

# UWIN STANDARDS COMMITTEE

## Adaptive Behavior Services/Applied Behavior Analysis (ABA) Billing Standard

Version 3.1

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### General

The UWIN Standard Adaptive Behavior Services/ABA Billing Standard is compatible with all HIPAA requirements.

### Purpose

Utah legislation S.B.57 of the 2014 General Session requires eligible payers to provide health benefit plan coverage for the treatment of autism spectrum disorder. These services include ABA treatment. The purpose of this UWIN Standard is to detail the billing for the transmission of ABA services in the State of Utah. <sup>1</sup>

### Applicability

This Standard applies to all Adaptive Behavior Services (i.e. ABA) claims. This includes primary, secondary and tertiary claims.

### Basic Concepts

The usage of the codes provided in this standard meets with the services rendered by the health care professional, that fall within the scope of services defined by 2015 S.B. 246 / Utah Code 58-61-7

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<sup>1</sup> S.B.57 can be found at <https://le.utah.gov/~2014/bills/static/sb0057.html>

and sanctions consistent billing to payers. Streamlined Coordination of benefits is an additional benefit of standardizing the procedure codes for these services.

## Definitions

### **Qualified Health Professional (QHP):**

These are providers that are working within the scope of their licensure within the State of Utah, including those who are licensed under Utah Code 58-1-7 or are exempted from licensure under Utah Code 58-61-707 subsections 10-12.

Technicians referenced within the code table below are providing services under the supervision of the QHCP and may not be independently licensed.

### **Billing Codes:**

- *Temporary codes:* Temporary codes are for the purpose of meeting, within a short time frame, the national program operational needs of a particular insurance sector that are not addressed by an already existing national code. Temporary codes do not have established expiration dates.

When permanent codes are established by the AMA those codes will be incorporated within the standard and will replace any temporary codes identified.

- *Permanent Codes:* These codes are for the use of all private and public health insurers.
- *Code Modifiers:* provide additional information regarding the service or item identified by the procedure code.
- *Unit of Time:* Unit of time is attained when the mid-point is passed. Refer to the CPT Code hand book (footnote) for appropriate billing of codes with units of time identified.

## Detail

Providers will use the following codes for billing Adaptive Behavior Services (i.e. ABA services) rendered. Some of the codes used in this standard are temporary codes and may be revised when and if a permanent code is developed as a replacement for these services.

### Assessment for Treatment Plan Development – Initial and Periodic Re-assessment Essential Elements of Applied Behavior Analysis Services:<sup>2</sup>

Development of individualized treatment plan by supervising behavior analyst/QHP. Assessment may include:

- review of file information about client’s medical status, prior assessments, prior treatments;
- stakeholder interviews and rating scales;
- review of assessments by other professionals;
- direct observation and measurement of client behavior in structured and unstructured situations;
- determination of baseline levels of adaptive and maladaptive behaviors;
- functional behavior analysis.

Code <sup>3</sup>	Descriptor	Attended By	Time/Units	Comments
97151	<b>Behavior identification assessment</b> , administered by a <b>physician or other qualified healthcare professional</b> , 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	per 15 min	May be followed by 97152 or 0362T

<sup>2</sup> Source: Behavior Analyst Certification Board (2014). Applied Behavior Analysis Treatment for Autism Spectrum Disorders: Guidelines for Healthcare Funders and Managers. Littleton, CO: Author. Available at <http://bacb.com/asd-practice-document/>

<sup>3</sup> All payers utilized some combination of HCPCS codes prior to the development of the Category III CPT® code set to report ABA services. Some payers continue to use HCPCS codes for this purpose.

97152	<b>Behavior identification supporting assessment</b> , administered by one <b>technician</b> under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes.	client, technician (QHP may substitute for the technician)	per 15 min	
<b>Functional Analysis of Severe Maladaptive Behaviors in Specialized Settings</b>				
Code	Descriptor	Attended By	Time/Units	Comments
0362T	<p><b>Behavior identification supporting assessment</b>, each 15 minutes of <b>technicians'</b> time face-to-face with a patient, requiring the following components:</p> <ul style="list-style-type: none"> <li>administered by the physician or other <b>qualified healthcare professional who is on site</b><sup>4</sup>;</li> <li>with the assistance of two or more technicians;</li> <li>for a patient who exhibits destructive behavior;</li> <li>completed in an environment that is customized to the patient's behavior.</li> </ul>	Client and 2 or more technicians; QHP on site	per 15 min	

<sup>4</sup> "On site" is defined as immediately available and interruptible to provide assistance and direction throughout the performance of the procedure; however, the physician or other qualified healthcare professional does not need to be present in the room when the procedure is performed.

