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Adaptive Behavior Assessments and Treatment Descriptors for July 1, 2014 Reporting

Current Procedural Terminology (CPT®) Category III Adaptive Behavior Assessment and Treatment codes and guidelines were published on the AMA CPT Web site at www.ama-assn.org/go/cpt (see Related Link-Category III codes) in January and March 2014, for implementation on July 1, 2014, and for inclusion in the CPT® 2015 code set. The Category III codes are a set of temporary codes that provide a uniform mechanism for reporting emerging technology services and procedures and facilitate data tracking and utilization.

The Category III codes for adaptive behavior assessment and treatment are applicable to patients of any age with autism spectrum disorders (ASDs) or other diagnoses or conditions (eg, developmental disabilities, head trauma) associated with deficient adaptive or maladaptive behaviors (eg, impaired social skills and communication, destructive behaviors, or additional functional limitations secondary to maladaptive behaviors). These codes were developed by a CPT Editorial Panel workgroup consisting of members representing psychiatry, psychology, speech-language and hearing, clinical social workers, neurology, occupational therapy, behavioral analysts, pediatrics, and payers.

While the adaptive behavior assessment and treatment Category III codes may be used by any physician or other qualified health care professional (licensed and/or credentialed professional), the majority of these services will be delivered by a behavior analyst (advanced degree professional) or licensed psychologist who designs and directs treatment protocols delivered by an assistant behavior analyst or technician(s). Some states require that behavior analysts be certified by the Behavior Analyst Certification Board® (BACB). State laws and government and private health plans determine coverage for these services and who may report and receive these services.

Legislation requiring coverage of autism treatment including applied behavior analysis (ABA) services has been considered or already enacted by most, if not all, states. A uniform mechanism was not available for reporting ABA services as states and insurance companies adopted the use of different codes. Some states adopted Level II Healthcare Common Procedure Coding System (HCPCS) codes (eg, H2001, H2010, H2011, H2012, H2013, H2014, H2019, H2020), while others allowed the use of Level I HCPCS codes (CPT Category I codes) that do not accurately describe behavior analysis treatment services and are not appropriate to report for these services. Examples of such CPT codes are individual psychotherapy [90834]; group psychotherapy [90853]; psychological testing

[96101]; development screening [96110]; neurobehavioral status exam [96116]; neuropsychological testing [96118]; health and behavior intervention [96152]; group speech therapy [92508]; and occupational therapy evaluation [97003]. These codes are outside the scope of practice for most of the professionals (eg, behavior analysts) who typically provide ABA services and typically, the elements of these codes are not met when ABA services are rendered. CPT Category I codes should not be used to report adaptive behavior assessment and treatments. However, it is not uncommon for other professionals (eg, psychologists) to use behavior-analytic principles and procedures as components of their overall clinical assessments and interventions, and in such cases, CPT Category I codes may be appropriate.

Occupational therapists (OT); speech language pathologists (SLP); licensed clinical social workers (LCSWs); physical therapists (PTs); psychiatrists; psychologists; and clinical neurologists also provide services to patients with ASD. However, their services are considered separate and distinct from ABA and should be reported separately, as instructed in the exclusionary parentheticals in the new Category III adaptive behavior assessment and treatment codes:

(For psychiatric diagnostic evaluation, see 90791, 90792)

(For speech evaluations, see 92521, 92522, 92523, 92524)

(For occupational therapy evaluation, see 97003, 97004)

(For medical team conference, see 99366, 99367, 99368)

(For health and behavior assessment/intervention, see 96150, 96151, 96152, 96153, 96154, 96155)

(For neurobehavioral status exam, use 96116)

(For neuropsychological testing, use 96118)

Workgroup's Guiding Principles for Code Development

The CPT Editorial Panel ABA workgroup applied a list of guiding principles to their development of the assessment and treatment codes, specifically that the codes should (1) not be limited to a specific diagnosis; (2) focus on behavior therapy and not educational services (exception: family and multiple family-group codes [0370T, 0371T] incorporate educational components, and treatment requiring

