



CASP ABA Documentation Template Reveal

Presented by:

Heather O'Shea, Ph.D., BCBA-D
&
Rebecca Womack, M.S., LBA, BCBA

Introductions

- Heather O'Shea - President of Verbal Behavior Associates
- Rebecca Womack - Owner of RAW Consulting Solutions

Today could not
have happened
without



Documentation Special
Interest Group (Doc SIG)

Subject Matter Experts

Mike Wasmer, Chief
Operating Officer
(CASP)

Andy Beres, Marking
and Communications
Director (CASP)

Agenda

- Background
- Principles & processes
- Overview of the templates
- 97151, 97153, & 97155

About CASP

Council of Autism Service Providers (CASP)

- Non-profit trade association
- Over 350 autism service provider organizations
- From all 50 states

CASP's mission is our mission: cultivate, share, and advocate for best practices in autism services.



@CASProviders



casproviders.org



How We Got Here

BACKGROUND

- Currently have 271 members
- Diverse group
 - Location
 - Organizational size
 - Service delivery models
 - Member role (e.g., clinicians, attorneys, billers)
- April 2021 – First meeting
- June 2022 –Began work on CPT Category 1 codes
- Weekly cadence (over 75 meetings)



What are the problems we are trying to solve



The profession of ABA does not have set session note templates for insurance funded services

LACK OF GUIDANCE

Payers may not provide clear/specific expectations
May contribute to providers failing audits/recoupments

PROBLEMATIC EXPECTATIONS

Payers may request information beyond AMA/MHPAEA
Expectations that conflict with scope of skillset

LACK OF PROVIDER CONSENSUS

Organizations and providers do not agree on content
Lack of agreed upon Clinical SMEs

ADMINISTRATIVE BURDEN

Multiple templates means more training, more oversight, more development costs

Solution Driven Process

- ABA services relatively new to healthcare
- What are general documentations within healthcare?
- Practitioners delivering the service should determine what is included
- Payer policies were not a consideration



**Session note templates
are aligned with the
spirit of each CPT code**



**Specific documentation
guidance that does not
stifle innovation**



**Each template design is
has been developed by
clinical ABA experts**



Resources

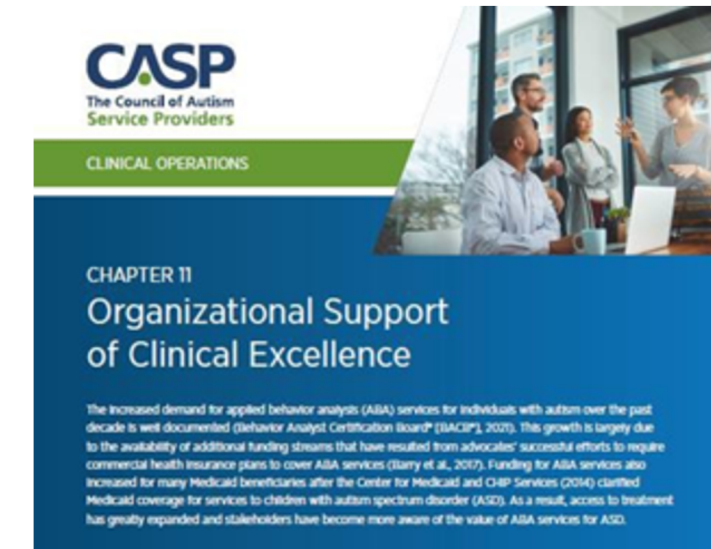
- Stakeholders who read session notes
- Clinical decision making
- Continuity of care
- Facilitate transition



Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder

Guidance for Healthcare Funders, Regulatory Bodies, Service Providers, and Consumers

