



Detroit Wayne Mental Health Authority

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Bulletin: 16-005

Issued: August 22, 2016
REISSUED with Changes

Effective: October 1, 2016

Subject: Autism Benefit Phase III – Code Changes

Provision of Service Affected: Autism Benefit for Children and Adults Under 21 Years of Age

Approved codes: See Coding Charts for ABA Benefit
FAQ's for Overlapping Services/Codes

Guidance Usage:

The purpose of this Bulletin is to provide information on changes in the codes for the coverage of Behavioral Health Treatment (BHT) services, including Applied Behavior Analysis (ABA), for children and adults under 21 years of age with Autism Spectrum Disorders (ASD), and eligible for the services as determined by a qualified licensed practitioner.

All children, including children with ASD, must receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services designed to assure early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions.

The Centers for Medicare and Medicaid (CMS) approved the state plan amendment on 12/23/2015. The approval included ASD /ABA services covered for children and adults under 21 years of age under the EPSDT benefit.

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Background:

The American Academy of Pediatrics (AAP) endorses early detection of developmental disorders as being critical in ensuring appropriate intervention and positive outcomes for children and families. An initial screening occurs by the pediatrician or family physician, at which time a referral for a more comprehensive diagnostic evaluation is required the child receives BHT services. The comprehensive diagnostic evaluation is a neurodevelopmental review of the child's cognitive, behavioral, emotional, adaptive, and social functioning, and must include the use of industry approved evaluation tools.

Based on the evaluation, the practitioner determines the child's diagnosis, recommends general ASD treatment interventions, and refers the child for a behavior assessment which is provided or supervised by a BCBA, QBHP, BCaBA, or qualified LLP to recommend more specific ASD treatment interventions. The diagnostic evaluations are performed by a qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD.

Determination of ASD diagnosis are to be performed by a qualified licensed practitioner working within their scope of practice and who is experienced in diagnosing ASD. A qualified licensed practitioner includes: a physician with a specialty in psychiatry or neurology; a physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline; a physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health; a fully/limited licensed psychologist; an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health; a physician assistant with training, experience, or expertise in ASD and/or behavioral health; a licensed clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD; and working within their scope of practice and license.

The ASD Benefit is now including the use of tele-practice services. All tele-practice providers must be prior authorized by the Detroit Wayne Mental Health Authority **and** Michigan Department of Health and Human Services (MDHHS). Tele-practice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services. Tele-practice must be obtained through real-time interaction between the child's and adult's* physical location (patient site) and the provider's physical location (provider site). Tele-practice services are provided to patients through hardwire or internet connection. It is the expectation that providers, facilitators, and staff involved in tele-practice are qualified and trained in the use of equipment and software prior to servicing patients. Qualified providers of behavioral health services include Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analysts (BCaBA), Licensed Psychologists (LP), Limited Licensed Psychologists (LLP), and Qualified Behavioral Health Professionals (QBHP). Providers of tele-practice services must be currently certified by the Behavior Analyst Certification Board (BACB), be a QBHP enrolled in a BACB degree program, **or may hold a master's degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution,** be

licensed in the State of Michigan as a fully licensed psychologist, or be a practitioner who holds a limited license and is under the direction of a fully licensed psychologist. Providers must ensure the privacy of the child and adult* and secure any information shared via tele-practice.

*For the purpose of the Autism Benefit, adult is an individual under the age of 21 years old

Definitions:

AH Modifier: Must be reported when a Clinical Psychologist provides BHT/ABA observation and direction of BHT/ABA services.

AJ Modifier: Must be reported when a Clinical Social Worker provides BHT/ABA observation and direction of BHT/ABA services.

AN Modifier: Must be reported when the assessment is an Annual Diagnosis Re-evaluation using the ADOS-2 and the DD-CGAS.

Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) services: Behavioral Health Treatment (BHT) services, including Applied Behavior Analysis (ABA), for children under 21 years of age with Autism Spectrum Disorders (ASD). All children, including children with ASD, must receive EPSDT services that are designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions, so that health problems are averted or diagnosed and treated as early as possible.

Comprehensive Behavioral Intervention (CBI): Use U5 and TG with H2019 when reporting CBI services.

