



# Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019

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### Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019

Significant changes have been made in the Medicine section of the Current Procedural Terminology (CPT®) 2019 code set that pertain to adaptive behavior assessment and treatment services. Although the CPT Category III codes were implemented in 2014 for reporting adaptive behavior services, some payers did not adopt them. So, for the CPT 2019 code set, a new subsection titled “Adaptive Behavior Services” has been added to the Medicine section along with eight new Category I codes for adaptive behavior assessments (97151 and 97152) and adaptive behavior treatments (97153-97158), including guidelines and definitions. In addition, effective in 2019, 14 associated Category III codes (0359T, 0360T, 0361T, 0363T-0372T, and 0374T) have been deleted and two Category III codes (0362T and 0373T) have been revised and maintained. This article provides information about these significant changes that will be effective January 1, 2019. All of the codes discussed in this article are time-based and should be reported using the CPT standards for reporting time (see the guidelines on page xvi in the CPT® 2019 Professional Edition codebook).

Although the adaptive behavior assessment and treatment codes may be used by any physician or other qualified health care professional (QHP) with an appropriate license or other credential, the majority of the services will be designed and directed by a behavior analyst (advanced degree professional) or licensed psychologist with competence in behavior analysis and delivered by an assistant behavior analyst and/or behavior technician(s). Currently, 30 states require that behavior analysts be licensed. Payers in other states require that they be certified by the Behavior Analyst Certification Board® (BACB).

## Adaptive Behavior Services

Adaptive behavior services address deficient adaptive behaviors (eg, instruction-following, verbal and nonverbal communication, imitation, play and leisure, social interactions, self-care, daily living, and personal safety skills) or maladaptive behaviors (eg, repetitive and stereotypic behaviors, and behaviors that risk physical harm to the patient, others, and/or property).

▶ Adaptive Behavior Assessments ◀

# ● 97151

**Behavior identification assessment**, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 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

# ● 97152

**Behavior identification-supporting assessment**, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes

▶ Adaptive Behavior Assessments and Treatment ◀

▲ 0362T

**Behavior identification supporting assessment**, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:

- administration by the physician or other qualified health care professional who is on site;
- with the assistance of two or more technicians;
- for a patient who exhibits destructive behavior;
- completion in an environment that is customized to the patient's behavior.

Behavior identification assessment 97151 is used to report initial assessments or reassessments and preparation of a plan of care or report by the physician/other QHP. Code 97151 may be reported for assessments required for treatment plans that are comprehensive (large number of treatment targets) or focused (small number of treatment targets). Those assessments may be supplemented by one or two types of supporting assessments: behavior identification supporting assessment (97152) and/or behavior identification supporting assessment with four required components 0362T. Supporting assessments may be conducted on the same day(s) as the behavior identification assessments, but they are typically performed within one month following the initiation of the behavior identification assessments.

**Coding Tip**

In reporting code 0362T, only count the face-to-face time spent by any one technician during a single session when two or more technicians are present, not the combined time of multiple technicians. For 0362T, "on site" is defined as the physician/other QHP being immediately available and interruptible to assist and provide direction throughout the performance of the procedure; however, the physician/other QHP does not need to be present in the room when the procedure is performed.



For 2019, psychological and neuropsychological testing evaluation services should be reported with new codes 96130-96133. These codes describe services performed by a physician or QHP, not clinical staff. Codes 96130 and 96132 describe the first hour of evaluation services. To report these codes, at least 31 minutes must be attained. Codes 96131 and 96133 describe each additional hour of service. To report the first unit of 96131 and 96133, a minimum of 91 minutes must be attained.

**Table 1. Guide to Selection of Codes 97152 and 0362T**

	97152	0362T
Physician or other qualified health care professional required to be on site		√
Physician or other qualified health care professional not required to be on site	√	
Number of technicians	1	2 or more
Deficient adaptive behavior(s), maladaptive behavior(s), or other impaired functioning secondary to deficient adaptive or maladaptive behaviors	√	
Destructive behavior(s)		√
May include functional behavior assessment	√	√
May include functional analysis	√	√
Environment customized to patient and behavior		√



## **Initial Assessment and/or Reassessment(s) by Physician/Other QHP**

Code 97151 may include analysis of past data (including medical diagnosis), a detailed behavioral history, patient observation, administration of standardized and/or nonstandardized instruments and procedures, functional behavior assessment, functional analysis (refer to the CPT code set for definitions of these services), and/or guardian/caregiver interview to identify and describe deficient adaptive behaviors, maladaptive behaviors, and other impaired functioning secondary to deficient adaptive or maladaptive behaviors. Code 97151 includes the physician/other QHP's face-to-face time with the patient and guardian(s)/caregiver(s), as well as non-face-to-face time for scoring of assessments, interpretation of results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), preparation of a report, and development of a plan of care.

