

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Behavioral Treatment Providers

## Behavioral Treatment Procedure Code Changes and New Prior Authorization Policy

Effective for dates of services (DOS) on and after January 1, 2019, ForwardHealth will update coverage and reimbursement policies to reflect the 2019 *Current Procedural Terminology* (CPT) procedure code changes. This *ForwardHealth Update* covers the following changes:

- ForwardHealth coverage policy
- Prior authorization (PA) conversion
- PA submission
- New PA policy for members under age 6
- Claims submission
- Discontinued procedure codes
- New procedure codes

### Covered Services Policy

ForwardHealth continues to cover behavioral treatment services designed specifically for adaptive behavior assessment and treatment. Treatment may be authorized for members with autism or other diagnoses or conditions associated with deficient adaptive or maladaptive behaviors. The following service categories are covered under the behavioral treatment benefit:

- Behavior identification assessment and plan of care (POC) development
- Behavioral treatment (comprehensive and focused services)
- Behavioral treatment with protocol modification
- Family adaptive behavior treatment guidance
- Team meetings

ForwardHealth continues to cover behavioral treatment as comprehensive or focused services according to the frequency of treatment, scope of treatment goals, and appropriate provider level.

### Assessment

ForwardHealth continues to cover clinical assessment activities used to identify target behaviors and to develop a POC (i.e., treatment plan, protocol) for the member. Allowable providers for behavior identification assessment and behavior identification supporting assessment services remain the same. ForwardHealth will cover up to 24 hours of behavior identification assessment within a calendar year without PA. Providers may request additional assessment hours beyond the 24-hour limit by submitting a PA request.

Providers conducting behavior identification assessments should spend at least half of the assessment time in a face-to-face setting with the member. If more non-face-to-face time is needed, providers are required to document the unique clinical circumstances that justify the additional non-face-to-face time relative to the face-to-face assessment services.

ForwardHealth continues to cover supporting assessments to complete the functional behavior assessment and/or functional analysis. Supporting assessment services do not count towards the 24-hour limit for behavior identification assessments. ForwardHealth covers up to two hours of

supporting assessment services per DOS. Allowable rendering providers remain the same.

### ***Behavioral Treatment***

ForwardHealth continues to cover both comprehensive and focused behavioral treatment services with PA. Allowable rendering providers remain the same. For more information, refer to the Covered and Noncovered Services section of the Behavioral Treatment Benefit service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wv.gov/](http://www.forwardhealth.wv.gov/).

### ***Behavioral Treatment With Protocol Modification***

ForwardHealth continues to cover behavioral treatment with protocol modification with PA. Allowable rendering providers remain the same. ForwardHealth continues to reimburse only one direct treatment service at a time (behavioral treatment or behavioral treatment with protocol modification). For more information, refer to the Covered and Noncovered Services section of the Behavioral Treatment Benefit service area of the Online Handbook.

### ***Family Adaptive Behavior Treatment Guidance***

ForwardHealth continues to cover treatment guidance provided to the member's family and caregivers with PA. Services may be provided with or without the member present. Allowable rendering providers remain the same. ForwardHealth covers up to two hours of treatment guidance per DOS. For more information, refer to the Covered and Noncovered Services section of the Behavioral Treatment Benefit service area of the Online Handbook.

### ***Team Meeting***

ForwardHealth continues to cover team meetings with PA. Services may be provided with or without the member present. Allowable rendering providers remain the same. ForwardHealth will reimburse up to one hour of team meeting services per week. For more information, refer to the Covered and Noncovered Services section of the Behavioral Treatment Benefit service area of the Online Handbook.

For additional information about the allowable procedure codes associated with the services above, refer to the Attachment of this *Update*.

## **Prior Authorization**

### ***PA Overview***

Comprehensive behavioral treatment, focused behavioral treatment, behavioral treatment with protocol modification, family treatment guidance, and team meetings require PA.

