



**BlueCross  
BlueShield**

Federal Employee Program.

Insurance Carrier  
BlueCross BlueShield of Tennessee, Inc.  
1 Cameron Hill Circle  
Chattanooga, TN 37402  
fepblue.org

## **BlueCross BlueShield of Tennessee Federal Employee Program (FEP) Applied Behavior Analysis (ABA) Network Frequently Asked Questions**

### **What are the key points providers need to be aware of regarding FEP ABA Services?**

- ABA services are only for FEP members with a diagnosis of an Autism Spectrum Disorder.
- Preauthorization is required.
- Authorization requests for ABA services will be determined within 14 calendar days or less.

### **How can I tell if my patient is a Federal Employee Program member?**

His or her BlueCross Member ID card will have "FEP" on it under the BlueCross. The ID begins with an R followed by eight digits.

### **Will there be new behavioral health utilization management (UM) staff creating the authorizations for FEP ABA services?**

The Commercial UM team will process FEP ABA authorization requests.

### **What are the medical necessity criteria?**

Modified MCG Criteria with removing age limit.

### **Are the rates on the last page for an hour, unit or something else?**

The fee schedule for the ABA services uses the experimental T Codes.

### **Are the codes 30-minute units? Is the 0359T assessment code billed as a single unit or is this a 30- or 60-minute unit?**

Assessments are anywhere from six to 10 hours.

### **Is the reimbursement rate \$90 for a six to 10-hour assessment?**

Providers can look up the AMA definitions of the T Codes.

The codes highlighted in gray are just one unit, typically 30 minutes, but some are longer. Regardless of the time spent for the gray code – it is just that rate. The codes highlighted in blue are 30-minute units. You would receive that rate for every additional 30 minutes of service.

The 0359T code is akin to the initial intake. It is one unit and expected to last at least 60 minutes. The 0359T is only submitted once.

No, we do not expect to pay \$90 for a six to 10- hour assessment. Based on the codes and rates, a six-hour assessment would total \$540. The whole assessment period could be reimbursed up to \$900.

Service Code	Description	Time Increments	Rate
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	N/A	\$90
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	First 30 minutes	\$45
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	Each additional 30 minutes	\$45
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	First 30 minutes	\$45
0363T	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; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)	Each additional 30 minutes	\$45
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	First 30 minutes	\$45
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Each additional 30 minutes	\$45
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	First 30 minutes	\$15
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Each additional 30 minutes	\$15
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	First 30 minutes	\$45

Service Code	Description	Time Increments	Rate
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	Each additional 30 minutes	\$45
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	N/A	\$70
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	N/A	\$70
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	N/A	\$70
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	First 60 minutes	\$125
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)	Each additional 30 minutes	\$67.50

**Gray** = one unit may be billed

**Blue** = one or more units may be billed based on the time spent with the patient, up to the maximum units allowed per day

### How do I request an authorization?

You may call 1-800-924-7141 or fax outpatient requests to 1-800-496-9600.

### Does this contract cover Registered Behavior Technicians (RBTs) and honor the tiered service model with Board Certified Behavior Analysts (BCBAs) and RBTs? Are these codes the contract allows us to use?

The contract lists codes for registered behavior technicians, parent training, social skills groups, treatment team meetings, assessment and reassessment. There are other Tennessee contracts with other insurance providers that cover the Registered Behavior Technicians.

The BlueCross contract covers master's level BCBA certified ABAs. Any change in that will be dependent on the state's progress in updating and implementing the license standards in Tennessee for ABAs providers.

### What does the section below in the contract mean on page 12 of 28?

"Payment to Professional Provider of the Maximum Allowable, less Member Obligations, for Covered Services rendered to a Member shall constitute payment in full for such Covered Services. Professional Provider agrees to accept ninety-eight percent (98 percent) of billed charges as a payment in full for services rendered to Members not enrolled in a Network."

It is legacy language for indemnity business, and BlueCross has virtually none of that membership left. If you encounter an indemnity member, it is a token discount of 2 percent off their billed charges.

### Would the ABA direct services authorization allow us to go back and do an assessment for a new behavior? Or would we need to get a new authorization for a new assessment?

As long as you have current authorization, you can use the approved units to assess and add a new behavior to the current treatment plan. There is no need for a new authorization.

### **How do codes 0362T and 0363T differ from 0360T and 0361T in regard to assessment?**

The first phase of ABA is an assessment lasting four to six weeks and includes the behavioral identification assessment-0359T.

Service Codes 0360T/0361T provide the follow-up assessment during the Assessment Phase and are performed by a physician or qualified health professional. All patient appointments are face-to-face. The initial assessment includes the caregiver(s) as well.

Service Codes 0362T /0363T are exposure follow-up assessments and may include technicians who assist the physician or qualified health care professional. These are also part of the initial assessment period.

### **How do codes 0368T and 0369T differ from 0364T and 0365T?**

The second phase of ABA is the treatment phase. This includes Service Codes 0364T/0365T performed by technicians. These codes are not covered by the BlueCross FEP plan. Service Codes 0368T/0369T Adaptive Treatment with protocol modification is defined as treatment by the physician or qualified health care professional. These codes are covered by the BlueCross FEP.

If the Service code calls for technicians, it is currently not allowed by the BlueCross FEP plan. There is ongoing discussion about including the technicians in the future.

### **What place of service (POS) codes are allowed for the group codes?**

The following codes are used in traditional behavioral health settings.

**11 Office** - Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

**12 Home** - Location, other than a hospital or other facility, where the patient receives care in a private residence.

**50 Federally Qualified Health Center** - A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.

**53 Community Mental Health Center (CMHC)** - A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission; and consultation and education services.

**62 Comprehensive Outpatient Rehabilitation Facility** - A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy and speech pathology services.

**72 Rural Health Clinic** - A certified facility located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.

**99 Other Place of Service**