



COVID-19 Frequently Asked Questions for Providers

Updated: May 28, 2020

With the changes that have taken place for health insurance providers in response to the COVID-19 crisis, Medical Mutual has received many questions from providers regarding our policies and coverage. To assist you, we have prepared the following FAQ. These responses apply to all lines of business.

Updates to this FAQ will be made as more guidance from local and federal governments and other agencies is made available. **New information is highlighted in yellow.**

UTILIZATION MANAGEMENT PROCESSES

Medical Mutual's utilization management processes are evolving with state and federal regulatory guidance issued in response to the COVID-19 spread throughout Ohio and the nation. The answers to the questions below are accurate as of the date of this document and our current understanding of hospital bed capacity constraints. We are reaching out to our hospital partners requesting up-to-date information on bed capacity in their regions, so that our policies and processes can yield in parallel with surges in hospitalizations and any related capacity concerns. Information on capacity at your facilities can be sent via email to hospitalcapacity@medmutual.com. Please note the contact list included in this FAQ should a patient situation arise that requires immediate attention.

CASE MANAGEMENT REFERRALS

Medical Mutual's Case Management team is here to assist our members that may be struggling with isolation and the inability to meet basic needs. We encourage you to use the email addresses below to refer such members to our Case Management team.

Medicare Advantage Members: CaseMgmt-MedAdv@medmutual.com

Commercial Members: CaseMgmt-Triage@medmutual.com

Inpatient Hospital Stays

- Q1. Is prior authorization required for acute-care hospital admissions through the emergency room?**
- A. No. Prior authorization is not required for patients admitted through the emergency room.
- Q2. Is Medical Mutual suspending admission and concurrent medical necessity review for acute inpatient stays?**
- A. No. However, utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints.
- Q3. Will Medical Mutual agree to pay for inpatient admissions if the admission notification is delayed or not performed?**
- A. While Medical Mutual does not require prior authorization for emergency inpatient admissions, our policy does require notification of hospital admission within 24 hours. However, we are modifying our policy during the current state of emergency in Ohio to allow notification at any time while the patient is hospitalized. Admission and discharge date notification is critical to ensuring accurate and prompt payment for the inpatient stay.

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In addition, it is critical Medical Mutual receives notification as early as possible so we can support transitions to alternate care levels, including assisting hospitals in finding beds and/or arranging other post-discharge needs as benefits and coverage vary from health plan to health plan. This effort will help prevent patients from experiencing avoidable out-of-pocket expenses for non-covered benefits unrelated to COVID-19 coverage.

- Q4. Will Medical Mutual approve and reimburse a sub-acute/SNF-level of care provided in a hospital acute care setting if there is no sub-acute/SNF capacity and the patient is unable to be discharged from the hospital inpatient setting? An example of this is if a patient requires ventilator care and a ventilator or ventilator care is not available in a sub-acute setting.**
- A. Yes, when there is a documented need. Please note that Medical Mutual's staff is available to assist in locating beds, so your valuable resources can be utilized to provide patient care.
- Q5. Will Medical Mutual suspend current appeal and peer-to-peer request timeframes?**
- A. No. However, our utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints.

Transition to Alternate Levels of Care

- Q6. Will prior authorizations continue to be required for elective hospital admissions and post-acute care, including long-term acute care (LTAC), inpatient rehabilitation (IRF) and skilled nursing facility (SNF) admissions?**
- A. Yes. However, our utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints. If your facility is nearing capacity, please notify Medical Mutual immediately at hospitalcapacity@medmutual.com. Please note that home care, hospice, and home-based palliative care do not require prior authorization.

In addition, it is critical Medical Mutual receives notification as early as possible so that we can support the hospital team in accelerating transitions to alternate care levels, including locating beds and/or arranging other post-discharge needs as patient benefits and coverage vary from health plan to health plan. This will help prevent patients from experiencing avoidable out-of-pocket expenses for non-covered benefits unrelated to COVID-19 coverage.