Developmental Disabilities – Children’s Global Assessment Scale (DD-CGAS): The rating of symptom severity during the comprehensive diagnostic evaluation must be performed by a qualified licensed practitioner utilizing the DD-CGAS.

Focused Behavioral Intervention (FBI): Use U5 and TF modifier with H2019 when reporting FBI services.

GT Modifier: Must be reported when using DWMHA **and** MDHHS pre-approved Tele-practice services that are HIPAA-HITECH compliant.

Healthcare Provider Modifier: The level of provider is mandatory on all codes associated with BHT/ABA. Use only one modifier that most closely reflects the credentials of the provider: AH to identify clinical psychologist provider; AJ to identify clinical social work provider; HN to identify bachelor’s degree provider; HO for other master’s degree provider; and HP for other doctoral level degree provider. No modifier for aide-level/behavior technician (BT).

HN Modifier: Must be reported when a Bachelor's degree level provider (BCaBA) of BHT/ABA is providing observation and direction of BHT/ABA service or family behavior treatment guidance.

HO Modifier: Must be reported when a Master's degree level provider of BHT/ABA is providing observation and direction of BHT/ABA service or family behavior treatment guidance.

HP Modifier: Must be reported when a Doctoral degree level provider of BHT/ABA is providing observation and direction of BHT/ABA service or family behavior treatment guidance.

TF Modifier: Must be reported when delivering FBI services.

TG Modifier: Must be reported when delivering CBI services.

TT Modifier: Must be reported when multiple children are receiving services at the same time in a group as well as when there is family training/guidance of more than one guardian/caregiver at the same time. Maximum billing of 8 children or family.

U5 Modifier: Must be reported on the eligibility assessments, BHT/ABA CPT codes, diagnostic evaluations and re-evaluations.

Codes:

See attached Codes with Service Description (June 2016) and MSA Bulletin 16-23.

See attached FAQs for Codes/Services that overlap.

For additional information please submit your questions to procedure.coding@dwmha.com

References: Michigan Department of Health and Human Services, MSA Bulletin 16-23
Michigan Medicaid Provider Manual, July 1, 2016
Michigan Department of Health and Human Services, Provider/Staff
Qualifications, June 1, 2016
Michigan Department of Health and Human Services, HCPCS/CPT Code
Grid, June 1, 2016

*For the purpose of the Autism Benefit, adult is an individual under the age of 21 years old

**THE FOLLOWING CODES AND MODIFIERS ARE
REQUIRED WHEN REPORTING SERVICES USING THE
U5 MODIFIER FOR THE AUTISM BENEFIT EFFECTIVE
10/1/2016**

ANY CODE NOT ON THIS LIST MUST BE BILLED TO THE MCPN

This means no code change

***Denotes ABA services via tele-practice option with DWMHA and MDHHS prior authorization.**

References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – DIAGNOSTIC/ELIGIBILITY DETERMINATION

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
90791 U5		11 = Office	Psychiatric diagnostic evaluation without medical services. Assessments and Evaluations to determine eligibility for BHT/ABA	Encounter	Psychiatrist or psychiatric mental health nurse practitioner	Bill to Autism Benefit
90792 U5		11 = Office	Psychiatric diagnostic evaluation with medical services. Assessments and Evaluations to determine eligibility for BHT/ABA	Encounter	Psychiatrist	Bill to Autism Benefit
90833 U5		11 = Office	<i>Add on code = Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) Use with E/M and psychotherapy.</i>	Add-on Code	Psychiatrist	Bill to Autism Benefit
90836 U5		11 = Office	<i>Add on code = Psychotherapy, 45 minutes when performed with an evaluation and management service. (List separately in addition to the code for primary procedure.) Use with E/M and psychotherapy.</i>	Add-on Code	Psychiatrist	Bill to Autism Benefit
90838 U5		11 = Office	<i>Add on code = Psychotherapy, 60 minutes when performed with an evaluation and management service. (List separately in addition to the code for primary procedure.) Use with E/M and psychotherapy.</i>	Add-on Code	Psychiatrist	Bill to Autism Benefit