**Direct Treatment**

**Essential Elements of Applied Behavior Analysis Services:**

Implementation and management of treatment plan by supervising behavior analyst/QHP. Includes:

- Training technicians to
  - a) carry out treatment protocols accurately, frequently, and consistently;
  - b) record data on treatment targets;
  - c) record notes;
  - d) summarize and graph data.
- Training family members and other caregivers to implement selected aspects of treatment plan.
- Ongoing supervision of technician and caregiver implementation.
- Ongoing, frequent review and analysis of direct observational data on treatment targets.
- Modification of treatment targets and protocols based on data.
- Training technicians, family members, and other caregivers to implement revised protocols.

Code	Descriptor	Attended By	Time/Units	Comments
97153	<p><b>Adaptive behavior treatment by protocol</b>, administered by <b>technician</b> under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.</p>	Client, Technician	per 15 min	<p>If QHP is directing the technician without the client present, this is a bundled service and is captured by the codes above and below. If the QHP<sup>4</sup> is directing a technician or caregiver with the client present, report using the 97155 code below. 97155 may be reported concurrently with technician delivered services 97153 when the patient is present, one or more protocols have been modified, and the QHP is directing the technician.</p> <p>Responsibilities required for this task include indirect work completed by the QHP and/or Technician before (e.g., selection of treatment targets, collaboration with family members and other stakeholders, training</p>

				Technician, creating materials, gathering materials, reviewing data) and after (e.g., entering and analyzing data, revising protocols) the direct service by the Technician.
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**Direct Treatment of Severe Maladaptive Behavior in Specialized Settings**

Code	Descriptor	Attended By	Time/Units	Comments
0373T	<p><b>Adaptive behavior treatment with protocol modification,</b> each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:</p> <ul style="list-style-type: none"> <li>administered by the <b>physician or other qualified healthcare professional who is on site<sup>5</sup></b>;</li> <li>with the assistance of two or more technicians;</li> <li>for a patient who exhibits destructive behavior;</li> <li>completed in an environment that is customized, to the patient's behavior.</li> </ul>	Client and 2 or more Technicians; QHP on site	per 15 min	

Direct Treatment by QHP				
Code	Descriptor	Attended By	Time/Units	Comments
97155	<p><b>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.</b></p>	<p>Client, QHP, may include technician and/or caregiver</p>	<p>per 15 min</p>	<p>May include demonstration, observation and direction of implementation and modification of protocol. May include technician(s), caregiver(s), and client.</p> <p>If QHP is directing the technician without the client present, this is a bundled service and is captured by the codes above and below. If the QHP is directing a technician or caregiver with the client present, 97155 may be reported concurrently with technician delivered services 97153 or 97154 when the patient(s) is present, one or more protocols have been modified, and the QHP is directing the technician.</p> <p>Responsibilities required for this task include indirect work completed by the QHP before (e.g., selection of treatment targets, collaboration with family members and other stakeholders, creating materials, gathering materials, reviewing data) and after (e.g., entering and analyzing data, revising protocols) the direct service by the QHP.</p>

<b>Group Treatment</b>				
<b>Code</b>	<b>Descriptor</b>	<b>Attended By</b>	<b>Time/Units</b>	<b>Comments</b>
97154	<b>Group adaptive behavior treatment by protocol,</b> administered by <b>technician</b> under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes.	2 or more clients, Technician (QHP may substitute for technician)	per 15 min	
97158	<b>Group adaptive behavior treatment with protocol modification,</b> administered by <b>physician or other qualified healthcare professional,</b> face-to-face with multiple patients, each 15 minutes.	2 or more clients and QHP	per 15 min	
<b>Family Training</b>				
<b>Code</b>	<b>Descriptor</b>	<b>Attended By</b>	<b>Time/Units</b>	<b>Comments</b>
97156	<b>Family adaptive behavior treatment guidance,</b> administered by <b>physician or other qualified healthcare professional</b> (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	Caregiver and QHP	per 15 min	With or without client present
97157	<b>Multiple-family group adaptive behavior treatment guidance,</b> administered by <b>physician or other qualified healthcare professional</b> (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.	Caregivers of 2 or more clients and QHP	per 15 min	Caregivers of 2 or more clients, Without the client present



## Implementation

### Provider:

When billing a national payer not subject to UID Uniform Billing Rule 590-164, providers may need to create/utilize a crosswalk for the procedure codes. (Crosswalk examples can be found in [Appendix A](#))

Providers will need to understand what services and types of providers are allowed to be billed to each payer.

Providers may see claims denied as a non-qualified provider when in fact it is the service that is not a covered benefit. In this instance, the provider should work with the payer to have a corrected denial that indicates the service is the issue not the provider.

### Payers:

Those payers that are subject to UID Uniform Billing Rule 590-164 are required to accept all codes represented in this standard that are sent in a claim from the appropriate provider.

