



Billing Guidance for Concurrent Care and Session Times under the Autism Care Demonstration

Quick Reference Guide For TRICARE West Region Providers

Key Points

- Concurrent care occurs:
 - When there are two rendering providers providing care to the same patient at the same time
 - OR
 - When the same rendering provider bills multiple overlapping services at the same time
- Providers MUST include session time information in military format (HHMM) when submitting claims, even when billing for multiple services by the same rendering provider on the same day. Providers must document and separate out these sessions, even when billing the same Current Procedural Terminology (CPT) code. If providers do not submit times on individual lines, this may result in a delay of claims processing or claim denial.
- Providers must document session time information in one of the following ways:
 - For an Electronic Data Interchange (EDI) claim, the session time(s) should be in Loop 2400 for each individual line note.
 - For claims made in XPressClaim, the session time(s) should be in the individual line note.



Concurrent Care Guidance (TOM, Chapter 18, Section 3)

- TRICARE guidelines require applied behavioral analysis (ABA) providers to bill each unique ABA service that has a start and stop time under a separate service line on claims. Multiple separate services should receive a uniquely billed service line and separate session times in the claim notes.
- The beneficiary cannot be present for multiple CPT code services at the same time (for example, if billing direct 1:1 care 97153, the beneficiary cannot be present in 97155 modification).
- PGBA will pay the higher rate if the provider billed for concurrent care and PGBA can deny subsequent concurrent care or recoup the lower rate if already paid. Partially overlapping claims will defer for review.
- The ACD can allow for concurrent care in limited situations when billed by different rendering providers with a clear indication that the patient was not present in both sessions.
- ABA providers should use the following modifiers to indicate if the patient was present or not:
 - “HR” Modifier = Family/Couple with Patient Present
 - “HS” Modifier = Family/Couple without Patient Present
- ABA providers can bill and allow concurrent care with the patient’s presence indicated in the session notes or by modifiers “HR” and “HS” in the following combinations:



Table 1: Concurrent Care Modifier Combinations

Modifiers	97151	97153	97155	97156	97157	97158
97151 Assessment	No	N/A	N/A	N/A	N/A	N/A
97153 1:1 Care	Yes	No	N/A	N/A	N/A	N/A
97155 Modification	Yes	No	No	N/A	N/A	N/A
97156 Family Training	Yes	Yes	Yes	No	N/A	N/A
97157 Group Modification	Yes	Yes	Yes	No	No	N/A
97158 Group Family Training	Yes	No	No	Yes	Yes	No

- Yes = Can be concurrent with patient present in one session and not the other when properly indicated in claim notes, CPT modifiers, or medical documentation
- No = Cannot be concurrent