

Provider Notice

To: PerformCare Capital IBHS ABA Providers
From: PerformCare
Date: February 21, 2023 (Reissued notice March 7, 2023)
Subject: IBHS 23-102 of Expanded use of 97151

PerformCare had previously issued billing guidance to IBHS ABA providers that the procedure code 97151 was only to be used at the initial assessment for IBHS services.

Effective 3/1/2023, IBHS ABA providers can bill PerformCare for procedure code 97151 for reauthorization assessments in addition to the initial assessment for all subsequent IBHS ABA reauthorizations.

Providers must continue to deliver services per the 97151 CPT code description from the Supplemental Guidance on Interpreting and Applying the 2019 CPT Codes for Adaptive Behavioral Services below.

“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.”

Q: Is 97151 intended to be used for day-to-day assessment and treatment planning?

A: No. This code is intended for reporting initial assessment and treatment plan development and reassessment and progress reporting by the QHP (timeframes for reassessments are determined by payer policy or medical necessity). 97151 includes face-to-face time with the patient and/or caregivers to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report. *The QHP must have conducted both the face-to-face and non-face-to-face activities to report this service.* Day-to-day assessment and treatment planning by the QHP are bundled into the treatment codes below (i.e., 97153-97158 and 0373T); therefore, 97151 cannot be used to report those indirect services because they do not meet all requirements of the code descriptor.

Billing Guidance for the use of 97151 during IBHS ABA Reauthorization

Per PerformCare Policy CM-CAS-042, for a re authorization of IBHS services, the Member must have a new Written Order/BPE, and the current treating provider must update the ITP and complete an updated assessment within 30 days of the date of the submission of the reauthorization request. The

reauthorization request must be submitted within 60 days prior to the end of the current authorization period.

Providers may bill PerformCare using the 97151 procedure code for the assessment required at reauthorization, but PerformCare will not issue a separate authorization for the use of 97151, and PerformCare will not authorize additional units for the use of 97151.

As a reminder, the provider cannot exceed the hours authorized for the level of clinician conducting the assessment using 97151. For instance, if a BA is authorized for up to 20 hours of service per month, the 20 hours can be used for any combination of 97155, 97156, or 97151 when completing the assessment update required for the reauthorization.

Also, providers should continue to use procedure code 97155 for periodic updates to the ITP or assessment that is not within the reauthorization time frames.

Please contact your Account Executive if you have any questions regarding this notice.

cc: Lisa Hanzel, PerformCare
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PerformCare Account Executives