modified protocols codes [0368T, 0369T, 0373T, 0374T] incorporate demonstration/training of behavior analysis team or caregivers); (3) not be site-specific (the services may be provided in various settings, including home, school, community, clinic, outpatient and inpatient hospital settings); (4) not be age-specific (codes are for both children and adults); (5) differentiate between direction provided on-site (direct) or off-site (indirect); (6) distinguish between activities of the physician and/or qualified health care professional and those of the technician and/or assistant; (7) avoid unnecessary layers of complexity (eg, comprehensive, initial, reassessment); (8) avoid terms that are open to interpretation or defined differently by different specialty groups (eg, functional, probing, in-vivo); (9) avoid overlap with existing codes that have in the past or are presently being inappropriately reported; (10) provide exclusionary cross-references denoting codes used by other professionals who treat the same type of patients (eg, speech language hearing and occupational therapy services); (11) designate codes to be reported by a single provider (although behavior analysis services are often provided by more than one individual [eg, behavioral analyst and technicians], only the physician or other qualified health care professional [eg, behavioral analyst] bills for these services); and (12) adhere to the time concepts already established in the CPT code set (see guidelines on page xv, *CPT 2014 Professional Edition*).

Behavior Identification Assessment (0359T)

Code 0359T is used to report identification of deficient adaptive or maladaptive behaviors (eg, impaired social skills and communication deficits, destructive behaviors, and additional functional limitations secondary to maladaptive behaviors) and development of plan of care. This service includes the following elements (not necessarily in this order), and may be reported only once within a defined period of time (typically, a six-month to one-year interval):

- Conducting a face-to-face observation of patient (patient must be present)
- Obtaining a history of current and past behavioral functioning
- Reviewing previous assessments and health records
- Conducting interviews with guardian/caregiver to further identify and define deficient adaptive or maladaptive behaviors
- Administering standardized and non-standardized tests (eg, Assessment of Basic Language and Learning Skills (ABLLS))
- Interpreting test results
- Determining areas that need to be addressed including development of plan of care, and when warranted, design of instructions for technician(s) to conduct follow-up observation or exposure assessments to study specific adaptive skills and problem behaviors (these assessments are reported separately with codes 0360T, 0361T, 0362T, 0363T)
- Discussing findings and recommendations with the primary guardian(s)/caregiver(s)
- Preparing report

Code 0359T is an untimed code, although the typical face-to-face time with the patient and guardian(s)/caregiver(s) is approximately 90 minutes, and code 0359T is considered a single unit of service regardless of the number of hours or days required to complete the assessment. Code 0359T is reported by a single physician or other qualified health care professional.

- **0359T** Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report

Coding Tip

Reassessment may be reported with the assessment code 0359T. A reassessment is typically required after the success or failure of the current treatment plan necessitating new and/or revised treatment goal(s).

A behavior identification assessment (0359T) may be followed by an observational assessment of behavioral functioning (0360T, 0361T) or exposure behavioral follow-up assessment(s) (0362T, 0363T). Code 0359T may be reported for the assessment required for early intensive behavioral intervention (EIBI).

Behavioral Follow-up Assessments

One of two different types of behavioral follow-up assessments (0360T, 0361T, 0362T, 0363T) may be required to enable the physician or other qualified health care professional to finalize or fine-tune the baseline results and plan of care that were initiated in the behavior identification assessment (0359T).

Codes 0360T and 0361T are used to report follow-up assessments that require patient observation and the presence of one technician directed by physician and/or other qualified health care professional, who may be off-site. Codes 0362T and 0363T are used to report follow-up assessments that are less frequently performed and require manipulation of the patient's environment. Codes 0362T and 0363T are provided by a team of technicians and require direct (on-site) direction by a physician or other qualified health care professional due to the high intensity of the patient's severe destructive behavior(s).

The behavioral follow-up assessment codes (0360T, 0361T, 0362T, 0363T) are structured to enable the face-to-face time of the technician(s) to serve as a proxy for capturing the work of the physician or other qualified health care professional, who provides either off-site direction (0360T, 0361T) or on-site direction (0362T, 0363T). The time that the patient is face-to-face with the technician(s) correlates with the physician's or other qualified health care professional's work, which includes: technician direction; analysis of results of testing and data collection; preparation of report and plan of care; and discussion of findings and recommendations with the primary guardian(s)/caregiver(s). This is similar to the methodology used in valuing the complex chronic care coordination service codes (99487-99489).

The follow-up assessments are services administered on a single calendar day based on 30-minute increments of technician time face-to-face with the patient. Often these assessments must be repeated over multiple days, usually less than one month. See Table 1 for assistance in selecting the appropriate follow-up assessment codes based on the time concepts established in the CPT code set (see guidelines on page xv, *CPT 2014 Professional Edition*).