THIRD EDITION



CHAPTER 11 Organizational Support of Clinical Excellence

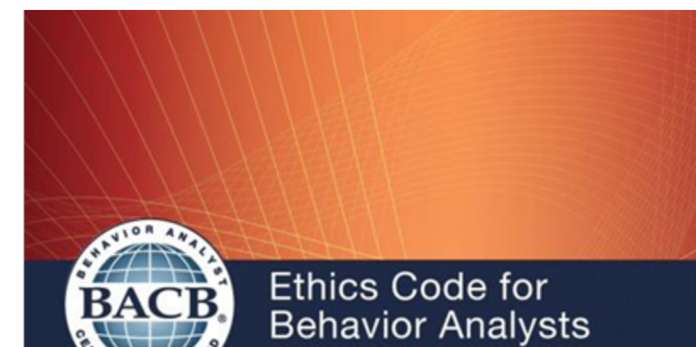
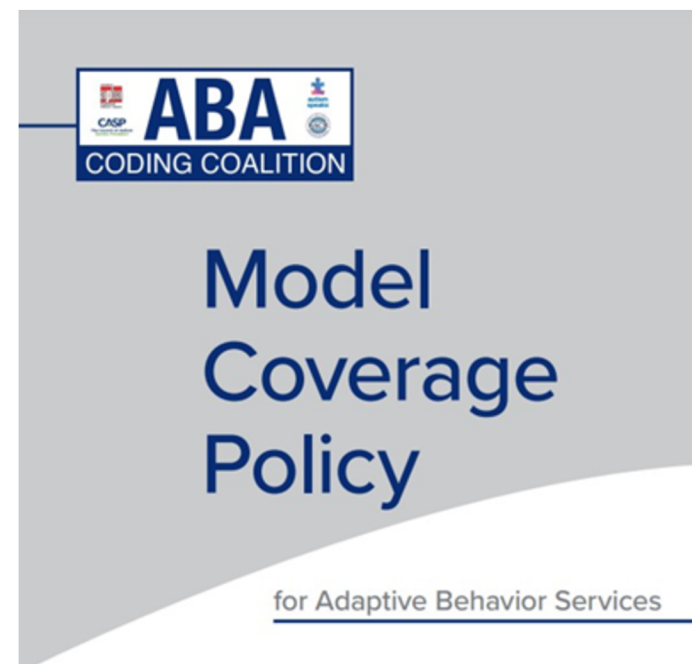
The increased demand for applied behavior analysis (ABA) services for individuals with autism over the past decade is well documented (Behavior Analyst Certification Board® [BACB], 2020). This growth is largely due to the availability of additional funding streams that have resulted from advocates' successful efforts to require commercial health insurance plans to cover ABA services (Garry et al., 2017). Funding for ABA services also increased for many Medicaid beneficiaries after the Center for Medicaid and CHIP Services (2014) clarified Medicaid coverage for services to children with autism spectrum disorder (ASD). As a result, access to treatment has greatly expanded and stakeholders have become more aware of the value of ABA services for ASD.

In one of their more compelling arguments for expanded health insurance coverage of ABA services, advocates cited research that identifies the substantial lifetime societal costs of autism and the potential savings that can result from timely and effective treatment (Bluescher et al., 2014; Ganz, 2007; Jacobson et al., 1998; Piccinini et al., 2017). To realize the promise of lifetime cost savings, it is critical not only to affirm the individual ABA provider's ethical obligation to deliver effective treatment (BACB, 2020, Standard 2.01), but also to identify what is required of ABA provider organizations to support the consistent delivery of excellent clinical services at a systems level.

Third-party payers are beginning to look at value-based payment models for behavioral health services that reward high-quality, cost-effective care (e.g., Soper et al., 2017). It has proven more difficult, however, to determine how to define and measure high-quality behavioral health care than it is for many medical health care services (Green & Orr, 2020). For those and other reasons, it is important for the leaders of ABA provider organizations and individual providers to understand how clinical indicators of health care quality are developed and implemented, and to ensure that any measures of quality that are used internally, by consumers, or by third-party payers are based on evidence.

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RELEASED: JANUARY 2022



The Ethics Code for Behavior Analysts (Code) replaces the Professional and Ethical Compliance Code for Behavior Analysts (2014). All BCBA and BCaBA applicants and certificate holders are required to adhere to this Code effective January 1, 2022.

This document should be referenced as: Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts. Littleton, CO: Author.
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SUPPLEMENTAL GUIDANCE ON INTERPRETING AND APPLYING THE 2019 CPT CODES FOR ADAPTIVE BEHAVIOR SERVICES

JANUARY 2019

The Steering Committee for the ABA Services Workgroup (representatives of the organizations shown above and their CPT consultant) prepared this article to assist providers, billers, and payers in using the Category I and modified Category III CPT codes for adaptive behavior services that go into effect January 1, 2019. This document is meant to supplement the essential information about the new codes that is published in the 2019 CPT Code book (available from the American Medical Association [AMA] Store) and an article in the November 2018 issue of the *CPT Assistant* newsletter, which can be purchased by calling 1-800-621-8335, selecting option 2 in the recorded menu, and asking for item B1506118.

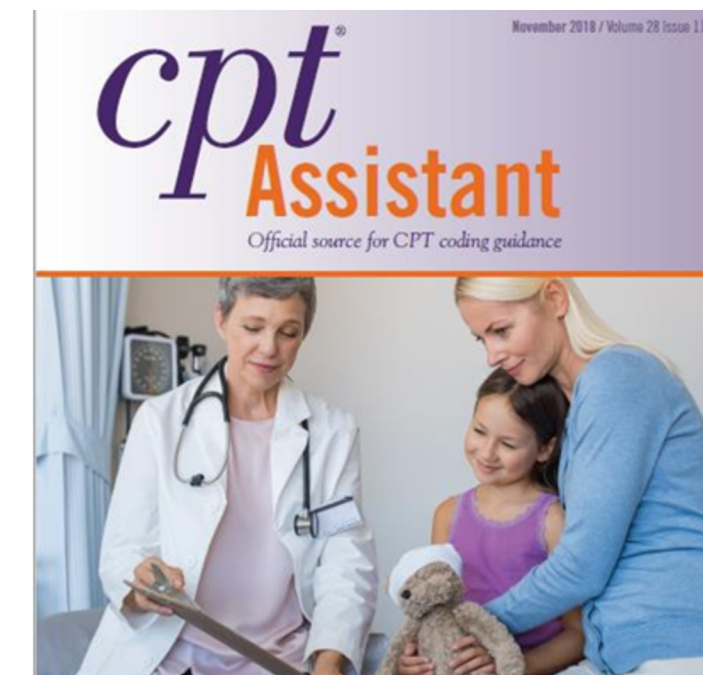
In this article, we provide the descriptor for each code and the typical patient's vignette that the AMA CPT® Editorial Panel approved, followed by a clinical example illustrating the use of that code. Importantly, the examples for the codes representing services provided directly to patients or caregivers specify indirect services that occur prior to and after an assessment or treatment session conducted with a patient or caregiver, as well as services provided face-to-face with the patient or caregiver during the session. Only the face-to-face time is reported for billing purposes with CPT codes (with the exception of CPT code 97151). There is no CPT code for reporting the indirect services separately; so they must be bundled with direct services for payment unless the contract with the payer includes a HCPCS or other code for reporting indirect services. As used here, bundled payment refers to payment for the work done prior to face-to-face time with the patient or caregiver (e.g., reviewing records), the work done with the patient or caregiver (e.g., delivering the treatment), and the work done after the face-to-face time with the patient or caregiver (e.g., writing a progress note). When payment is bundled, the face-to-face time is reported, but the work done prior to and after the face-to-face time is factored into the reimbursement rate. For CPT codes where the face-to-face service is delivered by a technician, the work related to that service that is completed by the technician and/or the QHP prior to and after the face-to-face time is factored into the reimbursement rate for that code.

97151

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

TYPICAL PATIENT: A 3-year-old male is brought in by his parents for an assessment. The patient has nonfunctional speech, poor eye contact, repetitive motor movements, tantrums with unexpected changes in routines, and ritualistic play. He does not respond to gestures or his name and has almost no imitative behavior.

* The term "patient" is used throughout to be consistent with the code descriptors.



In This Issue:

- 3 Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019
- 7 Vaccines and Toxoids: 2018 and 2019 Changes
- 9 Genomic Sequencing Procedure for Severe Inherited Conditions (81443)
- 10 Destruction of Prostate Tissue by Water Vapor Thermotherapy
- 11 Frequently Asked Questions



Our Principles & Process



- All voices matter - including ones that don't agree!
- CASP's mission is our mission
- CPT Code definitions served as guide
- Relied on ABA SME
- Avoid duplication of information
- Avoid prescribing clinical services
- Substance over form
- When there's not 100% agreement - defer to the majority opinion



- 97153
- Pace driven by ability to obtain consensus
- Repeat SME guests:
 - Jenna Minton
 - Gina Green
 - Dan Unumb
 - Kim Mack Rosenberg
- Conference presentation
- Sought continuous feedback

Overview: Session Note Templates

Let's Take a Look

Same:

- ✓ Disclaimer & instructions
- ✓ CPT Code Descriptor
- ✓ Client and Provider Information details
- ✓ Signatures/Date

Different:

- ✓ Clinical activities per CPT Code

In Progress

0362T- Behavior identification supporting assessment

0372T- Adaptive behavior treatment with protocol modification

Session Note Templates

97151- Behavior identification assessment

97152 - Behavior identification supporting assessment

97153 - Adaptive behavior treatment by protocol

97154 - Group adaptive behavior treatment by protocol

97155 - Adaptive behavior treatment with protocol modification

97156 - Family adaptive behavior treatment guidance

97157 - Multiple-family group adaptive behavior treatment guidance


97158 - Group adaptive behavior treatment with protocol modification

Navigating the Session Note Template

- Begins with CPT Code Descriptor
- Disclaimer
- Background
- Instructions
- Guidance per area in **BLUE** & **RED**
- Examples
- Blank template

Session Note Template

Guidance: CPT Code 97155
Adaptive Behavior Treatment with Protocol Modification



CPT® Code Descriptor 97155

Adaptive Behavior Treatment with Protocol Modification

Adaptive behavior treatment with protocol modification administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.

Disclaimer

The Council of Autism Service Providers (CASP) Session Note Templates are provided for informational purposes only. They should only be utilized with adequate training in documentation basics and a thorough understanding of the accompanying instructions.

The use of these template does not guarantee immunity from payer audits or compliance with individual payer requirements. CASP cannot be held responsible for any damages resulting from the use of this template.


Background

Many providers use templates to facilitate the documentation process. Templates provide prompts that ensure compliance with federal and state laws and regulations, and individual payer requirements. However, the lack of a single set of templates that all payers accept is problematic.

The CASP Session Note Templates were developed to be in alignment with standard medical documentation practices and reflect generally accepted standards of care for ABA services in accordance with:

- CASP, [Assessment and Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder: Guidance for Healthcare Providers, Intervention Models, Service Providers, and Consumers](#).
- American Medical Association CPT® Assistant, "Coding Update: Reporting Adaptive Behavior Assessment and Treatment Services in 2019"; and code requirements.
- ABA Coding Coalition, ["Supplemental Guidance on Intervention and Analysis for the 2019 CPT Codes for Adaptive Behavior Services"](#).

They do not contemplate individual payer documentation requirements. It remains the responsibility of individual provider organizations to ensure that all documentation is in compliance with their payer contracts. The hope is that a CASP-endorsed set of session note templates will result in broad payer adoption of their use and decreased administrative effort for ABA providers.

**Version 1.0**

Client ID



97151, 97153, & 97155

Template Access

EHRs & EMRs

- CASP Business Affiliates
- Non-BAs
- All must attest to CASP requirements prior to using.
- CASP logo allowed only if the session note templates are used in accordance with guidelines

ABA Providers & Organizations

FREE

- Live webinar on **Friday, November 1st**
- Access provided after watching
- Must attest to CASP requirements prior to using.



Thank you!

Templates@casproviders.org