May 10, 2016

Dear colleague,

As you may know, a CPT® coding structure to report adaptive behavior assessment and treatment services to health insurance plans became effective July 1, 2014. This includes fifteen new Category III codes: 0359T, 0360T, 0361T, 0362T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, and 0374T. About a year ago, a workgroup was formed to collect information about utilization of that code set for reporting applied behavior analysis (ABA) services in preparation for submitting a Code Change Proposal to the American Medical Association CPT Editorial Panel. The workgroup comprises representatives of the Association for Behavior Analysis International (ABAI), Association of Professional Behavior Analysts (APBA), Autism Speaks, and the Behavior Analyst Certification Board (BACB), as well as providers and health plans. Input is also being sought from other stakeholder societies, which includes specialties such as speech-language pathology, occupational therapy, pediatrics, and others.

Our workgroup has learned that some payers are utilizing a blend of HCPCS codes with the new Category III CPT codes for reporting ABA services, while others are not utilizing the Category III codes at all. Over the past year, feedback from payers and providers across the country indicated that crosswalk information would be extremely useful for achieving consistency in utilization and implementation of -- and ultimately in establishing valuation and reimbursement rates for -- the new codes. Accordingly, we have prepared the attached crosswalk chart. It indicates the most common HCPCS and CPT codes that have been or are being utilized by payers to report ABA services. It is organized by the essential elements of ABA services, as indicated by the BACB. Those services include assessment and reassessment, treatment plan development and revision, direct treatment of individual clients, supervision or direction of technicians by a professional behavior analyst or other Qualified Healthcare Professional (QHCP), family or caregiver training, and group treatment. The crosswalk chart also indicates which personnel must attend each service to report the new CPT codes, as well as applicable time increments.

We hope the crosswalk information will foster a greater understanding of how the Category III codes were intended to be reported and encourage uniform reporting of ABA services across providers, payers, and states. If you have comments or questions or need additional information, please contact Jenna Minton at mintonhealthcarestrategies@gmail.com.

Sincerely,

Association for Behavior Analysis International
Association of Professional Behavior Analysts
Autism Speaks
Behavior Analyst Certification Board
## Applied Behavior Analysis CPT Coding Crosswalk Guide

<table>
<thead>
<tr>
<th>Essential Elements of Applied Behavior Analysis Services</th>
<th>General Description</th>
<th>Pre-existing Codes</th>
<th>Category III CPT® Codes for Adaptive Behavior Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment Codes</strong></td>
<td>Development of individualized treatment plan by supervising behavior analyst/QHCP? Assessment may include:</td>
<td>H0031 96150 (per encounter or per 15 min (varies by payer))</td>
<td>Behavior identification assessment by the physician or other qualified health care 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</td>
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<td></td>
<td>• review of file information about client’s medical status, prior assessments, prior treatments;</td>
<td>G8539 96151 (untimed)</td>
<td>Observational behavioral follow-up assessment. Includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient</td>
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<td></td>
<td>• stakeholder interviews and rating scales;</td>
<td>H0032 (per hour)</td>
<td>Observational behavioral follow-up assessment. Includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (list separately in addition to code for primary service)</td>
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<td>• review of assessments by other professionals;</td>
<td>Some payers accept H2019 H2020</td>
<td>Observational behavioral follow-up assessment. Includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient</td>
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<td>• direct observation and measurement of client behavior in structured and unstructured situations;</td>
<td></td>
<td>Observational behavioral follow-up assessment, each additional 30 minutes of technician time, face-to-face with the patient (list separately in addition to code for primary service)</td>
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<td></td>
<td>• determination of baseline levels of adaptive and maladaptive behaviors;</td>
<td>Some payers accept H2019 H2020 90899 S9480 99499</td>
<td>Exposure behavioral followup assessment. Includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient</td>
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<tr>
<td></td>
<td>• functional behavior analysis.</td>
<td></td>
<td>Exposure behavioral followup assessment, each additional 30 minutes of technician(s) time, face-to-face with the patient (list separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

**Modifiers commonly used with these codes include HQ/HP for the behavior analyst/QHCP² and HM/HN for the technician. Other modifiers vary by state and/or payer.**

2. QHCP = Qualified Health Care Professional: Licensed Behavior Analyst, Licensed Assistant Behavior Analyst, Board Certified Behavior Analyst-Doctoral, Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst, or other credentialed professional whose scope of practice, training, and competence includes applied behavior analysis.
3. QHCP provides direction and is physically available, but need not participate in the session.
### Essential Elements of Applied Behavior Analysis Services

#### Indirect Services by QHCP

- **Treatment planning by QHCP**
  - H0032 | per encounter | Bundled with other assessment and treatment services

- **Supervision of technicians by QHCP**
  - H0032 | per encounter | Direction of technician by QHCP² bundled with services above and below

#### Direct treatment Codes

- **Treatment plan development includes:**
  - selection of treatment targets in collaboration with family members and other stakeholders
  - development of written protocols for treating and measuring all treatment targets

- **Direct treatment**
  - H2019 | per 15 min | Adaptive behavior treatment by protocol administered by technician, face-to-face with one patient; first 30 minutes of technician time
  - 0364T | first 30 min | client, technician (QHCP² may substitute for technician)

- **Direct treatment of severe maladaptive behavior in specialized, high-intensity settings**
  - H2019 90899 94948 94949 | per diem, per 15 min, untimed | Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient
  - 0373T | first 60 min | client and 2 or more technicians; QHCP² on site³

- **Direct treatment by QHCP²**
  - H2012 96152 96153 96154 96155 | per hour | Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
  - 0368T | first 30 min | client, QHCP² may include technician and/or caregiver

- **Group treatment**
  - H2014 | per 15 min | Group adaptive behavior treatment by protocol administered by technician, face-to-face with two or more patients; first 30 minutes of technician time
  - 0366T | first 30 min | 2 or more clients, technician (QHCP² may substitute for technician)

- **Family training**
  - S5110 | per 15 min | Family adaptive behavior treatment guidance administered by physician or other qualified health care professional (without the patient present)
  - 0370T | untimed | caregiver and QHCP²

#### Category III CPT® Codes for Adaptive Behavior Services

- **Adaptive behavior treatment by protocol**
  - administered by physician, face-to-face with one patient; first 30 minutes of technician time

- **Exposure adaptive behavior treatment with protocol modification**
  - requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient

- **Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time**

- **Group adaptive behavior treatment by protocol**
  - administered by technician, face-to-face with two or more patients; first 30 minutes of technician time

- **Adaptive behavior treatment social skills group**
  - administered by physician or other qualified health care professional face-to-face with multiple patients

- **Multiple-family group adaptive behavior treatment guidance**
  - administered by physician or other qualified health care professional (without the patient present)

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2. **QHCP = Qualified Health Care Professional**: Licensed Behavior Analyst, Licensed Assistant Behavior Analyst, Board Certified Behavior Analyst-Doctoral, Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst, or other credentialed professional whose scope of practice, training, and competence includes applied behavior analysis.

3. QHCP provides direction and is physically available, but need not participate in the session.