



# BlueCross BlueShield of Vermont

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## **TEMPORARY/EMERGENCY CORPORATE PAYMENT POLICY 29: APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES BY TELEMEDICINE OR TELEPHONE** Effective March 13, 2020 (retroactive)

**Policy No.:** CPP\_29

**Next Review:** May 31, 2020

**Effective Date:** March 13, 2020 (retroactive)

### **Document Precedence**

The Blue Cross and Blue Shield of Vermont (“BCBSVT”) Payment Policy Manual was developed to provide guidance for providers regarding BCBSVT payment practices and facilitates the systematic application of BCBSVT member contracts and employer benefit documents, provider contracts, BCBSVT corporate medical policies, and Plan’s claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the Plan’s claim editing solution, the Plan’s claim editing solution shall take precedence.

## **Payment Policy**

### **Description**

This payment policy is implemented in the context of the coronavirus pandemic and in an effort to improve social distancing.

BCBSVT’s Corporate Payment Policy on Telemedicine continues to apply for the services identified in that policy and rendered via HIPAA-compliant audio/ video means. This policy supplements that existing policy, for certain applied behavior analysis services delivered via telemedicine or telephone, on a temporary/ emergency basis.

### **Policy**

BCBSVT reimburses for certain applied behavior analysis delivered via telemedicine, not just on a temporary or emergency basis, as stated in BCBSVT’s Corporate Payment Policy 03: Telemedicine. In addition to those services, and on a temporary/emergency basis, BCBSVT will also pay for certain applied behavior analysis services listed in this policy when:



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- Services are rendered via HIPAA-compliant audio/video telemedicine means or by telephone if audio/video telemedicine is not available, and
- When the visit is between a provider and a patient (or parent of a patient under the age of 12)

While most of these services are best delivered face-to-face, it may be possible to deliver the services effectively via telemedicine (or some by telephone). For example:

- For the assessment services (e.g., 0362T, 97151, and 97152), another individual (such as a parent or behavior technician (BT), guided by the board-certified behavior analyst (BCBA)) could be administering the assessment tool while another clinician is watching via video.
- The direct observation, real-time feedback, and data gathering required for certain treatments (e.g., 97153, 97154, 97158) may be possible via telemedicine or telephone if, for example:
  - A member with higher functional skills and limited social skills could be assisted to have a device set up (video or audio) where the member could interact with a BT and work on social interactions and goals.
  - A member with limited functional skills could have a parent/caregiver set up a video device and work directly with the member through guidance provided in real time by a BT (video conferencing).
- For certain treatments (e.g., 97155), the BT could be providing the treatment and BCBA could be monitoring by video or audio, and there could be flexibility on audio/video follow-up between the BCBA and BT after the session if the BCBA is not able to provide guidance during the session.
- For certain guidance services (e.g., CPT 97156, 97157) the BCBA could be providing education or guidance through a video or audio platform.

The Provider is responsible for:

- Obtaining verbal or written consent from the patient or the patient's adult representative for the use of telemedicine to conduct the visit
- Documenting this consent in the patient's medical record
- Advising the patient that the visit will be billed to BCBSVT
- Documenting the visit in accordance with standard requirements, including the requirements set forth in the applicable BCBSVT policies, such as the Medical and Treatment Records Standards policy. These requirements include, but are not limited to the following:
  - Documentation that the patient has been informed about the nature of the service and that it will be billed to BCBSVT as such;
  - Documentation of the member's individualized treatment plan; and
  - Progress notes demonstrating evidence of improvement and/or lack of improvement or regression
- Using telemedicine only for visits that fall within the standard of care and that can be reasonably and safely handled via telemedicine
- Obtaining any prior approval that may be required by the member's benefits.



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## Not Eligible for Payment

Any services delivered pursuant to the terms of this temporary policy should be appropriate for delivery through telemedicine. Services not appropriate for delivery via telemedicine may not be reimbursed.

