reflecting Category I codes is in process. We will send a note out via GovDelivery when it is published.

Summary



- No change in the direct service to the beneficiary
- No change in reimbursement rates
- No need for updating authorizations issued prior to 1/1/19
- Ensure documentation supports rendered service
- Improving access
 - Overly restrictive supervision requirements are no longer in place.
- Indirect services continue to not be reimbursed
 - Except under CPT 97151

Next Steps



- Continue to work with your MCSCs for procedural/process questions.
- TRICARE Operations Manual, Chapter 18, Section 4 revision anticipated for later this year.
 - Holistic, beneficiary and family-centric benefit
 - Comprehensive approach
 - Increased family support
 - Greater integration of all services related to the diagnosis of ASD
- We would appreciate your input on improvements to policy
 - Please send to dha.acd@mail.mil

Questions and Answers submitted by stakeholders