Only licensed supervisors may be listed as the billing or rendering provider on a PA request. The rendering provider listed on the Prior Authorization Request Form (PA/RF), F-11018 (05/13), must match the supervising professional in the POC.

Providers should submit a POC consistent with their clinical recommendations for the member. The treatment hours requested on the PA/RF should reflect the number of weekly treatment hours that will be provided, based on member and staff availability. ForwardHealth may approve the plan as requested or may approve a lesser level of service than requested based on the documentation submitted. ForwardHealth will deny PA requests that do not meet approval criteria or that do not establish medical necessity for the requested service.

### ***PA Conversion***

#### *Conversion for Active PAs That Expire on and After January 1, 2019, When ForwardHealth Is the Primary Payer*

ForwardHealth will implement a system-based conversion of active PAs with expiration dates on or after January 1, 2019, where ForwardHealth is the primary payer. The system conversion is scheduled for late December.

Providers do not need to submit amendment requests for active PAs that include only ForwardHealth's CPT codes and modifiers. Active PAs will be converted to the new

behavioral treatment code set based on the balance of unused units as follows:

- Unused units of 0365T (30-minute units) will be converted to an equivalent number of service hours using 97153 (15-minute units). Similar to the current authorization process, service code 97153 will be authorized using a List ID that allows providers to submit claims for any combination of procedure codes 97153 and 97155 up to the approved quantity.
- Each unused unit of 0370T (untimed) intended for family treatment guidance will be converted to two hours (eight units) of 97156.
- Each unused unit of 0370T with modifier AM (untimed) intended for team meetings will be converted to one hour (four units) of 97156 with modifier AM.

Modifiers authorized with original PA requests will be retained through the conversion of procedure codes.

Providers will receive a notice for each converted authorization via the Portal after the conversion is complete. Services and hours per week originally authorized will not be exceeded.

Assessment and follow-up assessment codes 0359T and 0361T will be end dated on December 31, 2018. Prior authorized units will not be converted.

Providers should contact Provider Services at 800-947-9627 with any questions about conversion errors or PA requests that were not converted. Providers may submit amendment requests as needed to modify the units granted under the new procedure codes.

### *Conversion for Active PAs That Expire on and After January 1, 2019, When Other Insurance Is the Primary Payer*

Active PAs where other insurance is the primary payer will **not** be included in the system-based conversion. If the member's other insurance changes procedure codes, providers are required to submit a PA amendment with the other payer's updated procedure codes.

## ***PA Submission***

### *New PA Requests for DOS in Both 2018 and 2019*

Providers submitting new PA requests that include DOS in both 2018 and 2019 are required to submit the requests with the 2018 procedure codes. ForwardHealth will convert the procedure codes for the DOS on and after January 1, 2019, to the new codes. As a reminder, ForwardHealth will not convert any PA requests that include commercial procedure codes.

### *New PA Requests for DOS in 2019 Only*

Effective immediately, PA requests for DOS on and after January 1, 2019, must be submitted with the new 2019 behavioral treatment CPT procedure codes. PA policy for behavioral treatment services using the 2019 CPT codes is described below.

### *Assessment*

ForwardHealth will cover up to 24 hours of behavior identification assessment within a calendar year without PA. Providers may request additional assessment hours beyond the 24 hour limit by submitting a PA request. When completing the PA/RF, providers are required to request units for assessment using procedure code 97151.

### *Behavioral Treatment*

When completing the PA/RF, providers are required to request all units for direct treatment (represented by procedure codes 97153 and 97155) by including the cumulative total of requested treatment units as a single line item, using a single code — 97153 — and the appropriate treatment level modifier, TG or TF.

*Note:* Direct treatment units submitted on claims using either of the procedure codes above will be deducted from the cumulative total of approved treatment units.

### *Family Treatment Guidance*

Providers are required to request family treatment guidance services as a separate line item on the PA/RF using

procedure code 97156 and the appropriate treatment level modifier, TG or TF.

