Magellan HEALTHCARE SM

HIPAA Coding Changes for Applied Behavior Analysis (ABA) Services
Background and Frequently Asked Questions

BACKGROUND

Magellan will adopt the Category I CPT® codes* for billing purposes for applied behavior analysis (ABA) in 2019. All Category I CPT codes and descriptions are copyright of the American Medical Association (AMA). The new Category I CPT codes for ABA services must be used for members for dates of service beginning on or after Jan. 1, 2019; however, some states may have varying implementation dates, which will be reflected in communications for those specific areas.

DEFINITIONS

- *Category I CPT codes* – Permanent code sets issued by the 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

- Providers should begin billing ABA services using the Category I CPT codes for dates of service on or after Jan. 1, 2019.
- 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 Jan. 1, 2019, providers should bill the existing codes outlined in their contracts.

FREQUENTLY ASKED QUESTIONS

QUESTION:	ANSWER:
Why have the HIPAA codes for ABA services changed?	The AMA, under contract with the Centers for Medicare & Medicaid Services (CMS), makes changes to CPT code sets on an annual basis. The AMA released new Category I CPT codes used for emerging technology, services and procedures, to provide recognition that ABA services are an empirically supported and medically necessary intervention.
Who is affected by these HIPAA code changes for ABA services?	All providers who are currently qualified and contracted to provide ABA services.
When do these HIPAA coding changes for ABA services go into effect?	The new Category I CPT codes for ABA services go into effect Jan. 1, 2019. *Note: Some states may have varying implementation dates, which will be reflected in communications for those specific areas.*

QUESTION:	ANSWER:
Will I be able to begin using and receive payment using the new Category I CPT codes **prior** to Jan. 1, 2019?	No.
Can the temporary Category III CPT codes be utilized after Jan. 1, 2019?	No. The AMA is expiring the temporary Category III CPT ABA procedure codes effective Dec. 31, 2018. Only two of those codes will be retained and eligible for use after Dec. 31, 2018; those codes are 0362T and 0373T.
Have my rates changed?	Magellan has mapped the new Category I CPT codes to the existing HCPCS codes listed on the Magellan Exhibit B Autism Related Services reimbursement schedule. The pre-existing codes and services have been mapped to the new codes in a manner that is intended to be revenue neutral to providers. See the *HIPAA Coding Crosswalk for ABA Services* at www.MagellanProvider.com/Autism for more information.
Will I need a new contract with Magellan?	No, the amendment you received amends your current Magellan agreement.
Am I required to accept the new Category I CPT codes?	Adoption of these codes is at the payers' discretion. Magellan has made the decision to adopt these codes for ABA services. As a contracted provider that may provide ABA services, you are receiving a reimbursement schedule with the Category I CPT codes as an additional reimbursement schedule to your agreement. These changes are reflected in the amendment to your agreement. If you object to these new codes, you must submit objections in writing within 33 days of the date of the letter you received. (Note, some states do allow longer to object and, where applicable, this will be referenced in the communication you receive from Magellan). Submit objections to: Magellan Healthcare, Inc. Attn: Provider Correspondence MO14 14100 Magellan Plaza Maryland Heights, MO 63043
If I have an existing authorization that is still valid for dates of service after Jan. 1, 2019, can I use the codes already authorized, or do I need to get a new authorization and/or bill the new codes?	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. Magellan requests that you bill either the HCPCS codes or the new Category I CPT codes, whichever were authorized. Effective, Jan. 1, 2019, Magellan will not accept the existing *temporary* CPT codes; these will be denied.

QUESTION:	ANSWER:
Will the new Category I CPT codes need to be authorized?	ABA services continue to require prior authorization. For authorizations that span into 2019: • Magellan will honor all existing authorizations that extend into 2019. Magellan's claims systems will allow claims to adjudicate using the new Category I CPT codes for services authorized under your existing contracted codes. NOTE: Expiring Category III CPT codes (temporary) cannot be billed for dates of service after Dec. 31, 2018. • Beginning Nov. 1, 2018, Magellan is issuing split authorizations using existing contracted codes for dates of service through Dec. 31, 2018, and the new Category I CPT codes for dates of service Jan. 1, 2019 and beyond. • For states that are adopting the coding change later than Jan. 1, 2019, we will begin to issue split authorizations at a later date.
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.
What if I have additional questions regarding these HIPAA coding changes for ABA services?	Magellan will post updates to this FAQ, as well as links to the *HIPAA Coding Crosswalk for ABA Services* and related webinars on the provider website. See www.MagellanHealth.com/Autism for more information. If you have other questions about how these coding changes will affect administrative services with Magellan, contact your area field network representative, email MPComSupport@MagellanHealth.com or call the Magellan Provider Services Line at 1-800-788-4005. For authorizations, call the phone number on the back of the member's ID card.
How long can I bill for services rendered using the HCPCS codes and still get paid?	Magellan will continue to accept the pre-existing HCPCS codes on electronic or paper claim forms for dates of service prior to Jan. 1, 2019. Timely filing limits apply. For dates of service Jan. 1, 2019 and after, you should bill with the codes that have been authorized. Refer to the authorization letter, and check www.MagellanProvider.com/Autism for more information about covered codes.
If I can't get my billing system updated with the Category I CPT codes by Jan. 1, 2019, what should I do?	Magellan encourages all providers to work with their vendors to update billing systems with new codes as soon as possible to avoid billing delays. You should bill as soon as your systems are updated. Timely filing limits still apply.

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<tr><th>QUESTION:</th><th>ANSWER:</th></tr>
<tr><td>What if I have not been notified by mail yet?</td><td>Because different states have various notification requirements, Magellan's outreach to providers will be staggered.</td></tr>
<tr><td>Pennsylvania providers only – Do these coding changes apply to the PA HealthChoices programs included in my contracts?</td><td>No, at this time the coding changes are only being implemented for our commercial/employer health plans. Coding changes for PA HealthChoices will not be made until the PA Department of Human Services transitions to new code sets.</td></tr>
<tr><td>How do I handle my COB claims for PA HealthChoices when Magellan is the primary commercial payer?</td><td>Providers will need to work with their respective PA HealthChoices vendors to determine how they should manage their secondary/COB claims submissions.</td></tr>
<tr><td>Virginia providers only – Do these coding changes apply to the VA DMAS programs included in my contracts?</td><td>At this time, coding changes for behavior therapy and ABA services for VA DMAS will not be made until the Department of Medical Assistance Services (DMAS) transitions to new code sets. Coding changes will apply to EPSDT therapeutic group home providers that use EPSDT support codes.</td></tr>
<tr><td>How do I use the reporting code 90889?</td><td>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.

Because we recognize that you might require time to complete your report writing without the member present, we include some time during each authorization period for you to write your reports under CPT code 90889. Note that we will not exceed this number of hours, and under no circumstance, will we authorize any indirect hours outside of the table below.

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<tr><th>Length of authorization</th><th>Number of hours authorized under 90889</th></tr>
<tr><td>1-2 months</td><td>1</td></tr>
<tr><td>3-4 months</td><td>2</td></tr>
<tr><td>5-6 months</td><td>3</td></tr>
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<tr><td>What is the replacement for the previously used H0032 and/or the G9012 codes used for Case Oversight? O can't find that description in the coding crosswalk.</td><td>The old "direct supervision" H0032 code has been cross-walked to the 97155 code, per the American Medical Association.</td></tr>
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