This means no code change
*Denotes ABA services via tele-practice option with DWMHA and MDHHS prior authorization.
References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – DIAGNOSTIC/ELIGIBILITY DETERMINATION

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
90785 U5		11 = Office	<i>Add on code</i> = Interactive complexity psychiatry services and procedures. (List separately in addition to the code for primary procedure.) Use with 90791 or 90792	Add-on Code	Psychiatrist	Bill to Autism Benefit
96101 U5		11 = Office	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g. MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.	Hour	Psychologist	Bill to Autism Benefit
96102 U5		11 = Office	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g. MMPI, and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	Hour	Mental health professional or Licensed Bachelor's social worker or Limited-licensed Bachelor's or Master's Social Worker acting within their scope of practice under the supervision of a mental health professional who is fully licensed Master's Social Worker	Bill to Autism Benefit

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ABA – DIAGNOSTIC/ELIGIBILITY DETERMINATION

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
96118 U5		11 = Office	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Batter, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.	Hour	Psychologist	Bill to Autism Benefit
96119 U5		11 = Office	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Batter, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	Hour	Psychologist	Bill to Autism Benefit
H0031 U5 **H0031 U5 AN for Annual or Re-evaluation for re-determination		11 = Office	Mental health or assessment by non-physician NOTE: The determination of eligibility for BHT must be performed by a qualified licensed practitioner through direct supervision utilizing the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2) and the DD-CGAS to rate symptom severity.	3/Day	Qualified Licensed Practitioner QBHP	Bill to Autism Benefit Use to conduct the ADOS-2, ADIR, & DD-CGAS for diagnostic and eligibility determination

This means no code change

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References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – AUTISM BEHAVIORAL ASSESSMENT

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
*S5108 U5	*0368T	11 = Office 12 = Home *GT = Tele-practice	Adaptive behavior treatment with protocol modification and clinical observation & direction administered by qualified professional first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	Billable to Autism Benefit May include protocol demonstration to technician (s), guardian (s), with child present. Use GT modifier if utilizing tele-practice
	*+0369T	11 = Office 12 = Home *GT = Tele-practice	Adaptive behavior treatment with protocol modification and clinical observation & direction administered qualified professional each additional 30 minutes	Each additional 30 minutes		
*H2019 U5 **FBI services	*0364T TF	11 = Office 12 = Home *GT = Tele-practice	Adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BT	Billable to Autism Benefit Technician implements behavior plan of care developed by BCBA, QBHP, BCaBA, Qualified LLP in consultation with family.
*H2019 U5 TG **CBI services	*+0365T TG		Adaptive behavior treatment by protocol administered by technician each additional 30 minutes	Each additional 30 minutes		

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References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – AUTISM BEHAVIORAL ASSESSMENT

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
H0031	0359T U5 and provider level	11 = Office 12 = Home	<p>Behavior identification assessment; includes interpretation of results and development of the behavioral plan of care.</p> <p>Note: This process is similar to reporting for psychological assessments (i.e. administration of a standardized tool, interpretation/recommendations, and preparation of report should all be completed).</p>	Encounter	BCBA, BCaBA or QBHP, LP/LLP	<p>May also include intake review of documents, interview with parents (i.e. history, current status), child observation, discussion of findings and recommendations with the parent/guardian(s)/individual. Administration of skill assessment tool face-to-face with the child. Assessment tool examples include, but are not limited to: ABLLS-R, VB-MAPP, AFLS, etc. <u>These tools</u> are required every six months.</p> <p>Report one encounter for all listed activities. Encounter should be submitted after the completion of all activities using the first face-to-face contact as the date of service.</p>

This means no code change
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References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – AUTISM BEHAVIORAL ASSESSMENT

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
H0031	0362T U5 and provider level	11 = Office 12 = Home	**Behavioral follow-up assessment (Functional Behavior Analysis/FBA)	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	Includes qualified provider onsite for observation of child, direct testing of environmental conditions with assistance of technician(s). If assessment occurs over multiple days, provider will report first 30 and each additional 30 minute unit(s) for each date of service. See page 5, #4. **If a behavior plan following a FBA involves any restrictive or intrusive interventions aimed at reducing defined target behavior(s), the author of the plan must follow the MDHHS Technical Requirement (TR) for Behavior Treatment Plan Review and receive PIHP/CMHSP Committee approval prior to implementation of the intervention(s) and plan.
	+0363T U5 and provider level		**Behavioral follow-up assessment (FBA), each additional 30 minutes	Each additional 30 minutes		