Table 1. CPT Time–Rule for Face-to-Face Technician Time

Time	CPT code(s)
Less than 16 min	Not reportable
16-45 min	0360T or 0362T
46-75 min	0360T and 0361T or 0362T and 0363T
Each additional increment up to 30 min	Additional 0361T or 0363T

Coding Tip

When more than one technician is present with the patient, codes 0360T, 0361T, 0362T, and 0363T are based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians.

Observational Behavioral Follow-Up Assessment

The observational behavioral follow-up assessment (0360T, 0361T) is designed by the physician or other qualified health care professional to identify and evaluate factors that may impede the expression of adaptive behavior. This assessment utilizes structured observation and/or standardized and nonstandardized tests to determine the levels of adaptive behavior. It also enables the technician to evaluate a patient's social behavior to determine if the patient has a particular set of social skills, as well as the contexts in which social responses are either likely or unlikely to occur, and the qualitative and quantitative parameters of the reinforcers that maintain the responses. Areas assessed may include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play and leisure, and social interactions. Typical patients are young children with severe problems in communication, social relatedness, and/or repetitive behaviors, such as echolalia, lack of pragmatic language, lack of empathy, lack of social reciprocity, little or no functional play skills, repetitive and ritualistic behavior, and self-injurious behavior (eg, head hitting and finger biting). Assessments are typically completed over multiple days and less than one month after the behavior identification assessment—results are provided (0359T).

● **0360T** Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient

+● **0361T** each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)

▶ (Use 0361T in conjunction with 0360T) ◀

Coding Tip

If the physician or other qualified health care professional personally performs the technician activities, his or her time engaged in these activities may be included as part of the required technician time to meet the elements of the code.

Exposure Behavioral Follow-Up Assessment

The exposure behavioral follow-up assessment (0362T, 0363T), which is less frequently performed, is designed by the physician or other qualified health care professional to manipulate or stage environmental or social contexts in order to examine triggers, events, cues, responses, and consequences associated with maladaptive destructive behavior(s) (eg, self-injurious behavior, aggression, property destruction, pica, or incessant screaming). This service requires the physician or other qualified health care professional to provide on-site direction to a team of technicians. Typically, two to three technicians are required for this service but additional technicians may be needed for exceptionally strong, combative, or dangerous patients.

Exposure behavioral follow-up assessment often requires the use of protective gear and/or a padded room to avoid injuries to patient (eg, hitting head against objects, hitting head with hands, forcefully throwing body, self-biting to hands and arms) and others (eg, hitting, biting, kicking, spitting).

● **0362T** Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient

+● **0363T** each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)

► (Use 0363T in conjunction with 0362T) ◀

► (0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians) ◀

Coding Tip

In reporting codes 0362T and 0363T, only the face-to-face time spent by any one technician during a single session of sequential time may be counted.

Adaptive Behavior Treatment

The adaptive behavior treatment codes (0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0373T, 0374T) are used to report services for patients diagnosed with ASD or other diagnoses or conditions (eg, developmental disabilities, head trauma) associated with deficient adaptive or maladaptive behaviors (eg, impaired social skills and communication, destructive behaviors, or additional functional limitations secondary to maladaptive behaviors). These services are face-to-face with a patient or patient's family alone or in a group. The majority of these services are provided by technician(s) under the direction of a behavior analyst.

Adaptive behavior treatment addresses the patient's specific target problems and treatment goals as defined in previous assessments (see 0359T-0363T). Adaptive behavior treatment is based on principles including analysis and alteration of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior, and monitoring of outcome metrics.

Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior, and improved communication and social functioning. Adaptive behavior skill tasks are often broken down into small, measurable units, and each skill is practiced repeatedly until the patient masters it.

Adaptive behavior treatment may take place in multiple sites and social settings (eg, controlled treatment programs with the patient alone or in a group setting, home or other natural environment).

The treatment codes are based on daily units of service in 30-minute increments. The frequencies with which the services are provided vary depending on the number of target problems and treatment goals. The typical EIBI patient initially has 15 or more treatment targets and requires 25 hours of treatment per week during a defined treatment period. Older patients typically have fewer targets and require considerably fewer treatment units per week. State mandates and payer policies regulate the frequency in which these services are compensated.