As a reminder, ForwardHealth allows a maximum of eight units (two hours total) per DOS.

### *Team Meeting*

Team meeting services must be requested as a separate line item on the PA/RF using procedure code 97156 and the appropriate treatment level modifier, TG or TF, and modifier AM.

As a reminder, ForwardHealth allows a maximum of four units (one hour total) per DOS, one time per week.

### ***New PA Policy for Members Under Age 6***

Effective immediately, PA requests for behavioral treatment services for members under the age of 6 may be approved for up to 12 months if the request meets the criteria for medical necessity. This will simplify the administrative requirements for providers and promote early intervention. This change applies to both initial and subsequent PA requests.

For more information about PA for members under age 6, refer to the Prior Authorization Requirements for Members Under Age 6 topic (topic #20477) in the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Behavioral Treatment Benefit service area of the Online Handbook.

ForwardHealth's policy is based on the member's chronological age, not developmental age equivalent or school enrollment status. PA requests for behavioral treatment for all members age 6 and older must follow standard PA submission guidelines described in the Online Handbook.

### **Claims Submission**

Providers are reminded to indicate appropriate and valid procedure codes for the DOS on claims submitted to ForwardHealth and to adhere to ForwardHealth's coverage policy for behavioral treatment claims. ForwardHealth

continues to cover modifiers TF, TG, TF-52, and AM. The use of behavioral treatment modifiers remains the same.

Effective January 1, 2019, allowable CPT codes have a time unit of 15 minutes. Providers should refer to the 2019 CPT code books for the full description of the procedure codes and current CPT coding guidelines. Providers are required to follow all CPT guidelines unless specifically told otherwise in new coverage policy. As a reminder, all behavioral treatment services are subject to audit. Providers are required to produce documentation or submit it to ForwardHealth upon request.

*Note:* Although discontinued codes are not valid for DOS on and after January 1, 2019, providers are required to submit claims for 2018 DOS using the discontinued codes. ForwardHealth allows a 365-day billing time limit for providers to submit these claims.

Claim payments are impacted by other coding data sets including the National Correct Coding Initiative, procedure-to-procedure edits and Medically Unlikely Edits, which can cause a detail on a claim to deny. As a reminder, all other insurance policy and coverage guidelines for the behavioral treatment benefit remain unchanged.

Refer to the Attachment for a list of new allowable procedure codes, code descriptions, and coverage policy parameters.

### **Discontinued Procedure Codes**

As a result of the 2019 CPT code changes, effective for DOS on and after January 1, 2019, the following procedure codes are no longer valid and ForwardHealth will discontinue coverage:

- 0359T (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)

- 0360T (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)
- 0361T (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])
- 0364T (Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time)
- 0365T (Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time [List separately in addition to code for primary procedure])
- 0368T (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)
- 0369T (Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time [List separately in addition to code for primary procedure])
- 0370T (Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional [without the patient present])

*Note:* Providers are required to submit claims for 2018 DOS using the discontinued codes. ForwardHealth allows a 365-day billing time limit for providers to submit these claims.

## New Procedure Codes

Effective for DOS on and after January 1, 2019, ForwardHealth will reimburse the following procedure codes:

- 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 guardians[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)
- 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)
- 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)
- 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)

## Information Regarding Managed Care Organizations

The behavioral treatment benefit is administered fee-for-service for all Medicaid-enrolled members who demonstrate medical necessity for covered services. The behavioral treatment benefit is separate from managed care organizations, which include BadgerCare Plus and Medicaid SSI HMOs and special managed care plans. Special managed care plans include Children Come First, Wraparound Milwaukee, Care4Kids, Family Care, Program of All-inclusive Care for the Elderly (PACE), and the Family Care

Partnership Program, with PA requests and claims processed by ForwardHealth instead of the member's HMO.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT

## New CPT Codes for Behavioral Treatment Services

The following table includes information about new behavioral treatment *Current Procedural Terminology* (CPT) procedure codes and coverage policy as a result of 2019 CPT procedure code changes. Providers are required to follow current National Correct Coding Initiative and CPT coding guidelines, including Medically Unlikely Edits, for all codes.

