

NEW CPT CODES IMPLEMENTATION GUIDE

How to easily transition your CentralReach account to implement the 2019 ABA codes

Executive Summary & Objective

The American Medical Association CPT® Editorial Panel released eight new Category I and two revised Category III (temporary) CPT codes to bill applied behavior analysis (ABA) services. These codes will take effect and be available for use effective January 1, 2019. Payors and insurance health carriers may adopt the new codes at different times, which may affect the implementation timelines of the codes in your CentralReach account.

The objective of this guideline is to provide you recommended workflows to help transition your practice to the new codes in CentralReach, once the codes are adopted by each of your payors. This guideline is designed to help you streamline the implementation process to ensure your authorizations and appointments are properly updated and prevent system configuration errors from affecting your revenue streams.

Please note that while there are other ways to manage the CPT code updates in CentralReach, this recommended method will simplify the transition process. Additionally, please make sure you follow your payors guidelines on when to switch and implement the new codes. This guide is only in reference of how to implement the codes in CentralReach.

Implementation Checklist

The following checklist includes step by step overviews on all the tasks you should complete to transition your practice to the new CTP codes in CentralReach:

1. Create the New Service Codes

The ten new CPT Service Codes must be created in CentralReach. Since the codes have been standardized and are now all 15-minute

codes for all payors, you may only have to create them once in CentralReach.

During the set up process, remember to apply any necessary Service Code labels to help you easily search, filter and sort your new codes, as well as required labels to properly include the codes in custom payroll extract and productivity reports.

Please note you must not alter your existing codes and if doing so, this could potentially cause large scale problems to pull historical information pertaining to the codes and their authorizations.

Helpful resources:

- [Understanding Service Codes](#)
- [Create a New Service Code](#)
- [Assign Labels to Service Codes](#)
- [BACB Conversion Table](#)

2. Create Your Payors Fee Schedules

Payors may adopt the new CPT codes at different points in time starting on January 1, 2019. As a result, you will have to adopt the new codes based on your payors' timelines.

Since the codes have been standardized for all payors, utilizing CentralReach's Fee Schedules will allow you to easily implement the codes without having to create them multiple times for each individual payor.

If you already have Fee Schedules for your payors, great! You won't need to do anything pertaining to the new codes and can proceed to the following step. If you are not currently using Fee Schedules, no worries! Fee Schedules can be quickly created and will help you stay organized with the implementation of the new codes.

Helpful resources:

- [Create a Fee Schedule](#)
- [Linking Your Fee Schedule to Payor's Insurance Plans](#)

3. Link the Fee Schedules to the Service Codes

As payors start adopting the codes and confirming their rates, you can then link each code to the payor's Fee Schedule and set up each payor specific service rate. You can link a Service Codes to as many Fee Schedules as necessary (hence, you only need to create the codes once) and can customize each code rate by payor.

Helpful resources:

- [Assigning Each Service Code to Each of Your Payor's Fee Schedules](#)

4. Connect Employees to the New Codes

Employees will need to be connected to the Service Codes, with their defined pay rate. Once employees are linked to the codes they will be able to use the codes to book appointments and get paid the defined rate when providing services and converting timesheets.

If you are subscribed to CentralReach's Payroll feature, you will be able to bulk apply pay rates through Paycodes. Otherwise, you can apply custom rates for each of your employees individually.

Helpful resources:

- [Apply Employee Pay Rates Via Paycodes](#)
- [Apply Employee Pay Rates Individually](#)

5. Update Existing Authorizations

Once each payor implements the new codes, they should provide you details on how to transition existing authorizations to the new Service Codes. To help expedite authorizations updates processes, we recommend you create authorization templates with the new codes, as you may be updating many authorizations in the weeks to come.

Please note you must not delete your existing authorizations, nor the old codes included in existing authorizations, as this could potentially cause large scale problems to pull historical information pertaining to the old codes and their authorizations.