Coding Tip

The same time rules applied to the assessment codes (see Table 1) also apply to the codes for adaptive behavior treatment by protocol (0364T, 0365T), group adaptive behavior treatment by protocol (0366T, 0367T), and adaptive behavior treatment with protocol modification (0368T, 0369T). For example, the timed-treatment codes may be reported when the midpoint is reached (eg, 16 minutes for the 30-minute codes 0364T, 0366T, 0368T). Add-on codes 0365T, 0367T, 0369T may be reported for 16 minutes or more of treatment beyond the first 30 minutes of treatment up to a total of 75 minutes. An additional unit of 0365T, 0367T, or 0369T may be reported for each additional increment of up to 30 minutes of face-to-face technician time (0365T, 0367T) or other qualified health care professional time (0369T).

Adaptive Behavior Treatment by Protocol

Adaptive behavior treatment by protocol (0364T, 0365T, 0366T, 0367T) is administered by a single technician under the direction (on-site or off-site) of the physician or other qualified health care professional by adhering to the protocols that have been designed by the physician or other qualified health care professional. This treatment is delivered to a patient alone (0364T, 0365T) or while attending a group session (0366T, 0367T).

Codes 0364T, 0365T include skill training delivered to a patient who, for example, has poor emotional responses (eg, rage with foul language and screaming) to deviation in rigid routines. The technician introduces small, incremental changes to the patient's expected routine along one or more stimulus dimension(s), and a reinforcer is delivered each time the patient appropriately tolerates a given stimulus change. Gradually, more intrusive changes in routines are faded into preferred daily activities until the patient appropriately tolerates typical variations in daily activities without poor emotional response. The physician or other qualified health care professional directs the treatment by designing the overall sequence of stimulus and response fading procedures, analyzing the technician-recorded progress data to assist the technician in adhering to the protocol and judges whether the use of the protocol is producing adequate progress.

● **0364T** Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time

+● **0365T** each additional 30 minutes of technician time (List separately in addition to code for primary procedure)

▶ (Use 0365T in conjunction with 0364T) ◀

Codes 0366T and 0367T include skill training delivered to a patient, with ASD or another condition, who could benefit from skill training in a group of peers, typically with similar issues. For example, the technician assists the patient in playing a game that requires group interaction by simple turn taking. The amount of time and complexity of turn taking of each participant is gradually increased (which the patient is more reluctant to interrupt). The technician administers reinforcers, error-correction procedures, or other consequences based on the patients' level of participation. The physician or other qualified health care professional has analyzed each of the social tasks required for the turn-taking exercise before the group begins and has designed graded levels of social participation, such that the patient is able to succeed in their turn at the appropriate time and allow others to take turns at other times. The other qualified health care professional analyzes technician-recorded progress data to assist the technician in adhering to the protocol and judges whether the use of the protocol is producing adequate progress.

● **0366T** Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time

+● **0367T** each additional 30 minutes of technician time (List separately in addition to code for primary procedure)

▶ (Use 0367T in conjunction with 0366T) ◀

Coding Tip

Do not report codes 0366T and 0367T for patients in groups larger than 8 patients.

Report group adaptive behavior treatment by protocol (0366T, 0367T) only for patients who are participating in the interaction in order to meet their own individual treatment goals.

Adaptive Behavior Treatment by Protocol Modification

Unlike the adaptive behavior treatment by protocol, adaptive behavior treatment with protocol modification (0368T, 0369T) is not administered by a technician, but rather the physician or other qualified health care professional, who is face-to-face with a single patient, delivers the service. The service may include demonstration of the new or modified protocol to a technician, guardian(s) and/or caregiver(s). For example, codes 0368T and 0369T will include treatment services provided to a teenager who is recently placed with a foster family for the first time and is experiencing a regression of the behavioral targets which were successfully met in the group-home setting related to the patient's atyp-

ical sleeping patterns. The clinical social worker modifies the past protocol targeted for desired results to incorporate changes in the context and environment. A modified-treatment protocol is administered by the qualified health care professional to demonstrate to the new caregiver how to apply the protocol(s) to facilitate the desired sleeping patterns to prevent sleep deprivation.

● **0368T** Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time

+● **0369T** each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)

▶ (Use 0369T in conjunction with 0368T) ◀

Coding Tip

When the physician or other qualified health care professional instructs the technician about the treatment protocol without the patient present, the service is not reported separately.

Family and Multiple-Family Group Adaptive Behavior Treatment Guidance

It is important that family members or guardians learn to apply the same treatment protocols to reduce maladaptive behaviors and reinforce appropriate behavior. Family adaptive behavior treatment guidance and multiple-family group adaptive behavior treatment guidance (0370T, 0371T) are administered by a physician or other qualified health care professional face-to-face with guardian(s)/caregiver(s), without the presence of a patient, and involve identifying problem behaviors and deficits, and teaching guardian(s)/caregiver(s) of one patient (0370T) or multiple patients (0371T) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits.

