

CPT[®] Code Changes for 2019

Applied Behavioral Analysis (ABA) FAQ for Providers Contracted with HCPCS Codes

The American Medical Association (AMA) announced [CPT Code Changes for 2019](#) and several associations involved with behavioral analysis have also formally announced to their membership changes to CPT coding for reporting Applied Behavioral Analysis. Specific information was released in the 2019 edition of the CPT code book.

The Steering Committee for the ABA Services Workgroup comprised of representatives from the Association for Behavior Analysis International, the Association of Professional Behavior Analysts, Autism Speaks and the Behavior Analyst Certification Board posted background on the new codes as well as a Treatment Code Conversion Table showing a crosswalk between the 2014 and 2019 codes, to be used as a general reference:

- [Adaptive Behavior Assessment and Treatment Code Conversion Table](#)

Many of the following questions were submitted by providers; we will continue to update this FAQ as more questions are received and as additional information becomes available.

Q1: What should a practice or provider do to prepare for CPT code changes?

A1: All providers should become familiar with the new codes so you know when and how to use them. Be sure you coordinate with your billing support or vendors, including your billing software vendor or Electronic Data Interchange (EDI) clearinghouse, to make sure they are ready.

Q2: Will Optum be compliant with the required changes by January 1, 2019?

A2: Yes, Optum will be compliant with required changes. However, for providers currently contracted to bill for ABA services using HCPCS codes, no changes are being made at this time. Please continue to use the HCPCS codes for 2018 and 2019 dates of service until further notice.

Q3: How is Optum implementing these changes? When should providers use the new codes?

A3: Optum is working to implement the changes, to be effective in 2019. Providers should continue to submit under the HCPCS codes until further notice; implementation of the new CPT code set (eight new Permanent and two temporary codes retained from 2018) will be rolling out as follows:

- For providers serving commercial memberships, Optum will amend contracts so that providers of ABA services will be reimbursed using the new ABA CPT code set instead of HCPCS codes. However there are no changes at this time; this change will be implemented later in 2019 or early 2020.
- For providers serving Medicaid memberships, contract amendments and use of the new ABA CPT code set will generally be directed by the state Medicaid agencies.
 - Note: providers serving Medicaid memberships who are contracted for or bill for members under the expiring temporary CPT codes should reference the document: “CPT Code Changes for 2019 – ABA FAQ for Providers Contracted with temporary Codes”

Q4: Will there be a testing period for the new codes? If so, when will that occur, for how long, and what codes will be used to process claims during the testing phase?

A4: Optum will not have a testing period for the new codes

Q5: Will there be a dual use or grace period?

A5: No. At this time no grace period for implementation has been announced for CPT codes that are being expired. However currently, there is no change for providers who are contracted and reimbursed using HCPCS codes for ABA services; continue to submit with those codes until further notice.

Q6: Do I apply the new 2019 codes on January 1, 2019 for unbilled dates of service in 2018?

A6: No. Continue to use the HCPCS codes until further notice.

Q7: How will authorizations be handled, once the new codes are implemented? With authorizations obtained prior to 1/1/2019 (with remaining units), will that authorization still apply and be converted or will I need to request a new authorization? What do I do with authorizations that are still effective 1/1/2019?

A7: There will be no change to the authorization process for providers using HCPCS codes until further notice.

Q8: Will these changes affect my Agreement with Optum?

A8: There will be no change to your Agreement until further notice.

Q9: Do these changes affect my Fee Schedule with Optum?

A9: For providers serving commercial memberships currently contracted with and submitting claims for ABA services using HCPCS codes, there will be no changes to your fee schedule at this time and these codes will continue to be covered under the current contracted rates. However, Optum intends to amend contracts and fee schedules so that providers of ABA services will be reimbursed using the new ABA CPT code set instead of HCPCS codes later in 2019 or early 2020.

For providers serving Medicaid memberships currently contracted with and submitting claims for ABA services using HCPCS codes, please continue to submit with the HCPCS codes for 2018 and 2019 services until further notice. Providers of Medicaid memberships may receive updated fee schedules after the rates from the state Medicaid agency are published by the state, if applicable.

Q10: When will my contract be updated to include the new codes?

A10: For providers of Commercial memberships, we anticipate having the amended fee schedules for the new codes in place later in 2019 or early 2020. We are working to notify providers of the new rates for these codes as early as possible.

Q11: How is reimbursement determined?

A11: For providers serving commercial memberships, rate development is guided by such factors as industry standard reimbursement rates, geographic location and access need. These current code set changes require significant modifications to our clinical and claim system platforms. We are making unilateral fee schedule adjustments to accommodate the new code sets.

For providers serving Medicaid memberships, generally each state's applicable Medicaid agency establishes rates.

Q12: Will Optum be negotiating new fee schedules?

A12: No. We do not anticipate needing to negotiate new fee schedules; all providers serving commercial memberships who currently have rates associated with HCPCS Procedure codes for ABA on their fee schedules will be provided with a new fee schedule that includes revenue neutral rates for the updated ABA code set.

Q13: What is the definition of the new CPT Codes?

A13: Refer to the Standard Edition of the 2019 CPT code book issued by the AMA.

Q14: How long is a unit with the new CPT Codes?

A14: 15 minutes

Q15: Are any modifiers changing with the launch of the new 2019 CPT code changes?

A15: Yes: although there is no change in the use of modifiers for providers billing with HCPCS codes until further notice, when Optum utilizes the new 2019 ABA CPT code set, modifiers will be included.

Q16: Will Optum be using any HCPCS codes for indirect services such as treatment planning?

A16: Once the transition to the new 2019 CPT codes is made Optum will no longer utilize HCPCS codes for ABA services. Please reference the 2019 CPT code book for how indirect treatment planning is covered under the new code set.

Q17: Will Optum use the temporary codes included in the 2019 CPT code release (0362T and 0363T)?

A17: Yes, we will adopt these codes for use in 2019 with the new CPTs (at a later date).

Q18: Where can I find more information on the changes?

A18: Refer to the links above as well as the 2019 CPT code book issued by the AMA. The AMA released their 2019 CPT code book in October. Resources for purchasing are readily available online and in bookstores.