

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 13, 2019

New Behavioral Health Coding for Early Intensive Behavioral Intervention (EIBI) Services for Commercial Lines of Business

As part of the implementation of revised medical policy X-43, Autism Spectrum Disorder: Assessment and Early Intensive Behavioral Intervention (provider bulletin P12-19) for commercial lines of business, Blue Cross and Blue Shield of Minnesota (Blue Cross) also adopted the Category I CPT® codes* for billing purposes for applied behavior analysis (EIBI).

In alignment with the effective date of revised medical policy X-43, Blue Cross began accepting the new Category I CPT codes for EIBI services for dates of service beginning on or after March 4, 2019.

The following Frequently Asked Question list shares more information about the recent coding change.

Definitions

- Category I CPT codes – Permanent code sets issued by the American Medical Association (AMA) that are considered to be consistent with contemporary medical practice and are widely performed.
- Category III CPT codes – Temporary codes for emerging technology, services and procedures.
- HCPCS codes – Standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes.

Key Points

- In alignment with the effective date of revised medical policy X-43, Blue Cross began accepting the new Category I CPT codes for EIBI services for dates of service beginning on or after March 4, 2019.
- Providers should use the Category I CPT codes with prior authorization requests and for billing purposes of dates of service on or after March 4, 2019 for EIBI services.
- The switch to the new Category I CPT codes is based on the date of service, not the date the claim was submitted. For dates of service prior to March 4, 2019, providers should bill the codes that were approved in their prior authorization requests.

| QUESTION | ANSWER |
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| 1. Why have the HIPAA codes for EIBI services changed? | <p>The AMA, under contract with the Centers for Medicare & Medicaid Services (CMS), makes changes to CPT code sets on an annual basis.</p> <p>The AMA released new Category I CPT codes used for emerging technology, services and procedures, to provide recognition that EIBI services are an empirically supported and medically necessary intervention.</p> |

| QUESTION | ANSWER |
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| 2. Who is affected by these HIPAA code changes for EIBI services? | All providers who are currently qualified and contracted to provide EIBI services are affected by these coding changes. |
| 3. When do these HIPAA coding changes for EIBI services go into effect? | Blue Cross implemented the new Category I CPT codes for EIBI services effective March 4, 2019 as part of its implementation of revised medical policy X-43, Autism Spectrum Disorder: Assessment and Early Intensive Behavioral Intervention, affecting commercial lines of business. |
| 4. Can the temporary Category III CPT codes be utilized after March 4, 2019? | Please submit your claims in alignment with the authorized codes you were given. |
| 5. Will the new codes require prior authorization? | <p>The new codes have been added to the existing prior authorization requirement for EIBI services. To learn which codes require prior authorization, Follow the steps below to review the list of services that require a PA.</p> <ol style="list-style-type: none"> 1. Access the ‘Provider Section’ of the Blue Cross website at providers.bluecrossmn.com 2. Under ‘Tools and Resources’ select ‘Medical policy’ then acknowledge the Acceptance Statement. 3. Click on the ‘+’ next to ‘Utilization Management’ and under the ‘Precertification Lists’ select the ‘Commercial 4. Pre-Certification/Pre-Authorization/Notification List’ |
| 6. How do I submit a prior authorization for EIBI services? | <p>To submit a prior authorization request you would use the Early Intensive Behavioral Health (EIBI) Services Pre-Authorization Request Form. You can access this form in the following way:</p> <ol style="list-style-type: none"> 1. Visit the ‘Provider Section’ of the Blue Cross website at providers.bluecrossmn.com 2. Under ‘Forms & publications’ select ‘forms – precertification/preauthorization/notification’ then scroll down the list to find the relevant form. <p>Please submit this information electronically through the provider web self-service site at www.availity.com.</p> |
| 7. If I have an existing authorization that is still valid for dates of service after March 4, 2019, can I use the codes already authorized, or do I need to get a new authorization and/or bill the new codes? | <p>You should bill the codes that were authorized. You do not need to obtain a new authorization reflecting the new codes if the current authorization has not expired.</p> <p>Any new authorization requests for dates of service after March 4, 2019 should be submitted using the new codes.</p> |

| QUESTION | ANSWER |
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| 8. How do I bill for indirect supervision services such as developing treatment goals, summarizing and analyzing data, coordination of care with other professionals, report progress towards treatment goals, develop and oversee transition or discharge plans, and training and directing staff on implementation of new/revised treatment protocols (patient not present)? | <p>Under the Category 1 codes, the AMA has indicated that all hours by a QHP must be direct. Due to this, services under 97155 must be 100 percent client facing; you may not render services without the member present.</p> <p>Because we recognize that you may require additional time to complete your report writing without the member present, we include up to 8 hours during each 6-month review period for you to update your treatment report using CPT code H0032.</p> |
| 9. What is the replacement for the previously used H0032 and/or the G9012 codes used for Case Supervision and Oversight? | The old “direct supervision” H0032/G9012 code has been cross-walked to the 97155 code, per the AMA. |
| 10. Why can I no longer bill caregiver training by a technician under the new Category I CPT codes? | <p>The AMA administers the Category III CPT codes and owns the official descriptions. The AMA identified that Caregiver Training (97156 and 97157) must be conducted by a QHP (Qualified Health Professional) but may be conducted with or without the patient present.</p> <p>For more information about these CPT codes, please consult the AMA website at www.ama-assn.org.</p> |
| 11. Where can I find out more information about the new Category I CPT codes? | The AMA administers the Category III CPT codes and owns the official descriptions; for more information about these CPT codes, please consult the AMA website at www.ama-assn.org . |

Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.