● **0370T** Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)

● **0371T** Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)

Coding Tip

Do not report codes 0370T and 0371T if the group includes guardian(s)/caregiver(s) of more than 8 patients.

Adaptive Behavior Treatment Social Skills Group

Adaptive behavior treatment social skills group (0372T) is administered by a physician or other qualified health care professional to patients in a social skills group. The physician or other qualified health care professional monitors the needs of individual patients and adjusts the therapeutic techniques in real-time to address targeted social deficits and problem behaviors utilizing various techniques (eg, modeling, rehearsing, corrective feedback). For example, code 0372T includes the treatment of an adult patient with Savant syndrome who works for a community agency that employs special needs individuals. This patient annoys his co-workers because he tells the same joke over and over, and talks incessantly about comic-book heroes. The qualified health care professional begins the group session by asking each group member to briefly discuss two social encounters with the Savant syndrome patient that occurred since the last session, one that went well and one that did not. The qualified health care professional uses this information to then develop a group activity in which each patient will have the opportunity to practice the activities from the encounters that went well and to problem solve the activities that did not go well. Each participant is given specific measurable goals to contribute to the success of their social relationships at work. The qualified health care professional adjusts the level of assistance (eg, prompts) and feedback given to each member based on their skill level and ongoing progress in the group. The qualified health care professional ends the group session by summarizing the behavioral treatment principles that were addressed, answering questions, and giving each member of the group an individualized homework assignment to practice a particular social skill.

● **0372T** Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients

Coding Tip

Do not report code 0372T if the group is larger than 8 patients. Report adaptive behavior treatment social skills group (0372T) only for patients who are participating in the interaction in order to meet their own individual treatment goals.

Exposure Adaptive Behavior Treatment

An exposure adaptive behavior treatment (0373T, 0374T) is required when environmental conditions need to be staged to train appropriate alternative responses under the environmental contexts that typically evoke problem behavior. Exposure adaptive behavior treatment addresses one or more specific severe destructive behaviors (eg, self-injurious behavior [SIB], aggression, property destruction). These services are provided to patients under the onsite direction of the physician or other qualified health care professional and require multiple technicians. For example, three technicians work with a patient who uses violent behavior to avoid non-preferred tasks; the first technician collects continuous real-time data on the patient's SIB, aggression, and communication responses, a second technician stands closely behind the patient and blocks the patient's attempts at SIB, while the third technician uses modeling and differential reinforcement to teach the patient to request attention using a short phrase ("Pay please"). The physician or other qualified health care professional directs the sequence of events utilizing, for example, real-time observation (eg, from behind a one-way mirror) and two-way radio. The physician or other qualified health care professional reviews and analyzes data and refines the therapy using single-case designs; ineffective components are modified or replaced until discharge goals are achieved (eg, reducing destructive behavior by at least 90%, generalizing the treatment effects across caregivers and settings, or maintaining the treatment effects over time). Often, these services are provided in intensive outpatient, day treatment, or inpatient facilities, depending on the dangerousness of the behavior.

● **0373T** Exposure adaptive behavior treatment with protocol modification requiring two or more

technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient

+ ● **0374T**

each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)

▶ (Use 0374T in conjunction with 0373T) ◀

▶ (0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians) ◀

Coding Tip

Exposure adaptive behavior treatment is typically provided in a structured, safe environment (eg, padded room), and protective gear is utilized as needed to protect the patient and the technicians and other qualified health care professional.

