



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES


Med-QUEST Division
Clinical Standards Office
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March 8, 2019

MEMORANDUM

MEMO NO.
QI-1908
FFS 19-03

TO: QUEST Integration (QI) Health Plans, Physicians,
Advance Practice Registered Nurses (APRNs), Behavioral Health Providers, and
Developmental Disabilities/Intellectual Disabilities (DD/ID) Providers

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: UPDATE FOR BILLING CODES FOR INTENSIVE BEHAVIORAL THERAPY (IBT) FOR
TREATMENT OF CHILDREN UNDER 21 YEARS OF AGE WITH AUTISM SPECTRUM
DISORDER (ASD)

This memorandum serves as an update for 2019 billing codes used for billing IBT services. Attached is a crosswalk of the previous 2014 IBT billing codes to the 2019 codes. The attached 2019 IBT codes serve as a replacement for previous IBT billing codes which are found in previous Provider Memorandum QI-1708, Attachment C.

Please direct any questions to the MQD provider hotline at 808-692-8099 or quest_integration@dhs.hawaii.gov.

Attachment

APPLIED BEHAVIORAL ANALYSIS 2015 to 2019 CODES/RATES CROSSWALK

Adaptive Behavior Assessment Codes

2015 Codes	2015 Rates	2019 Codes	2019 Rates	Provider	Notes
0359T	\$ 187.50 per 90 min	97151	\$ 31.25 per 15 min	BCBA/BCBA-D	Behavior Identification Assessment
0360T/0361T	\$ 62.50 per 30 min	97152	\$ 31.25 per 15 min	BCBA/BCBA-D	Behavior Identification Supporting Assessment
0360T/0361T	\$ 37.50 per 30 min	97152	\$ 18.75 per 15 min	BCaBA	Behavior Identification Supporting Assessment
0362T/0363T	\$ 62.50 per 30 min	0362T	\$ 31.25 per 15 min	BCBA/BCBA-D	Behavior Identification Supporting Assessment
0362T/0363T	\$ 37.50 per 30 min	0362T	\$ 18.75 per 15 min	BCaBA	Behavior Identification Supporting Assessment

Adaptive Behavior Treatment Codes

2015 Codes	2015 Rates	2019 Codes	2019 Rates (per 15 min)	Provider	Notes
0364T/0365T	\$ 62.50 per 30 min	97153	\$ 31.25	BCBA/BCBA-D	Direct Treatment by Protocol
0364T/0365T	\$ 25.00 per 30 min	97153	\$ 12.50	BCaBA/RBT	Direct Treatment by Protocol
0368T/0369T	\$ 62.50 per 30 min	97155	\$ 31.25	BCBA/BCBA-D	Direct Treatment by provider w/Protocol Mod
0368T/0369T	\$ 37.50 per 30 min	97155	\$ 18.75	BCaBA	Direct Treatment by provider w/Protocol Mod
0373T/0374T	\$ 62.50 per 30 min	0373T	\$ 31.25	BCBA/BCBA-D	Direct Treatment of Severe Maladaptive Behavior
0373T/0374T	\$ 37.50 per 30 min	0373T	\$ 18.75	BCaBA	Direct Treatment of Severe Maladaptive Behavior
0373T/0374T	\$ 25.00 per 30 min	0373T	\$ 12.50	RBT	Direct Treatment of Severe Maladaptive Behavior
0366T/0367T	\$ 50.00 per 30 min \$ 25.00/patient/30 min	97154	\$ 25.00/15 min \$ 12.50/patient/15 min	RBT	Group Treatment by protocol (RBT) Limit two patients per RBT
0372T	\$ 187.50 per 45 min \$ 93.75/patient/45 min	97158	\$ 62.50/15 min \$ 31.25/patient/15 min	BCBA/BCBA-D BCaBA	Group Treatment w/protocol modification (QHP) Limit two patients per QHP
0370T	\$ 125.00 per 45 min	97156	\$ 41.67	BCBA/BABA-D	Family Training by provider
0370T	\$ 75.00 per 45 min	97156	\$ 25.00	BCaBA	Family Training by provider
0371T	\$ 93.75/family/45 min	97157	\$ 31.75/family/15 min	BCBA/BCBA-D BCaBA	Multi Family Training by QHP for 2 families. Refer to chart below for billing for more than two families

Code	Mod	Service	Provider	Rate per 15 min	Notes
Adaptive Behavior Treatment					
97157 (0371T)	UN UP UQ UR US	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care provider (without the patient present)	BCaBA BCBA BCBA-D	2 families: \$31.75/family 3 families: \$29.58/family 4 families: \$27.92/family 5 families: \$26.25/family 6 families: \$24.58/family	Limit group size to 6 families Modifier for group size: UN (2 or less), UP (3), UQ (4), UR (5), US (6) (group size = # families) Billing based on # of families present when services rendered. Only one 97157 billable per day Limit to 45 minutes per day

- 1) Effective 1/1/2019, MQD is removing the restriction of one provider unit per day for CPT code 97153. This will allow for rotation of RBT with patients. For example, a patient receiving 4 hours of ABA on any given day may receive 2 hours by one RBT and an additional 2 hours by another RBT as compared to 4 hours by the same RBT.
- 2) Codes that previously had a global fee per session (97151, 97156) have been recalculated to 15-minute increments.
- 3) Codes for Group Therapy (97154, 97158) are based on two or more individuals in a group and recalculated to 15-minute increments.
- 4) Codes for Multi-Family Therapy (97157) are based on two or more families and recalculated to 15-minute increments.
- 5) QHP include BCBA-D, BCBA, BCaBA.
- 6) Provider Type BCBA/BCBA-D may be replaced with "otherwise qualified licensed practitioners as determined by DHS" which include but not limited to diagnosing providers listed in Appendix B.
- 7) 97155, 97156, 97158: If the physician or other qualified health care provider personally performs the BCBA/BCBA-D service, his or her time engaged in these activities are payable at the BCBA, BCBA-D rate and must be coded with the modifier AF (specialty physician), AH (licensed clinical social worker), TD (APRN).
- 8) 0373T: In reporting codes 0373T, 0374T, only the face-to-face time spent by one technician during a single session of sequential time may be counted. Although the physician or other qualified health care provider is on-site, he or she may be directing 5-10 other similar treatments simultaneously. Treating provider will determine modifier & reimbursement level.
- 9) 97156/97157/97158 caps at global rate of 45 min for equivalent rate.
- 10) 97157 is multiple family version of 97156.

Modifiers

Modifier	Description
EP	Services provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
HP	Doctoral level
HO	Master's degree level
HN	Bachelor's degree level
HM	Less than bachelor's degree level
UN	Two patients or families served
UP	Three patients or families served
UQ	Four patients or families served
UR	Five patients or families served
US	Six to eight patients or families served
Modifiers for use when the Diagnostic Evaluation is performed by non-physicians, non-psychiatrist but by other licensed practitioners with specialized expertise in ASD	
TD	Advanced Practice Registered Nurse (APRN)
AJ	Licensed Clinical Social Worker
Modifiers for use when physician or other qualified health professional performs Assessment/Reassessment and Adaptive Behavior Treatment	
AF	Specialty Physician
AH	Clinical Psychologist
TD	Advanced Practice Registered Nurse (APRN)
AJ	Licensed Clinical Social Worker