Payers may not pay all provider types; it is the responsibility of the provider to know what provider types are eligible to provide services for each payer.

When a payer receives a claim for an out-of-network service, (e.g. closed PPO) it is recommended that the denial address the service and not the provider. This will streamline the COB process and allow the secondary payer to pick up the services when the primary payer does not provide a benefit.

## History

	Original	V3.1	V3.2
<b>ORIGINATION DATE</b>	9/14/2016	12/20/2018	
<b>APPROVAL DATE</b>	5/3/2017	1/2/2019	
<b>EFFECTIVE DATE</b>	6/3/2017	2/2/2019	

## Appendix A – Code Crosswalk

The intent of the crosswalk is to facilitate the transition between temporary codes and permanent codes. However, there will be cases in which the temporary HCPCS codes are related to multiple permanent codes; in this case, the descriptors must be examined to determine the appropriate permanent code.

Code	Descriptor	HCPCS Code(s)
<b>Assessment for Treatment Plan Development – Initial and Periodic Re-assessment</b>		
97151	<b>Behavior identification assessment</b> , administered by a <b>physician or other qualified healthcare professional</b> , 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.	H0031, H0032, 96150, 96151, G8539, 99347, H2019, H2020, 90899, S9480, 99499  Retired T Code: 0359T
97152	<b>Behavior identification supporting assessment</b> , administered by one <b>technician</b> under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes.	H0031, H0032, 96150, 96151, G8539, 99347, H2019, H2020, 90899, S9480, 99499  Retired T Codes: 0360T and 0361T
<b>Functional Analysis of Severe Maladaptive Behaviors in Specialized Settings</b>		
0362T	<b>Behavior identification supporting assessment</b> , each 15 minutes of <b>technicians'</b> time face-to-face with a patient, requiring the following components: <ul style="list-style-type: none"> <li>administered by the physician or other <b>qualified healthcare professional who is on site</b>;</li> <li>with the assistance of two or more technicians;</li> <li>for a patient who exhibits destructive behavior;</li> <li>completed in an environment that is customized to the patient's behavior.</li> </ul>	H2019, H2020, 90899, S9480, 99499, H0031, H0032, 99347, 96150, 96151, G8539  Retired T Code: 0363T
<b>Direct Treatment</b>		
97153	<b>Adaptive behavior treatment by protocol</b> , administered by <b>technician</b> under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.	H2019, H2020, 90899, S9480, 99499, 96152, 96153, 96154, 96155, 99347, G8539, T1016  Retired T Codes: 0364T and 0365T
<b>Direct Treatment of Severe Maladaptive Behavior in Specialized Settings</b>		

0373T	<p><b>Adaptive behavior treatment with protocol modification</b>, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:</p> <ul style="list-style-type: none"> <li>administered by the <b>physician or other qualified healthcare professional who is on site</b>;</li> <li>with the assistance of two or more technicians;</li> <li>for a patient who exhibits destructive behavior;</li> <li>completed in an environment that is customized, to the patient's behavior.</li> </ul>	<p>H2019, H2020, 90899, S9480, 99499, H0031, H2012, 96152, 96153, 96154, 96155, 99347, G8539, T1016</p> <p>Retired T Code: 0374T</p>
<b>Direct Treatment by QHP</b>		
97155	<p><b>Adaptive behavior treatment with protocol modification</b>, administered by <b>physician or other qualified healthcare professional</b>, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.</p>	<p>H2012, H2019, 96152-96155, G9012, H0032, 99080, 90887, S5108, S5110, S5115, G8542</p> <p>Retired T Codes: 0368T, 0369T, 0360T*, and 0361T*</p> <p>*TRICARE</p>
<b>Group Treatment</b>		
97154	<p><b>Group adaptive behavior treatment by protocol</b>, administered by <b>technician</b> under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes.</p>	<p>H2014, H2020</p> <p>Retired T Codes: 0366T and 0367T</p>
97158	<p><b>Group adaptive behavior treatment with protocol modification</b>, administered by <b>physician or other qualified healthcare professional</b>, face-to-face with multiple patients, each 15 minutes.</p>	<p>H2014, H2020</p> <p>Retired T Code: 0372T</p>
<b>Family Training</b>		
97156	<p><b>Family adaptive behavior treatment guidance</b>, administered by <b>physician or other qualified healthcare professional</b> (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.</p>	<p>S5110, S5111</p> <p>Retired T Code: 0370T</p>
97157	<p><b>Multiple-family group adaptive behavior treatment guidance</b>, administered by <b>physician or other qualified healthcare professional</b> (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.</p>	<p>S5110, S5111</p> <p>Retired T Code: 0371T</p>