

CPT® Code Changes for 2019:

Applied Behavior Analysis (ABA) FAQ for Individual and Group Providers\* Contracted with HCPCS Codes

The American Medical Association (AMA) announced [CPT Code Changes for 2019](https://www.ama-assn.org/ama-releases-2019-cpt-code-set) and several associations involved with behavior analysis have also formally announced to their membership, changes to CPT coding for reporting Applied Behavior Analysis (ABA). Specific information was released in the 2019 edition of the CPT code book.

The Steering Committee for the ABA Services Workgroup comprised of representatives from the Association for Behavior Analysis International, the Association of Professional Behavior Analysts, Autism Speaks and the Behavior Analyst Certification Board posted background on the new codes as well as a Treatment Code Conversion Table showing a crosswalk between the 2014 and 2019 codes, to be used as a general reference:

* [Adaptive Behavior Assessment and Treatment Code Conversion Table](https://www.autismspeaks.org/sites/default/files/Letter%20from%20CPT%20Steering%20Committee%20on%20new%20codes.pdf)

Helpful information is also compiled on the ABA Coding Coalition website, including a “CPT Assistant” article: <https://abacodes.org>

\*Note: This FAQ applies to ABA Groups and solo BCBAs who will use the new CPT codes for services on and/or after March 30, 2020; all these providers will have received their formal Notice of Amendment letter by the end of September, 2019. Some ABA Agencies/Facilities may still be in process of transitioning to a Group Model set-up in Optum systems, and until they are fully transitioned, these providers will continue to utilize the HCPCS codes. Once transitioned, providers will be notified via a formal Notice of Amendment and new Fee Schedule reflecting rates for the new CPT Codes.

Many of the following questions were submitted by providers; we will continue to update this FAQ as more questions are received and as additional information becomes available.

**Q1: What should a practice or provider do to prepare for CPT code changes?**

A1: All providers should become familiar with the new codes so you know when and how to use them. Be sure you coordinate with your billing support or vendors, including your billing software vendor or Electronic Data Interchange (EDI) clearinghouse, to make sure they are ready.

**Q2: When will Optum begin utilizing the 2019 CPT Code set for Autism / Applied Behavior Analysis?**

A2: Optum will be implementing the new codes effective with Dates of Service on and after March 30, 2020. Providers should continue to submit under the HCPCS codes for Dates of service through March 29, 2020.

Implementation of the new CPT code set (eight new Permanent and two temporary codes retained from 2018) will be rolling out as follows:

* For providers serving commercial memberships, Optum will amend contracts so that providers of ABA services will be reimbursed using the new ABA CPT code set instead of HCPCS codes.
* For providers serving Medicaid memberships, contract amendments and use of the new ABA CPT code set will generally be directed by the state Medicaid agencies.

**Q3: Will there be a testing period for the new codes? If so, when will that occur, for how long, and what codes will be used to process claims during the testing phase?**

A3: Optum will not have a testing period for the new codes

**Q4: Will there be a dual use or grace period?**

A4: No. No grace period for implementation will be utilized for the CPT codes. Providers will no longer utilize HCPCS codes for ABA services for DOS effective March 30, 2020 forward.

**Q5: How will authorizations be handled, once provider notification has occurred? Will authorizations be transitioned or run out? Will current authorizations still apply and be converted or will I need to request a new authorization?**

A5: Effective Monday September 30, 2019 all providers will begin receiving authorizations with HCPCS Codes for DOS through 3/29/2020 and authorizations for any dates of service after 3/30/2020 with CPT codes.

**Q6: Will these changes affect my Agreement with Optum?**

A6: INN provider Agreements are updated effective March 30, 2020.

**Q7: Do these changes affect my Fee Schedule with Optum?**

A7: For providers serving commercial memberships currently contracted with and submitting claims for ABA services, contracts and fee schedules have been amended with new codes and rates.

For providers serving Medicaid memberships currently contracted with and submitting claims for ABA services using HCPCS codes, please continue to submit with the HCPCS codes for 2019 services until further notice. Providers of Medicaid memberships may receive updated fee schedules after the rates from the state Medicaid agency are published by the state, if applicable.

**Q8: How is reimbursement determined?**

A8: For providers serving commercial memberships, rate development is guided by such factors as industry standard reimbursement rates, geographic location and access need. These current code set changes require significant modifications to our clinical and claim system platforms. We are making unilateral fee schedule adjustments to accommodate the new code sets.

For providers serving Medicaid memberships, generally each state’s applicable Medicaid agency establishes rates.

**Q9: Will Optum be negotiating new fee schedules?**

A9: No. We do not anticipate needing to negotiate new fee schedules; all providers serving commercial memberships who currently have rates associated with HCPCS Procedure codes for ABA will be provided with a new fee schedule that includes rates for the updated ABA code set.

**Q10: What is the definition of the new CPT Codes?**

A10: Refer to the Standard Edition of the 2019 CPT code book issued by the AMA.

**Q11: How long is a unit with the new CPT Codes?**

A11: 15 minutes

**Q12: What changes/advantages are being made to the Optum ABA Program with the roll-out of these new codes?**

A12: Changes and advantages include:

* ability to utilize your BCaBAs as BCBA extenders, billing with the outlined modifiers under your group model
* modifiers are to be used in billing to reflect the credentials of staff delivering services and to allow for proper claims payment (HN = Bachelor's degree level – BCaBA; HM = less than Bachelor's degree level – Behavior Technician)
* ability to bill concurrently for both Supervisors and Behavior Technicians services during the supervision time, billing with 97153 and 97155
* ability to utilize Behavioral Technicians for ABA Assessments billing with 97152

**Q13: Are any modifiers changing with the launch of the new 2019 CPT code changes?**

A13: Yes: when Optum utilizes the new 2019 ABA CPT code set, modifiers will be included. Modifiers are to be used in billing to reflect the credentials of staff delivering services and to allow for proper claims payment (HN = Bachelor's degree level -- BCaBA; HM = less than Bachelor's degree level -- Behavior Technician).

**Q14: Will Optum be using any HCPCS codes for indirect services such as treatment planning?**

A14: Once the transition to the new 2019 CPT codes is made Optum will no longer utilize HCPCS codes for ABA services. Please reference the 2019 CPT code book for how indirect treatment planning is covered under the new code set.

**Q15: Will Optum use the temporary codes included in the 2019 CPT code release (0362T and 0363T)?**

A15: Yes, we will adopt these codes for use in 2019 with the new CPTs (at a later date).

**Q16: Where can I find more information on the changes?**

A16: Refer to the links above as well as the 2019 CPT code book issued by the AMA. The AMA released their 2019 CPT code book in October. Resources for purchasing are readily available online and in bookstores.