## Eligible Services

Please see the coding table provided as Attachment 1 to this policy.

## Benefit Determination Guidance

Coverage for services is dependent on the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit. However, under this temporary policy, services that are covered under a benefit plan will be covered as if they were delivered in the office.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible. Member cost sharing under this policy will be the same cost sharing that would apply had the services been delivered in-person.

**Federal Employee Program (FEP):** Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

**Inter Plan Programs (IPP):** In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (BCBSVT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

## Provider Billing Guidelines and Documentation

For the ABA service codes listed in this policy, providers should append telemedicine modifier (-95) and bill using place of service 02.



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### National Drug Code(s)

Health Care Procedure Coding System (HCPCS) codes related to chemotherapy drugs, drugs administered other than oral method, and enteral/parenteral formulas may be subject to National Drug Code (NDC) processing and pricing. The use of NDC on medical claims helps facilitate more accurate payment and better management of drug costs based on what was dispensed and may be required for payment. For more information on BCBSVT requirements for billing of NDC please refer to the provider portal at <http://www.bcbsvt.com/provider-home> for the latest news and communications.

### Eligible Providers

This policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

### Audit Information:

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

### Related Policies/References:

BCBSVT Corporate Payment Policy 03 – Telemedicine  
BCBSVT Medical and Treatment Record Standards Policy

Reference: American Medical Association. (2020). *CPT®: Current Procedural Terminology (Professional)*. Chicago IL: American Medical Association.

### Policy Implementation/Update Information

This policy is implemented on an emergency/temporary basis retroactive to March 13, 2020. The policy will be reviewed on or before May 31, 2020.



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Approved by

Date Approved: 4/8/2020

A handwritten signature in black ink, appearing to read "Josh Plavin MD, MPH".

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Joshua Plavin, MD, MPH, MBA, Vice President & Chief Medical Officer

A handwritten signature in black ink, appearing to read "Dawn Schneiderman".

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Dawn Schneiderman, Vice President, Chief Operating Officer



**Attachment 1: Coding Table  
Applied Behavior Analysis Codes**

The following will be considered as Medically Necessary when applicable criteria have been met.

Code	Description	Instructions
<b>0362T</b>	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	Telemedicine Only (not telephone). Refer to BCBSVT's Corporate Medical Policy on Applied Behavior Analysis (ABA) for any prior approval requirements.
<b>97151</b>	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	Telemedicine Only (not telephone); see BCBSVT Corporate Payment Policy 03 (Telemedicine). This service may be delivered by telemedicine, not just on a temporary basis during the emergency period. Refer to BCBSVT's Corporate Medical Policy on Applied Behavior Analysis (ABA) for any prior approval guidelines.
<b>97152</b>	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes.	Telemedicine Only (not telephone); see BCBSVT Corporate Payment Policy 03 (Telemedicine). This service may be delivered by telemedicine, not just on a temporary basis during the emergency period. Refer to BCBSVT's Corporate Medical Policy on Applied Behavior Analysis (ABA) for any prior approval requirements.



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<b>97153</b>	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Telemedicine or Telephone- Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval requirements.
<b>97154</b>	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Telemedicine or Telephone- Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval requirements.
<b>97155</b>	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Telemedicine or Telephone- Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval requirements.
<b>97156</b>	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Telemedicine or Telephone (telephone allowed on a temporary basis only). Per BCBSVT Corporate Payment Policy 03 (Telemedicine), this service may be delivered by telemedicine, not just on a temporary basis during the emergency period. - Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval requirements.
<b>97157</b>	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Telemedicine or Telephone (telephone allowed on a temporary basis only). Per BCBSVT Corporate Payment Policy 03 (Telemedicine), this service may be delivered via telemedicine, not just on a temporary basis during the emergency period. - Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval requirements.



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**97158**

Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Telemedicine or Telephone (telephone allowed on a temporary basis only). -- Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval requirements.