Code 97151 is time-based, which is in contrast to its predecessor, code 0359T. Code 97151 should be reported by aggregating the total time (face-to-face and non-face-to-face) required to complete the assessments, even if the time is not continuous and occurs over multiple days. It may only be reported by a single physician/other QHP.

## **Supporting Assessments**

Code 97152 may include functional behavior assessment, functional analysis, and other structured observations and/or administration of standardized and/or nonstandardized instruments and procedures. The assessments are designed by the physician/other QHP to identify and evaluate factors that may impede the development of adaptive behaviors and/or maintain maladaptive behaviors, the contexts in which the behaviors are likely or unlikely to occur, and the reinforcers that maintain the responses. Adaptive skill areas assessed may include cooperation, motivation, receptive and expressive communication, imitation, play and leisure, self-care, and social skills. Maladaptive behaviors may include repetitive, ritualistic, and stereotypic behaviors. The service includes the physician's/other QHP's interpretation of assessment results.

Code 0362T is used to report behavior identification supporting assessments with four required components that are designed by the physician/other QHP to manipulate or stage environmental contexts in order to examine triggers, events, cues, responses, and consequences associated with destructive behavior(s) (such as self-injurious behavior, aggression, property destruction, pica, elopement, and other behaviors associated with high-risk medical consequences or property damage). Procedures may include functional behavior assessment, functional analysis, other structured observations, and administration of standardized and/or nonstandardized instruments and procedures. This service requires the physician/other QHP to provide on-site direction to a team of two or more technicians. The team conducts the assessments in an environment that is customized for the patient's behavior and safety (such as the patient's home or community-based treatment program or a specialized environment in an inpatient or outpatient facility).

Codes 97152 and 0362T are structured to enable the face-to-face time of technician(s) to serve as a proxy to capture the work of the physician/other QHP. The time the patient is face-to-face with the technician(s) correlates with the physician/other QHP's work, which includes direction of the technician(s), analysis of assessment results, preparation of a report and/or a plan of care, and discussion of findings and recommendations with the primary guardian(s)/ caregiver(s). The services are administered on a single-calendar day based on increments of technician time face-to-face with the patient. Multiple days of service may be required and are reported to complete the assessments.

## Adaptive Behavior Treatment

The adaptive behavior treatment codes describe services that address specific treatment targets and goals based on results of previous adaptive behavior assessments and include ongoing assessment and adjustment of treatment protocols, targets, and goals. Goals may include reduction of repetitive and other maladaptive behaviors and improved communication, social, personal safety, and other adaptive functioning. Adaptive skills are often broken into small, measurable units and each skill is practiced repeatedly until the patient masters it. Adaptive behavior treatment incorporates a large array of procedures involving analysis and alteration of contextual events, motivation, and other factors, and typically takes place in multiple sites and settings. These services are face-to-face with a patient or patient's family, alone or in a group.

The frequencies with which these services are provided vary depending on the number of treatment goals, patient and caregiver circumstances, and other factors. Comprehensive treatment plans address multiple treatment targets in multiple domains (eg, social, communication, play and leisure, self-care, and maladaptive behaviors). Focused treatment plans involve a relatively small number of adaptive and/or maladaptive behaviors. (See Table 2 for the different types of adaptive behavior treatments and their corresponding CPT codes.)

**Table 2. Type of Adaptive Behavior Treatment and Corresponding CPT Codes**

Type of Service	CPT Codes
Direct face-to-face treatment with patient	97153, 97155, 0373T
Direct treatment of patient(s) in group	97154, 97158
Family treatment guidance	97156, 97157

### ▶ Adaptive Behavior Treatment ◀

#### # ● 97153

**Adaptive behavior treatment by protocol**, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient; each 15 minutes

#### # ● 97154

**Group adaptive behavior treatment by protocol**, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes

#### # ● 97155

**Adaptive behavior treatment with protocol modification**, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes

#### Coding Tip

Do not report code 97154 if the group has more than eight patients. Do not report code 97155 in conjunction with codes 90785-90899, 96105-96155, 92507, 97532, or G0515. Note that when the physician/other QHP directs the technician about the treatment protocol without the patient present, the service is considered as bundled with the above service codes and, therefore, it should not be reported separately. Code 97155 may be reported in two scenarios: when the physician/other QHP is delivering the treatment with the client one-to-one or when the physician/other QHP is directing the technician in delivering treatment (code 97153) and both the technician and the client are present.