Service Type	Procedure Code	Procedure Code Description	Required Modifier*	Renderer	Required Documentation	ForwardHealth Limits
Assessment	97151	<b>Behavior identification assessment</b> , administered by a physician or other qualified healthcare professional, 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	TG or TF	Licensed supervisor	<ul style="list-style-type: none"> <li>• Time in/time out for both face-to-face and non-face-to-face time</li> <li>• Names of staff and caregiver(s) present</li> <li>• Place of service (POS)</li> <li>• Assessment report</li> <li>• Plan of care</li> <li>• Renderer's signature</li> </ul>	PA is required for more than 96 units (24 hours) per calendar year; non-face-to-face time should not exceed face-to-face time. **
Assessment	97152	<b>Behavior identification-supporting assessment</b> , 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	TG or TF	Licensed supervisor or treatment therapist	<ul style="list-style-type: none"> <li>• Time in/time out</li> <li>• Names of staff and caregiver(s) present</li> <li>• POS</li> <li>• Assessments completed</li> <li>• Renderer's signature</li> </ul>	Service is limited to two hours per date of service (DOS).
Treatment	97153	<b>Adaptive behavior treatment by protocol</b> , administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	TG, TF, or TF-52	Any level of behavioral treatment provider as	<ul style="list-style-type: none"> <li>• Time in/time out</li> <li>• Names of staff and caregiver(s) present</li> <li>• POS</li> <li>• Goals addressed and data collected</li> <li>• Renderer's signature</li> </ul>	Units per week are established via PA.

Service Type	Procedure Code	Procedure Code Description	Required Modifier*	Renderer	Required Documentation	ForwardHealth Limits
				indicated by modifier		
Treatment	97155	<b>Adaptive behavior treatment with protocol modification</b> , 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	TG or TF	Licensed supervisor or treatment therapist	<ul style="list-style-type: none"> <li>• Time in/time out</li> <li>• Names of staff and caregiver(s) present</li> <li>• POS</li> <li>• Narrative description of protocol problems that were resolved</li> <li>• Renderer's signature</li> </ul>	PA is required; do not bill separately for 97153 during simultaneous direction of technician.***
Treatment	97156	<b>Family adaptive behavior treatment guidance</b> , 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 (Family Treatment Guidance)	TG or TF	Licensed supervisor	<ul style="list-style-type: none"> <li>• Time in/time out</li> <li>• Names of staff and caregiver(s) present</li> <li>• POS</li> <li>• Potential treatment targets identified and/or discussed</li> <li>• Training, demonstration, observation, and/or feedback provided</li> <li>• Renderer's signature</li> </ul>	PA is required; limited to eight units (two hours) per DOS.
Treatment	97156	<b>Family adaptive behavior treatment guidance</b> , 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 (Team Meeting)	TG or TF with AM (Physician, team member service)	Licensed supervisor or treatment therapist	<ul style="list-style-type: none"> <li>• Time in/time out</li> <li>• Names of staff and caregiver(s) present</li> <li>• POS</li> <li>• Potential treatment targets identified and/or discussed</li> <li>• Training, demonstration, observation, and/or feedback provided</li> <li>• Renderer's signature</li> </ul>	PA is required; limited to four units (one hour) per week.

\* TG = Comprehensive treatment, TF = Focused treatment, TF-52 = Focused treatment that can be rendered by technicians

\*\* Providers are required to document exceptional circumstances that require more than 50 percent non-face-to-face hours for behavior identification assessment (97151).

\*\*\* Providers are required to request all direct treatment units for CPT codes 97153 and 97155 by including the cumulative total of requested treatment units as a single line item using code 97153. Direct treatment units submitted on claims using either of these CPT codes will be deducted from the cumulative total of approved treatment units.