This means no code change

***Denotes ABA services via tele-practice option with DWMHA and MDHHS prior authorization.**

References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – AUTISM BEHAVIORAL OBSERVATION AND DIRECTION

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
*S5108	*0368T U5 and provider level	11 = Office 12 = Home	Clinical observation & direction of adaptive behavior treatment with protocol modification administered by qualified professional first 30 minutes.	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	May include protocol demonstration to technician(s), guardian(s), with child present. Must co-occur with 0364T-0367T in order to be reported.
	*+0369T U5 and provider level	*GT if via tele-practice	Clinical observation & direction of adaptive behavior treatment with protocol modification administered by qualified professional each additional 30 minutes.	Each additional 30 minutes		

This means no code change
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References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – AUTISM BEHAVIORAL INTERVENTION

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
*H2019 U5	*0364T U5 and provider level and TG or TF	11 = Office	Adaptive behavior treatment by protocol administered by technician first 30 minutes.	First 30 minutes	BT	Technician implements ABA behavioral plan of care developed by BCBA or other qualified provider in consultation with family.
	*+0365T U5 and provider level and TG or TF	12 = Home *GT if via tele-practice	Adaptive behavior treatment by protocol administered by technician each additional 30 minutes.	Each additional 30 minutes		May involve a BCBA, BCaBA or QBHP, LP/LLP to deliver this service as well, but the primary provider is a BT. *Use GT modifier if utilizing tele-practice
H2019 U5 TT	0366T U5 and provider level and TG or TF	11 = Office	Group adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BT	Administered by BT face to face with multiple children. Maximum of 8 children
	+0367T U5 and provider level and TG or TF	11 = Office	Group adaptive behavior treatment by protocol administered by technician additional 30 minutes	Each additional 30 minutes		
H2019 U5 TT	0372T U5 and provider level	11 = Office	Adaptive behavior treatment social skills group. Untimed typically 90-105 minutes	Encounter	BCBA, BCaBA or QBHP, LP/LLP	Administered by qualified provider face to face with multiple children. Maximum 8 children.

This means no code change
*Denotes ABA services via tele-practice option with DWMHA and MDHHS prior authorization.
References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

ABA – AUTISM BEHAVIORAL INTERVENTION

Prior CODE	New CODE eff 10/1/16	Place of Service Code	Service Description	Reporting Units	Provider Type	Comments
*S5111 U5	*0370T U5 and provider level HS – Child not present *GT if via tele-practice	11 = Office 12 = Home *GT = Tele-practice	Family behavior treatment guidance administered by qualified professional. Untimed typically 60 - 75 minutes	Encounter	BCBA, BCaBA or QBHP, LP/LLP	<i>Child not required to be present.</i> *Use GT modifier if utilizing tele-practice. Tele-practice is not allowed for group family guidance and training.
S5111 U5 TT	0371T U5 and provider level HS – Child not present	11 = Office	Multiple Family behavior treatment guidance administered by qualified professional. Untimed typically 90-105.	Encounter	BCBA, BCaBA or QBHP, LP/LLP	<i>Child not required to be present.</i> Maximum 8 families. Tele-practice is not allowed for group family guidance and training.
N/A	0373T U5 and provider level	11 = Office	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); first 60 minutes of technician’s time, face to face with child.	First 60 minutes	BT (s)	Service involves two BT’s but <u>still only one encounter reported</u> for the service by one BT. **Refer case to Behavior Treatment Committee prior to implementation. BCBA, BCaBA or QBHP, LP/LLP may also be onsite to direct technicians in implementation utilizing the service encounter for clinical observation and direction.

