



December 30, 2019

Submitted via email

RE: United Behavioral Health/Optum Adaptive Behavior Services CPT® Code Time Rules

Dear Ms. Magana and Ms. Hodges:

We are contacting you to initiate a conversation about some recent changes to United Behavioral Health/Optum (UBH/Optum) policies regarding CPT® codes for reporting applied behavior analysis (ABA) services. Before offering some comments, we thought it might be helpful for you to have some background information about our involvement with the 2019 Category I and modified Category III CPT® codes for adaptive behavior (ABA) services.

Development of the code-change application (CCA) to modify the 2014 Category III codes and upgrade them to Category I was a collaborative project of the Association of Professional Behavior Analysts (APBA), Association for Behavior Analysis International (ABAI), Behavior Analyst Certification Board (BACB), and Autism Speaks, assisted by CPT consultants. Each of the four organizations designated principal and alternate representatives to serve on the project Steering Committee and invited representatives of small, medium, and large ABA provider agencies as well as payers to participate on what we refer to as the ABA Services Workgroup. Starting in 2015, the Steering Committee solicited and collated input on the Category III CPT® codes from our workgroup and thousands of other providers, consumers, and payers. That process included sending a utilization survey to 31,068 constituents of APBA, ABAI, and the BACB and representatives of nine other stakeholder societies. The signers of this letter represent the majority of the principal authors of the CCA, which we submitted to the American Medical Association (AMA) CPT® Editorial Panel in 2016 for review during its February 2017 meeting. We wrote the descriptors and associated material on the eight codes that the CPT® Editorial Panel approved as Category I (97151 – 97158) and the two modified codes the Panel designated to remain Category III (0362T, 0373T) with input from the Panel and representatives of some stakeholder societies. We also developed the material about the adaptive behavior services codes that appear in the AMA 2019 CPT® code book and the article in the November 2018 issue of the *CPT® Assistant* with input and editorial feedback from the AMA CPT editorial staff.

Since the AMA published the codes in late August 2018, we have developed and disseminated a code conversion table and suggestions for providers and payers to prepare for implementation of the codes; given multiple webinars and other presentations; and developed and distributed an article providing additional guidance on use of the codes. Recently we formed the ABA Coding Coalition, comprising 3 of the 4 organizations that were on the former Steering Committee along with the Council for Autism Service Providers (CASP). We provide guidance and resource materials, including those described above, to the ABA provider and payer communities at no cost via our website, www.abacodes.org. We are prepared to continue to develop materials to assist in implementation of the code set, as is common practice for professional societies. Throughout this process, we have engaged with the Centers for Medicare & Medicaid Services (CMS) regarding the new codes and have communicated with the National Correct Coding Initiative (NCCI) about Medically Unlikely Edits (MUEs) for the 2019 CPT® codes.

It has come to our attention recently that UBH/Optum has implemented rounding policies for the ABA CPT® codes that are not in accordance with the AMA's rules for time-based CPT codes. Specifically, your September 2019 communication to providers stated "1. All services are to be billed in 15 minute units; 10 minutes or more of services must be provided to bill for the unit of service."

As you are likely aware, the AMA CPT® Manual clearly outlines the CPT® time-based coding rule on page XVI of the Introduction section as follows:

Time

The CPT code set contains many codes with a time basis for code selection. The following standards shall apply to time measurement, unless there are code or code-range-specific instructions in guidelines, parenthetical instructions, or code descriptors to the contrary. Time is the face-to-face time with the patient. Phrases such as "interpretation and report" in the code descriptor are not intended to indicate in all cases that report writing is part of the reported time. ***A unit of time is attained when the mid-point is passed.*** For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed. When codes are ranked in sequential typical times and the actual time is between two typical times, the code with the typical time closest to the actual time is used. ***[Emphasis added].***

Additionally, as you know, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the Department of Health and Human Services to specify national standards for electronic transmittal of health care information. Those standards cover transactions and code sets, national provider identifier, national employer identifier, security, and privacy. They name CPT® (including codes and modifiers) and HCPCS as the required procedure code sets for all health care plans and providers who transmit information electronically. Those codes are owned and approved by the AMA, including rules surrounding their use and interpretation. We believe it is a violation of the AMA CPT® time-based coding rule outlined above to require more than the mid-point of any time-based code to be passed in order to bill one unit, as UBH/Optum has specified in its September 2019 communication to providers. Therefore we respectfully request that you rescind that policy and allow reporting of a unit for ABA services when a provider exceeds the mid-point, which is 8 minutes for all the CPT® codes in this family because all are per 15 minutes.

We thank you in advance for considering this request and welcome the opportunity to discuss the concerns outlined here or the 2019 code set generally. If you have any questions or would like to schedule a followup conversation, please contact Jenna W. Minton, Esq., at mintonhealthcarestrategies@gmail.com.

Sincerely,

Jenna W. Minton, CPT Consultant
Wayne Fisher, Behavior Analyst Certification Board
Gina Green, Association of Professional Behavior Analysts
Lorri Unumb, Council of Autism Service Providers
Judith Ursitti, Autism Speaks