

CPT[®] Code Changes for 2019

Applied Behavioral Analysis (ABA) FAQ for Providers Contracted with Temporary 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. We are actively engaged with making necessary system changes and provider notifications.

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 January 1, 2019. Optum did not adopt the 2014 temporary CPT codes except where required by Medicaid states. For providers serving Medicaid memberships (in OH, AZ, HI, LA, KS, MS, or WA) who are contracted with and submitting claims using the temporary CPT codes for ABA services, these codes expire on December 31, 2018 and can no longer be used for DOS on or after January 1, 2019. Please bill using the new 2019 ABA CPT code set for dates of service January 1, 2019 and forward using the [Adaptive Behavior Assessment and Treatment Code Conversion Table](#) as a mapping guide in the absence of the state

Medicaid fee schedule being updated by January 1, 2019. The state fee schedules, if applicable, will be implemented as they become effective.

Existing authorizations spanning into 2019 with remaining units will be updated to allow providers to bill using the new codes on January 1, 2019 without having to request a new authorization.

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: Can I still submit claims using the expired CPT codes after January 1, 2019?

A5: For dates of service (DOS) prior to January 1, 2019, providers can submit claims with the appropriate 2014 (temporary) CPT code set.

For DOS beginning January 1, 2019, providers will not be able to submit claims using the expired temporary ABA CPT codes. Instead providers must use the updated 2019 CPT code set

Q6: Will there be a dual use or grace period?

A6: No. At this time no grace period for implementation has been announced for CPT codes that are being expired. Providers currently submitting claims with the temporary CPT codes should be preparing to implement these changes by January 1, 2019. Claims for dates of service on or after January 1, 2019 submitted with expired 2014 CPT codes for ABA services will be denied.

Q7: Do I apply the new 2019 codes on January 1, 2019 for unbilled dates of service in 2018?

A7: No. Use 2014 codes for all dates of service through December 31, 2018. For dates of service on or after January 1, 2019, use the new 2019 CPT codes. It is the date of service that determines which codes to use, not the date of claim submission.

Q8: Since the new codes are 'carrier priced' will Optum require providers to include crosswalk codes with claims submissions? (And if so, what are the instructions for submitting crosswalk codes with our claims)?

A8: Optum will not require providers to include crosswalk codes with claim submissions. New rates have been developed incorporating a crosswalk strategy to ensure appropriate mapping from the previous codes to the new code set.

Q9: How do I bill using the new codes?

A9:

- Provider Express – our online secure transaction feature will be ready to receive 2019 CPT codes on January 1, 2019

- EDI Clearinghouse/Vendors – talk directly with your clearinghouse and software vendor regarding system readiness
- Paper claims – use CMS 1500 form

Q10: 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?

A10: Providers should continue to request services when their current approval expires. New service requests in 2019 should include the new Category I CPT codes.

Q11: How do I request an authorization under the new codes?

A11: Continue to use the same processes as are in place today.

Q12: Will these changes affect my Agreement with Optum?

A12: Yes. It will affect your Agreement to the extent that you will be required to bill the newly-established CPT codes.

Q13: Do these changes affect my Fee Schedule with Optum?

A13: For these new CPT codes, you will be reimbursed at the rates set forth by the state Medicaid agency after rates for those codes are published by the state, if applicable. In the interim, you will be reimbursed at rates comparable to the rates for the expiring temporary codes. Optum is working with all impacted states to secure rates for the new codes in a timely manner. After the new rates are received/published, Optum will review and update your Fee Schedule and complete a claims reconciliation process if needed; no action will be required on your part.

Q14: When will my contract be updated to include the new codes?

A14: We will work to notify providers of the new rates for these codes as early as possible, once the rates for the codes are published by

Q15: How is reimbursement determined?

A15: 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 will make adjustments to accommodate the new code sets as soon as is feasible.

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

Q16: Will Optum be negotiating new fee schedules?

A16: No. We do not anticipate needing to negotiate new fee schedules; providers who currently have rates associated with CPT Procedure codes for ABA on their fee schedules may be provided with a new fee schedule that includes rates for the updated code set, at the rates set forth by the applicable state Medicaid agency, if applicable.

Q17: What is the definition of the new CPT Codes?

A17: Refer to the Standard Edition of the 2019 CPT code book issued by the AMA.

Q18: How long is a unit with the new CPT Codes?

A18: 15 minutes

Q19: Are any modifiers changing with the launch of the new 2019 CPT code changes? (Temp code Medicaid FAQ)

A19: Yes: Optum plans to utilize modifiers with the new CPT code set and additional information will be forthcoming. Modifiers will be subject to the health plan, or state Medicaid requirements.

Q20: Will Optum be using any HCPCS codes for indirect services such as treatment planning?

A20: No; Optum will use the new 2019 CPT codes only, for ABA services.

Q21: Will Optum use the temporary codes included in the 2019 CPT code release (0362T and 0363T)?

A21: Yes, Optum will adopt these codes for use in 2019, subject to each state health plan's, or state Medicaid, approval.

Q22: Where can I find more information on the changes?

A22: 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.