This means no code change

***Denotes ABA services via tele-practice option with DWMHA and MDHHS prior authorization.**

References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

Legend:

BCBA = Board Certified Behavior Analyst
BCaBA= Board Certified Assistant Behavior Analyst
BT = Behavior Technician
LP/LLP = Licensed and Limited Licensed Psychologist
QBHP= Qualified Behavioral Health Professional

Mandatory Modifiers for all BHT/ABA Codes: Provider Level and U5

MDHHS Code Chart: CPT time rules apply to CPT codes that have specific times: If the time spent in face-to-face with the beneficiary is more than half the time of the code time, then that code should be used. For example, for 16-37 minutes, use the 30 minute code; for 38-52 minutes use the 45 minute code; and for 53 minutes and beyond, use the 60 minute code.

ABAI: CPT specifies, “A unit of time is attained when the mid-point is passed.” Use the tables below to assist in codeselection.

Additional Notes: BCBA, BCaBA, QBHP, or LP/LLP submits all reimbursement requests on behalf of 1) him or herself (own professional time) and 2) Technician (i.e. the time the technician spends face to face working with the child). The technician does report services as the rendering provider while denoting the responsible overseeing clinician’s NPI number.

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 0362T- 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 0364T, 0365T) with face-to-face technician time of 115 minutes: Report 1 unit of 0364T and 3 units of 0365T.

This means no code change

***Denotes ABA services via tele-practice option with DWMHA and MDHHS prior authorization.**

References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

CODES 0362T – 0367T		CODES 0373T – 0374T		CODES 0368T – 0369T	
Face-to Face Technician Time	Report	Face-to Face Technician Time	Report	Face-to Face BCBA, BCaBA or QBHP, LP/LLP Time	Report
Less than 16 min	Not reportable	Less than 31 min	Not reportable	Less than 16 min	Not reportable
16-45 min	0362T 0364T 0366T	31-75 min	0373T	16-45 min	0368T
46-75 min	0362T and 0363T x 1 0364T and 0365T x 1 0366T and 0367T x 1	75-105 min	0373T and 0374T x 1	46-75 min	0368T and 0369T x 1
76-105 min	0362T and 0363T x 2 0364T and 0365T x 2 0366T and 0367T x 2	106-135 min	0373T and 0374T x 2	76-105 min	0368T and 0369T x 2
Each additional increment of up to 30 min	0363T 0365T 0367T	Each additional increment of up to 30 min	0374T	Each additional increment of up to 30 min	0369T

Additional Notes: BCBA, BCaBA, QBHP, or LP/LLP submits all reimbursement requests on behalf of 1) him or herself (own professional time) and 2) Technician (i.e. the time the technician spends face-to-face working with the child). The technician does report services as the rendering provider while denoting the responsible overseeing clinician's NPI number.

This means no code change

***Denotes ABA services via tele-practice option with DWMHA and MDHHS prior authorization.**

References: MDHHS HCPCS/CPT Code Grid, June 2016; MDHHS Provider/Staff Qualifications, June 1, 2016; CPT Manual 2016, HCPCS Manual 2016

FAQs

1. As a Supports Coordinator/Case Manager, can I bill H0032 (Treatment Planning) for Supports Coordination/Case Management services? Does this code overlap with any other services?
 - *No. Treatment Planning is already included as a service in Supports Coordination/Case Management that is billed to the MCPNs.*
 - *Yes. This code does overlap for those clinicians that are participating in the treatment planning meeting, responsible for monitoring the treatment plan and for providing specialty services (e.g., BCBA).*
 - *The clinicians are responsible for monitoring the Treatment Plan and they can bill using H0032 TS (Treatment Plan Monitoring) and bill the Treatment Planning and Treatment Plan Monitoring to the MCPNs.*

2. As a Supports Coordinator/Case Manager, can I bill T1016/T1017 (Supports Coordination/Case Management services) when I am present at the time the ABA assessment is being conducted?
 - *No. This is an indirect service and is not a billable service for Supports Coordination/Case Management.*

3. As a Supports Coordinator/Case Manager, can I bill T1016/T1017 (Supports Coordination/Case Management services) when I am present as the parent/s or guardian/s are given the results of the ABA assessments/evaluations?
 - *No. This is an indirect service and is not billable for Supports Coordination/Case Management.*