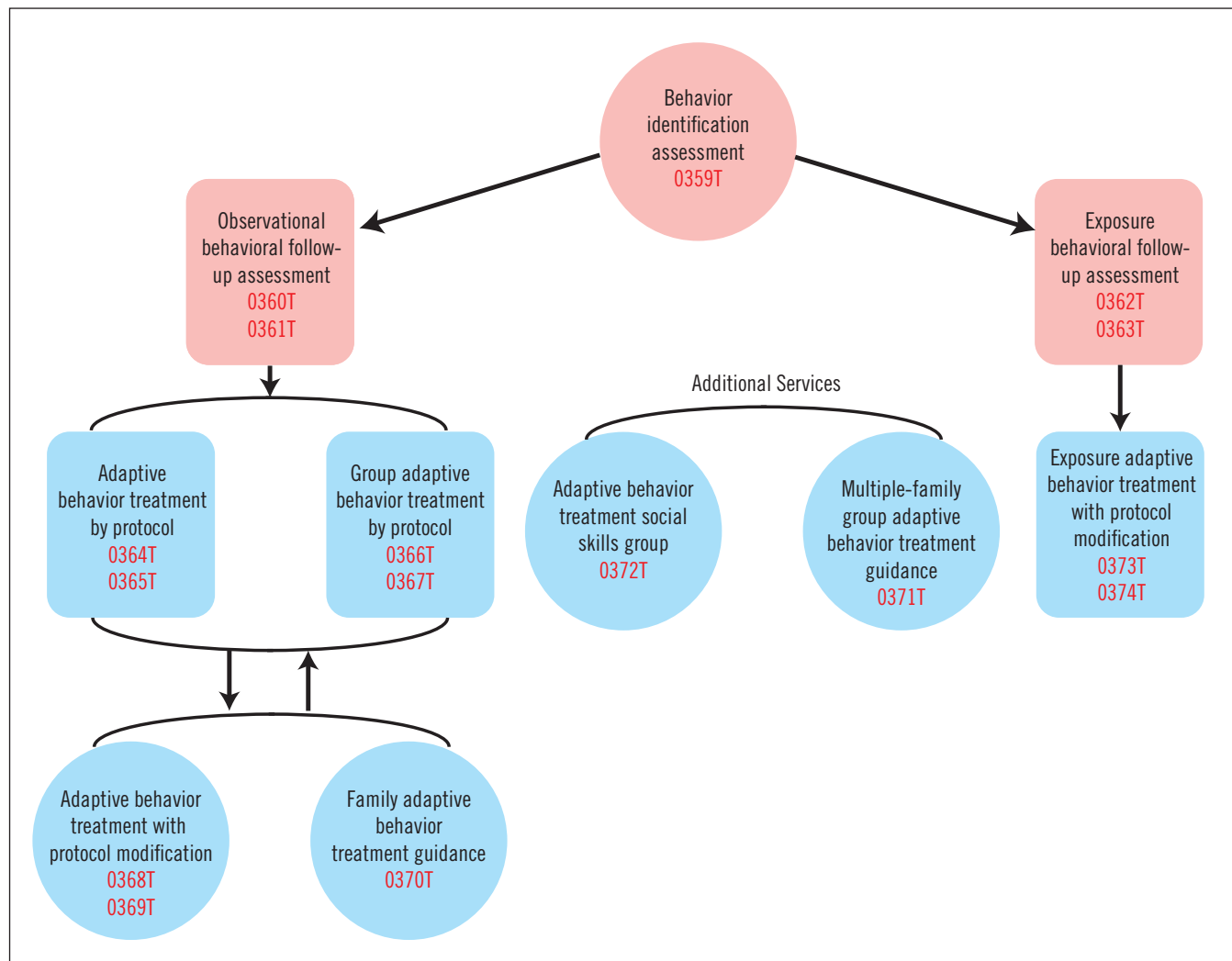
In reporting codes 0373T, 0374T, only the face-to-face time spent by one technician during a single session of sequential time may be counted. Although the physician or other qualified health care professional is on-site, he or she may be directing 5-10 other similar treatments simultaneously.

The complexity of the exposure adaptive behavior treatment codes (0373T, 0374T) is addressed by the increased time designation (60 minutes) and the usage of multiple technicians. Exposure adaptive behavior treatment services that extend beyond the initial hour may be reported with code 0373T when the face-to-face technician time extends 15 minutes beyond the first 60 minutes. The add-on code 0374T may be reported for 16 minutes or more of treatment beyond the first 60 minutes of treatment, up to a total of 105 minutes. An additional unit of code 0374T may be reported for each additional increment of face-to-face (multiple) technician time up to 30 minutes. Time does not need to be sequential, as the patient may require frequent breaks in treatment.

For an overview of the adaptive behavior algorithm and the appropriate CPT codes to report, see Figure 1.

Note: The Category III behavior assessment and treatment codes are scheduled to sunset (archive) in January, 2020. For more information on conversion from Category III to Category I code status (maintenance process), download the “CPT® Category III Codes: The First Ten Years” from Category III Codes in the **Related Links** navigation-panel at www.ama-assn.org/go/CPT. ♦

Figure 1. Adaptive Behavior Assessment and Treatment



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