The following two recommended options will enable you to transition your authorizations to the new codes, based on how your payor implements the new codes:

1. **Expire the old codes from the existing authorization:** expire the old codes on the date specified by the payor and add the new codes to be effective immediately after
2. **Expire the global authorization:** expire the existing authorization with the old codes on the date specified by the payor, and create a brand-new authorization with the new codes

Helpful resources:

- [Create an Authorization Template](#)
- [Create a Client Authorization](#)
- [Edit an Existing Authorization](#)

6. Update Existing Appointments Linked to Old Codes

Updating your old authorizations or creating new ones, will not automatically update the appointments currently booked and linked to the old authorization codes. It's imperative for you to update appointments as soon as the respective authorization is updated, or new authorizations are created with the new approved codes, based on the effective dates defined by each payor.

To identify appointments booked with the old Service Codes:

1. Navigate to the Grid view in the Scheduling module, and search for appointments by the client's name. This will allow you to easily filter all the client's appointments and view the payor and the Service Codes included in the appointment.
2. Once you find the client's appointments, ensure all appointments for services already provided, are converted to timesheets for billing, claims and payroll processing
3. Proceed to cancel appointments scheduled for the future, linked to old codes
4. Create a new series of appointments linked to the new authorization and the new codes

Since you will be performing many authorization and appointment updates, we highly recommend enabling the Schedule Validation feature by default on your appointments. Schedule Validation will allow you to identify appointments booked with expired or invalid Service Codes with a warning sign (⚠️) on the calendar views and will display the authorization code error messages on the appointment details page. Schedule Validation will help you catch any appointment authorization discrepancies you may miss when updating the

appointments to prevent consequent timesheet conversion and billing errors.

Helpful resources:

- [Scheduling Module Grid View](#)
- [Cancel an Appointment](#)
- [Schedule an Appointment](#)
- [Learn More About Schedule Validation](#)

Recommended Timeline

CentralReach has all the features, tools and flexibility needed for you to transition to the new 2019 codes based on each payors' requirements.

Here is a recommended timeline pertaining to the items listed above, to guide you through the implementation process and help you start preparing for all these upcoming changes.

- **Today:**
 - ☐ Contact your payors:
 1. Negotiate your rates
 2. Confirm each payor implementation timelines and detailed guidelines on how to update or migrate authorizations
 - ☐ Update CentralReach:
 1. Create new Service Codes
 2. Create your Fee Schedules
 3. Link Fee Schedules to your payor's plans
 4. Create authorization templates
- **As payors confirm their rates:**
 - ☐ Link Service Codes to Fee Schedules with the payor service rate
 - ☐ Link employees to the codes and define their pay rates

- As payors confirm old codes authorization updates:
 - ☐ Update old client authorization in CentralReach
 - ☐ Convert appointments rendered with old Service Codes
 - ☐ Cancel client future appointments linked to old codes
 - ☐ Create new appointments linked to the new codes

Frequently Asked Questions

1. Can I use Custom Rates instead of Fee Schedules?

Yes, you can use Custom Rates, however, this will require you to create Service Codes for each of your payors and will make the transition process much longer and complex than if you rely on Fee Schedules

2. What if I need to assign Notes & Forms templates to my Service

Based on your payors' requirements, you may want to [link a Note & Form template to one or multiple Service Codes](#). If you have different forms to be applied to the same code based on different payor requirements, you will then need to create the same Service Code multiple times (one for each payor). This will allow you to link each payor note template to a code so clinicians can complete the required note when submitting a timesheet for the Service Code, based on the client's payor.

3. Are there additional resources with the new CPT code details?

Yes! Check out the [2019 CPT Codes for ABA Billing: FAQs and Resources for Success](#) blog with more resources and details.
with more details.

4. Should I delete old Service Codes from my existing authorizations?

No! You should not delete old Service Codes from authorizations. This could potentially cause large scale problems to pull historical information pertaining to the old codes and their authorizations.

5. Should I delete the old Service Codes from CentralReach?

No! You should not alter your existing codes. This could potentially cause large scale problems to pull historical information pertaining to the codes and their authorizations.