- Q7. CMS has removed the three-day waiver for transfers to nursing facilities. Is there a waiver for commercial pre-certification?**
- A. The three-day waiver applied only to traditional Medicare fee for service. Medical Mutual has never required a three-day acute length of stay for any line of business.

Ambulatory Services

- Q8. Many elective procedures and surgeries that have been approved with prior authorizations in place are being postponed because of COVID-19. In these cases, will Medical Mutual honor the current prior authorizations when procedures are rescheduled, or will additional approvals be needed?**

- A. Medical Mutual will honor any prior authorizations for currently approved, elective admissions or procedures through Dec. 31, 2020 without additional provider administrative burden. High-tech imaging approvals through EviCore have been extended for 6 months from the date of authorization.

Given the numerous businesses being interrupted because of COVID-19, providers should check to make sure their patients remain covered by Medical Mutual at the time the surgery is rescheduled.

- Q9. The administration of many medical drugs that have been approved with prior authorizations in place are being postponed because of COVID-19. Will Medical Mutual honor the current prior authorizations when infusions are rescheduled, or will additional approvals be needed?**
- A. We have already extended prior authorization without additional provider administrative burden for many of the medical drugs that require approval. For prior approvals issued by Magellan Rx,

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providers may view the updated authorization period on the [Magellan Rx Provider Portal](#) under View Authorizations. To check the authorization period for prior approvals issued by Medical Mutual prior to Jan. 1, 2020, please contact Magellan Rx at 1-800-424-7698.

Given the numerous businesses being interrupted because of COVID-19, providers should check to make sure their patients remain covered by Medical Mutual at the time the infusion is rescheduled.

Q10. Will Medical Mutual suspend referral restrictions?

A. Medical Mutual does not require specialty referral authorization.

Q11. Will Medical Mutual suspend current appeal and peer-to-peer request timeframes?

A. No. However, our utilization management processes will evolve as hospitals experience surges in acute care admissions and capacity constraints.

PAYMENT AND COVERAGE

Q12. How is treatment for COVID-19 being covered?

A. Medical Mutual has extended the period during which cost sharing for all treatment related to COVID-19 will be waived to now go through July 24, 2020 for our fully insured plans. Treatment includes hospitalizations and ground ambulance transfers for individuals with a positive COVID-19 diagnosis. In addition, Medical Mutual will permanently cover FDA-approved medications and vaccines when they become available. This is effective retroactively to the beginning of the COVID-19 national public health emergency declared by the US Department of Health and Human Services that started on Jan. 27, 2020.

For plans subject to the jurisdiction of the Ohio Department of Insurance (ODI), the bulletin released on March 20, 2020, states that testing and treatment for COVID-19 are included in the definition of an emergency medical condition. For these plans, Medical Mutual will follow member cost sharing for services related to the treatment of COVID-19 received from an out-of-network provider the same as if the member received treatment from an in-network provider.

If a member is covered by a self-funded or labor plan, he/she should check with their employer to confirm coverage.

At this time, there are no FDA-approved prescription treatments for COVID-19. If members are prescribed medications on an outpatient basis following a COVID-19 diagnosis, those medications would be covered at the member benefit cost share level. Medications to treat COVID-19 on an inpatient basis would be covered at 100% with no member cost share, through July 24, 2020.

Q13. Are prescriptions for COVID-19 treatment covered?

A. Any medication(s) prescribed in the hospital to treat COVID-19 would be covered per a group's COVID-19 treatment coverage.

At this time there are no FDA-approved outpatient prescription treatments for COVID-19. If members are prescribed medications on an outpatient basis following a COVID-19 diagnosis, those medications would be covered at the member benefit cost share level. We will continue to monitor and adjust coverage if/when FDA-approved COVID-19 treatments become available.

Q14. Are emergency room copays waived for COVID-19 treatment (treat and release)?