4. As a BCBA/BCaBA/QBHP/CMHP, can I bill 96101 (Assessment)?
 - *Yes if you are a Psychologist.*

5. What code do I use when billing for providing training to parents/families/guardians of a child with ASD?
 - *0370T/0371T U5 is the code for Family Training on the BHT/ABA services. The training is to be provided by: BCBA, BCaBA, Psychologist certified as a BCBA by 9/30/20 and QBHP*

6. What is the code to use when determining the different levels of ABA services?

<i>Effective 10/1/16</i>	<i>Code and Modifier</i>
Comprehensive Behavioral Intervention (CBI) = 16+ hours	0364T/0365T/0366T/0367T/0372T U5 TG
Focused Behavioral Intervention (FBI) = 1-15 hours	0364T/0365T/0366T/0367T/0372T U5 TF

7. Can the Bachelor's level clinician provide Observation and Direction of Behavior Technician?

- *The Bachelor's level clinician must be a certified BCaBA in order to provide Observation and Direction of Behavior Technician.*
- *The code, with modifier/s are: 0368T/+0369T U5 HN*

What is the HN modifier?

- *This is the Bachelor's level education modifier.*

8. What is the TT modifier?

- *This identifies services being provided to a group (e.g., consumers, parent/s, guardians, families).*

9. Can I bill for Tele-practice?

- *Tele-practice is a new benefit for BHT/ABA. However, there is a protocol/requirements that must occur before you can bill for this service. The protocol/requirements are:*
 - *Tele-practice services must be approved by both DWMHA and MDHHS prior to use of services*
 - *Tele-practice services are to be provided to individual consumers only!*
 - *Use billable codes 0368T/+0369T U5 GT (Supervision) and 0370T/0371T U5 GT (Family Training)*
 - *You must be an eligible healthcare professional in order to provide the services. If you meet this criteria, you must add (1) of the following modifiers when providing Tele-practice:*

****Please review DWMHA Bulletin 16-003 for further staff qualifications****

Modifier	Degree or License	Certification or Credential
AH	Master's / LLP, TLLP	Clinical Psychologist
AJ	Master's LMSW, LLMSW	Clinical Social Worker
HN	Bachelor's	BCaBA certification
HO	Master's	QBHP (may hold a master's degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution) and CMHP credential
HP	Doctoral / LP, LLP	Psychologist, BCaBA or BCBA certification and QBHP (enrolled in a BACB degree program) or CMHP credential

10. What codes or assessments do I use when conducting the initial evaluation or the annual re-evaluation?

- *Initial Diagnosis Evaluation: The ADOS-2, ADI-R, and the Developmental Disabilities Clinical Global Assessment Scale (DD-CGAS) – use H0031 U5 Annual Diagnosis Re-evaluation: The ADOS-2 & the DD-CGAS – H0031 U5 AN*
- *The ABLLS-R, VB-MAPP and AFLS – use 0359T-U5 The FBA (Functional Behavioral Assessment) – use 0362T-U5/0363T-U5*

11. What two codes can overlap and be billed at the same time?

The only codes that can overlap and be billed at the same time are:

- **Adaptive Behavioral Treatment** - 0364T/0365T/0367T and 0368T/0369T
- **Family Behavior Treatment Guidance** with the family can be reported at the same time as **Clinical Observation and Direction** face-to-face with the child - 0370T/0371T/0372T and 0364T/0365T/0366T/0367T and 0368T/0369T

12. What happens to the prior authorizations I have in place that do not expire until after September 30, 2016, which is when the new codes take effect? Do I have to cancel or void those authorizations and request new ones for the same time period?

- *In order to help facilitate a smooth transition, DWMHA will be early terminating the existing authorizations on 9/30/16 and will be providing new*

authorizations in MH-WIN with the new codes for remaining authorization units starting 10/1/16.

- *Beginning October 1, 2016, any authorization requests should include the new codes.*
- *Beginning October 1, 2016, all claims submitted must include the educational level of the staff providing the service.*
- *Coding other than what is reflected in an authorization for ABA services should not be billed and is not covered. (Please note: The new codes must be used for ABA services provided on and after October 1, 2016.)*
- *Supports Coordinators/Case Managers are required to update the IPOS during the quarterly reviews due between 10/1/16-12/31/16 to reflect the new codes and increments.*