#### ▶ Adaptive Behavior Treatment ◀

# ● 97156

**Family adaptive behavior treatment guidance**, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

# ● 97157

**Multiple-family group adaptive behavior treatment guidance**, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes

# ● 97158

**Group adaptive behavior treatment with protocol modification**, administered by physician or other qualified health care professional face-to-face with multiple patients, each 15 minutes

#### Coding Tip

Do not report code 97156 or 97157, if the group includes guardian(s)/caregiver(s) of more than eight patients. Do not report code 97158 in conjunction with codes 90785-90899, 96105-96155, 92508, or 97150.

#### ▶ Adaptive Behavior Assessments and Treatment ◀

▲ 0373T

**Adaptive behavior treatment with protocol modification**, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:

- administration by the physician or other qualified health care professional who is on site;
- with the assistance of two or more technicians;

- for a patient who exhibits destructive behavior;
- completion in an environment that is customized to the patient's behavior.

### **Coding Tip**

Report code 0373T only for the face-to-face time spent by one technician during a single session when two or more technicians are present, not the combined time of multiple technicians. For code 0373T, "on site" is defined as the physician/other QHP being immediately available and interruptible to provide assistance and direction throughout the performance of the procedure; however, the physician/other QHP does not need to be present in the room when the procedure is performed.

### **Direct Treatment of Patient**

Adaptive behavior treatment by protocol (97153) is administered by a technician under the direction of a physician/other QHP, who may provide direction during the actual treatment, which represents face-to-face skill training delivered to a patient. The physician/other QHP designs the treatment protocols, assists the technician in adhering to the protocols, and analyzes the technician-recorded data to determine whether the protocol is producing adequate patient progress (97155).

Adaptive behavior treatment with protocol modification (97155) is administered by a physician/other QHP face-to-face with a single patient to resolve one or more problems with the protocol. They may simultaneously direct a technician in administering the modified protocol while the patient is present. Direction to the technician without the patient present is not reported separately.

Adaptive behavior treatment with protocol modification (0373T) is required when destructive behavior(s) needs to be treated under the environmental context(s) that typically evoke that behavior and uses two or more technicians under the on-site direction of the physician/other QHP. This treatment addresses one or more specific destructive behaviors (ie, maladaptive behaviors associated with high-risk medical consequences or property damage, such as elopement, pica, or self-injury, aggression, or breaking furniture, walls, or windows) and one or more alternative adaptive behaviors. The behavioral team conducts the treatment in an environment that is customized to the patient's behaviors and supports patient safety (such as the patient's home or community-based treatment program; or a specialized environment in an inpatient or outpatient facility).

The physician/other QHP directs the sequence of events utilizing real-time observation, reviews and analyzes data, and refines the treatment protocol. Treatment time does not need to be sequential. For guidance on the selection of codes 97153, 97155, and 0373T, see Table 3.

### **Table 3. Guide to Selection of Codes 97153, 97155, and 0373T**

	97153	97155	0373T
By protocol	√		
With protocol modification		√	√
Physician or other qualified health care professional face-to-face with patient		√	
Physician or other qualified health care professional required to be on site		√	√
Number of technicians	1	0-1	2 or more
Deficient adaptive behavior(s), maladaptive behavior(s), or other impaired functioning secondary to deficient adaptive or maladaptive behaviors	√	√	
Destructive behavior(s)		√	√
Environment customized to patient and behavior			√



### **Direct Treatment of Patient(s) in Group**

Code 97154 involves treatment by protocol delivered to a patient who can benefit from training in a group of peers to develop skills, such as turn-taking in communication and leisure activities. The physician/other QHP designs the treatment protocols, assists the technician in adhering to the protocols, and analyzes the technician-recorded data to determine whether the protocol is producing adequate patient progress.

Group adaptive behavior treatment with protocol modification (97158) is administered by a physician/other QHP face-to-face with multiple patients. The physician/other QHP monitors the needs of individual patients and adjusts the treatment techniques during the group sessions, as needed. In contrast to group adaptive behavior treatment by protocol (97154), protocol adjustments are made in real time rather than for a subsequent service.

### **Family Treatment Guidance**

Family adaptive behavior treatment guidance and multiple-family group adaptive behavior treatment guidance (97156, 97157) are administered by a physician/other QHP face-to-face with guardian(s)/caregiver(s) and involve identifying potential treatment targets and training guardian(s)/caregiver(s) of one patient (97156) or multiple patients (97157) to implement treatment protocols to help reduce maladaptive behaviors and reinforce appropriate behaviors. The treatment represented by code 97156 may be performed with or without the patient present. The treatment represented by code 97157 is performed without the patient present. ♦