A. Yes. Emergency room copays are being waived following the guidelines within, and to ensure compliance with, the Families First Coronavirus Response Act (H.R. 6201).

Q15. Are copays being waived for COVID-19 testing?

A. Yes. Copays are being waived for all Medical Mutual fully insured and self-funded customers. This also covers the cost of the provider visit, which could include a telehealth (telemedicine) visit, urgent care, or emergency room visit, to determine whether the COVID-19 testing is required and to administer the test.

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- Q16. What coding does Medical Mutual need to see on claims to designate a service as being related to COVID-19 and excluded from cost sharing, specifically, in cases where a patient's visit was related to COVID-19 testing, but the patient ended up not being COVID-19 positive?**
- A. Medical Mutual is following coding guidelines provided by CMS. For more information from CMS, please review these [guidelines](#).
- Q17. Will Medical Mutual cover the serological (antibodies) test for COVID-19 with no member cost sharing?**
- A. Yes. Per the guidance from the Department of Labor, HHS and the IRS, Medical Mutual will cover FDA-approved serological (antibodies) tests for COVID-19 with no member cost sharing. The associated codes are 86328 and 86769.
- Q18. How will Medical Mutual communicate that your system is prepared to accept claims for COVID-19 testing?**
- A. Our systems are able to accept and process claims for COVID-19 testing.
- Q19. Will your plans follow Medicare guidelines for essential health benefits around COVID-19 care and quarantine?**
- A. We are treating testing and treatment of COVID-19 as essential health benefits for all our plans. We are following other Medicare guidance for treatment of COVID-19, but some portions of the benefits are specific to traditional Medicare. Specifics are included in this FAQ.
- Q20. If a member needs to have pre-op testing completed for a second time due to a procedure being delayed because of the COVID-19 crisis, will the second pre-op testing be covered by Medical Mutual?**
- A. Yes. If it has been more than one month since the initial pre-op testing was completed, then the second testing can be billed and will be covered by Medical Mutual per the member's benefit coverage.
- Q21. Providers will be open for surgeries and procedures starting May 1, 2020, as directed by Governor DeWine's Responsible RestartOhio program. Part of that next step will likely include screening/testing patients for COVID-19 before procedures are scheduled. Will Medical Mutual cover screening patients for COVID-19 as part of pre-admission testing?**
- A. Under the Families First Coronavirus Response Act, Medical Mutual must pay for COVID-19 testing from March 18, 2020, through the end of the national public health emergency declared by the U.S. Department of Health and Human Services. During this period, we will not require prior authorization for COVID-19 testing done as part of pre-admission testing. We will monitor guidance as to whether this is best practice post the national public health emergency and develop policies in accordance with clinical guidance.
- Q22. Does Medical Mutual cover telehealth (telemedicine)?**
- A. For all insured members, visits between a Medical Mutual member and his/her provider via telehealth (telemedicine) are covered (see Appendix A of this FAQ for details on codes), whether an on-demand or a scheduled visit, if the service would be covered when conducted in person. This includes initial visits with a provider. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits, in addition to web or app, will be covered at this time. For members covered by self-funded plans, benefits may be different, and the patient should verify coverage.
- Some Medical Mutual members covered by self-funded plans may have benefits for 24/7 on-demand telehealth (telemedicine) services through national vendors or platforms offered through hospital systems. On-demand virtual visits are a subset of telehealth (telemedicine). These types of visits typically include 24/7 virtual access to licensed healthcare professionals with whom the patients do not have an established relationship. They are similar to visits to an urgent care facility and are typically needed due to an acute health issue.

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- Visits are typically covered like primary care provider visits
- Visits are billed with these codes: 99421, 99422, 99423

- Behavioral health visits are not covered as on-demand virtual visits

On-demand telehealth (telemedicine) visits will be payable if they are used to determine the need for COVID testing. Patients covered by self-funded plans should check their benefits for coverage details.

Please note that any telemedicine visits **not related** to COVID-19 diagnosis are being covered at a member's benefit level. