Family Adaptive Behavior Treatment Guidance
Using and Reporting CPT® Code 97156

Jenna Minton, Esq., Proactive Strategies LLC
Gina Green, BCBA-D, Association of Professional Behavior Analysts
Rebecca Womack, LBA, BCBA, Blue Sprig Pediatrics

Webinar - September 2, 2020
Agenda

- Welcome and introductions - Mike Wasmer
- Reporting services with CPT® code 97156 - Jenna Minton
- Selecting, measuring, and developing caregiver target behaviors - Gina Green
- Operational systems for provider agencies - Rebecca Womack
- Q&A
Reporting services with CPT® code 97156

Jenna Minton, Esq.
Proactive Strategies LLC
Q: The BACB estimates that providers spend approximately half of their time on activities without the client present, such as treatment planning and creating program materials. How is time for this captured?

A: The AMA CPT Editorial Panel does not create standalone codes for indirect work (i.e. when the client is not present). That time is “bundled” into the time before and after you provide a face-to-face service to a client.

Thus there is no separate code for those indirect services in the 2019 CPT code set (nor was there in the Category III CPT code set). Some payers may supplement the adaptive behavior services code set with a HCPCS or other CPT code (e.g., H0032, G9012, H2019) to report indirect activities. In the event payers do not, the activities that occur prior to and after the face-to-face time should be bundled so that reimbursement for those codes captures both face-to-face and non-face-to-face time.

This is NOT UNIQUE TO ABA. All healthcare professions are held to the same rules/standards.
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
Breaking down the descriptor

What’s required to report this code?
- Family member or caregiver (per payer policy)
- Performed by a QHP (behavior analyst)
- Client can be present, but doesn’t have to be
- FACE-TO-FACE with the family member or caregiver
- Per 15 minutes

*Remember, you must meet **ALL** requirements of a code descriptor to report a service, not just one or two.*
In 2013 the AMA defined a qualified healthcare professional (QHP) for purposes of reporting medical services:

“A ‘physician or other qualified health care professional’ is an individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.”

Possible QHPs for reporting the 2019 CPT codes for adaptive behavior services (depending on state licensure laws, CMS guidelines, and/or payer policies):

- Licensed Behavior Analysts
- Board Certified Behavior Analysts, Board Certified Behavior Analysts - Doctoral
- Other licensed professionals whose profession’s scope of practice includes ABA and who have training and competence in ABA
Given that definition, can a BCaBA/LABA bill QHP codes?

- No, because per BACB requirements and behavior analyst licensure laws (where applicable), a BCaBA/LABA cannot practice independently.

- Payer policies may vary on this topic. Some health plans **DO** allow BCaBAs/LABAs to render the QHP codes/services.
Who qualifies as a caregiver?

- This is determined by payer policy. Immediate family members are almost always covered, but some payers may have a broader definition and include others such as babysitters, teachers, day care providers, etc.
Family adaptive behavior treatment guidance and multiple-family group adaptive behavior treatment guidance (97156, 97157) are administered by a physician/other QHP face-to-face with guardian(s)/caregiver(s) and involve identifying potential treatment targets and training guardian(s)/caregiver(s) of one patient (97156) or multiple patients (97157) to implement treatment protocols to help reduce maladaptive behaviors and reinforce appropriate behaviors. The treatment represented by code 97156 may be performed with or without the patient present. The treatment represented by code 97157 is performed without the patient present.
ABA Coding Coalition guidance

- Supplemental Guidance Article
  - Includes typical patient and clinical example for each code.
  - \textit{Please note: There is just one example per code, and none of the examples are complete descriptions of the range of services represented by each code.}
  - Examples describe indirect (pre- and post-session) activities as well as direct (intra-session) services delivered face-to-face. ONLY THE LATTER ARE REPORTABLE.

- Access this and other resources at \url{www.abacodes.org/resources}
Supplemental Guidance article: 97156 typical patient

- Parents of a 6-year-old male seek training on procedures for helping the child communicate using picture cards (skills he previously developed in ABA therapy sessions with technicians) during typical family routines.

- Note that this service involves training family members or other caregivers to implement treatment protocols with the client, so the caregivers’ performance must be measured and reported. Client performance should also be recorded and used to evaluate skill generalization, changes in the caregiver training, etc., but should not be reported for 97156 sessions.
What occurs BEFORE the session?

(PRE) Prior to the session, the QHP reviews data, notes, and treatment protocols regarding the individual’s picture communication skills. Just before the session, the QHP gathers all materials required for that session.

Review of data, notes, and treatment protocols by the behavior analyst may occur on the day of the session or several days prior.

Preparing/gathering materials may also occur across several days prior to a session. In this example, the behavior analyst does that just prior to the session with the caregiver(s).
97156 clinical example (cont’d)

- What occurs DURING the session?

**INTRA** *During the session (face-to-face), the QHP reviews the treatment protocol with the parents, which involves the use of prompting and reinforcement to promote the individual’s use of picture cards and gestures to indicate his desire to stop an activity and to request help. The QHP demonstrates those procedures with the individual while the parents observe, then has each parent in turn implement the procedures with the individual while the QHP observes, provides feedback, and records data on the individual’s performance. The QHP gives the parents a copy of the treatment protocol and data sheets with instructions for implementing the protocol during typical family routines.*

- THIS IS THE FACE-TO-FACE TIME THAT YOU REPORT AND BILL TO THE FUNDER!
What occurs AFTER the session?

(POST) After the session, the QHP graphs and reviews data recorded during the session and writes a progress note and plan of action.

Remember, the data recorded during the session are on the caregiver’s performance. The session note also refers to the caregiver’s performance, and any plan of action should relate to changes in the caregiver training goals/treatment protocols.
Q: Can I report 97156 for services delivered to parents while the patient is receiving direct treatment elsewhere (e.g., when the patient is in a treatment session with a technician and the parents are meeting with the QHP in another room for a family training)?

A: Yes. Those are separate and distinct services delivered to different family members by different providers.

Q: What if a caregiver is attending a 97156 session while the client is receiving direct treatment elsewhere and the QHP asks the caregiver to join the 97153 session with the client to practice a skill? Can I report 97153 and 97156 concurrently?

A: No. As soon as the caregiver has joined the client for the purpose of practicing a skill related to a caregiver goal in the treatment plan, the service moves from direct treatment by technician (97153) to caregiver training (97156) regardless of whether the technician remains in the room during this time. Only caregiver training should be reported for that time.
What does proper documentation include?

- Goals for the family member or other caregiver that
  - Are identified as important by the treatment team, including the caregiver and client (if feasible)
  - Foster achievement of medically necessary treatment goals for the client
  - Are defined in observable, measurable terms.

- For every session, notes must document
  - Date and time
  - Persons present
  - Caregiver goals addressed
  - Caregiver progress toward goals (including data)
    - Data on client performance should be graphed with other client data, but not reported for these sessions.
  - Any modifications to protocols that may be needed
  - Any issues the behavior analyst needs to address
  - Any other payer specific requirements in your contract.
Selecting, measuring, and developing caregiver target behaviors (goals)

Gina Green, BCBA-D
Association of Professional Behavior Analysts
Selecting caregiver target behaviors: Framework

- Caregiver training must be individualized to their needs, values, priorities, and circumstances.
- Evaluate any constraints on time and effort caregivers can devote to being trained on and implementing components of client’s treatment plan, e.g.,
  - Number of caregivers in setting
  - Siblings and other family members in home
  - Employment, deployment
  - Financial and other resources
Selecting caregiver target behaviors: Considerations

- During treatment planning, identify treatment targets for caregivers to work on with client to address medical necessity, e.g.
  - Maladaptive behaviors that jeopardize health, safety, or access to opportunities to develop functional skills
  - Adaptive skills that ameliorate core “symptoms;” enhance health, safety, or successful functioning; prevent deterioration or regression
    - Examples: communication; personal safety; hygiene; self-care; exercise; leisure; cooperating with healthcare routines
  - Enhance generalization and successful independent functioning
Selecting caregiver target behaviors: Considerations

- Identify treatment targets for caregivers to work on with client to address caregiver and client preferences and priorities (e.g., to enhance family life, reduce stress). Common examples:
  - Self-care routines (toileting, bathing, brushing teeth, dressing/undressing, food prep)
  - Communication
  - Eating
  - Sleeping
  - Leisure activities
  - Personal safety (at home, in vehicles, in community)
  - Participating in family activities
  - Interacting with siblings or housemates
Selecting caregiver target behaviors: Considerations

- Request authorization of sufficient units of 97156 to train caregiver to implement treatment protocols with a high degree of accuracy without coaching from behavior analyst.
  - Should not be fixed or pre-determined, but *individualized* to caregiver and client strengths, needs, preferences, circumstances.
  - Must not be counted toward, substituted for, or offset against services provided to client by behavior analysts and behavior techs.

- [www.apbahome.net > Practice Guidelines](http://www.apbahome.net)
Defining and measuring caregiver target behaviors

- Identify skills (behaviors) required by caregiver to implement selected protocol(s) with client (including any prerequisite or foundational skills, e.g., delivering prompts or reinforcers).
  - Use protocols that behavior analysts and behavior techs implement with client. Revise if necessary to describe procedures clearly to caregiver.
- Define caregiver behaviors in observable, measurable terms.
- Select appropriate dimension of each behavior to measure (frequency, frequency per trial/opportunity/step, duration, latency).
- Develop direct observation and recording procedures.
Defining and measuring caregiver target behaviors

- If behavior tech or others will assist, train them on definitions and recording procedures.
- Select observation periods -- 97156 sessions or portions of sessions during which caregiver behaviors will be measured.
- Set mastery criterion (e.g., at least 90% correct implementation of protocol without coaching for at least 3 consecutive sessions).
- During 97156 sessions, also observe and record samples of client’s target behavior to assess generalization, evaluate need to revise protocols.
Developing caregiver target behaviors

- During 97156 sessions *without* client,
  - Read and discuss written treatment protocol with caregiver.
  - Model correct implementation of protocol in role play or pre-recorded video.
  - Have caregiver practice implementation of protocol in role play; observe and provide feedback.

- During 97156 sessions *with* client,
  - Model correct implementation of protocol with client while caregiver observes.
  - Have caregiver implement protocol with client.
    - Observe and record performance.
    - Provide feedback (in real time with “bug in ear” or after each trial or session).

- Repeat until caregiver performance meets mastery criterion.
Documenting 97156 service delivery

- After each session (without caregiver or client present; non-reportable indirect services):
  - Record session notes
    - Date, time
    - Rendering provider
    - Persons present
    - Caregiver target behaviors addressed, progress
    - Any revisions needed in target behaviors, treatment protocols, or caregiver training procedures (plan of action).
  - Graph caregiver performance data.
  - If client behavior was observed and measured, enter those data on client graph(s) and note context in which they were recorded, but do not include in 97156 session notes.
Successful family adaptive behavior treatment guidance

Rebecca Womack, LBA, BCBA
Blue Sprig Pediatrics
Prior to proceeding

Consider

- Scope of behavior analyst’s training, experience, and competence
- Skills in assessing and providing treatment across
  - Various treatment targets for caregivers
  - Different family dynamics
  - Cultural variables
- Certification or licensure does not guarantee competence
Begin with crucial conversations

- Prepare caregivers prior to the assessment
- Manage expectations
  - 97156
  - Assessment process
  - Goal selection
  - Session content
  - Duration and frequency
  - Solution for missed sessions
Service considerations

- Titrating session duration/frequency
- Set up conditions for treatment success
  - Environment should support caregiver sessions
- Per-session agenda
  - With/without client present
  - Strategies for staying on track
  - Pre-rendering time drives direct rendering activity
Service considerations

- Accountability
  - Render what is requested
  - Record missed sessions and why
  - Convey to the health plan
  - Discuss in light of impact on medical necessity
Processes for Success
Selecting key performance indicators (KPIs)

- Measurable value to evaluate the success of your organization in meeting performance objectives
  - Clients
  - Clinicians
  - Revenue
- Examine strengths and weaknesses
- Financial and non-indicators
Necessary KPI details

- How will these data be gathered?
- What sources will be used for data collection?
- Where will it be shared?
- Who are the data for?
- How often will it be reviewed?
Potential KPIs

- Service utilization
  - Hours rendered compared to hours requested
  - Treatment rendered according to requested dosage and frequency

- Quality
  - Caregiver satisfaction survey results
  - Bills reflect only direct services to caregivers
Fiscal example

- **Metric**: Utilization
  - **Objective**: Render 100% of requested 97,156 units
  - **Value**: Family receives services that are clinically warranted; establishes credibility with the payer
  - **Method**: Total units provided/total units requested
  - **Process**: Implement strategies identified in this webinar
  - **Participant(s)**: Behavior analyst and caregiver(s)
Non-fiscal example

- **Metric**: Caregiver satisfaction survey
- **Objective**: Obtain scores of at least 90% from caregiver(s)
- **Value**: Caregiver(s) are satisfied with services received
- **Method**: Compile and analyze caregiver survey responses
- **Process**: Ask caregiver(s) to complete brief survey about 97156 services
- **Participant(s)**: Caregiver(s)
Clinical Compliance
How are you doing?

- Are all activities performed during sessions billable?
- Are indirect activities completed before and after the session?
- Are services aligned with standards of practice?
- Is this reflected in your documentation?
- Are you billing appropriately?
Clinical compliance considerations

- Rendering services with fidelity
  - Billing, documentation, activities during the session

- Questions
  - Are data, session notes, etc. being reviewed prior to the session?
  - Are session notes completed after the session has ended?
  - Does the assessment and treatment plan reflect an individualized, socially significant approach?
Suggestions for tool development

- Observe sessions
  - Measure the fidelity of rendering services
- Measure permanent work products
  - Pre- and post-session activities
- Documentation
  - Session notes
  - Assessment and treatment plans
- Claims
**Example - Permanent work product**

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>97156 – The assessment documentation reflected a description of the assessor’s observations of the caregiver(s) skill deficits.</td>
<td></td>
</tr>
<tr>
<td>97156 - The documentation reflected the observable caregiver(s) behaviors identified for increase.</td>
<td></td>
</tr>
<tr>
<td>97156 - The documentation reflected the measurable caregiver(s) behaviors identified for increase.</td>
<td></td>
</tr>
<tr>
<td>97156 - The documentation reflected graphed baseline data gathered on the caregiver(s) behaviors identified for increase.</td>
<td></td>
</tr>
<tr>
<td>97156 – The documentation contained protocol(s) for caregiver(s) implementation of client protocol(s).</td>
<td></td>
</tr>
</tbody>
</table>

**Total**
### Session Note Review

**Family Adaptive Behavior Treatment Guidance**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The client's first and last name is provided.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The duration of the service is provided.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The start and stop time of the session is provided.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The location of the service is provided.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The session participants are indicated via check box (e.g., client, caregiver(s), BCBA, etc.).</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The first and last names of all others who participated during the session (e.g., caregiver(s)) are provided.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>The modality of service (e.g., in person or telehealth) is provided.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>There is an area that indicates any subjective information pertinent to the session.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>97156 – There is a clear description of the caregiver goal(s) addressed during the Family Guidance session.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>97156 – There are data provided per caregiver goal(s) addressed during the Family Guidance session.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>97156 – There is a description of the progress made on the caregiver goal(s) addressed during the Family Guidance session.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>97156 – There is documentation of needed modifications to the treatment protocol.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>97156 – There is documentation of any items the behavior analyst needs to address.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>97156 – The goal(s) addressed during the session are contained in the client's current treatment plan.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>The plan for the next appointment is indicated with a date and a location.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The provider signed the session note with their first and last name.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>The provider indicated their credentials on the signature line.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>The session note was time stamped after the session ended.</td>
<td></td>
</tr>
</tbody>
</table>

**Total**
Results: Next steps

- Review areas of strength and weakness
- Provide individualized training
- Continue monitoring progress
Q & A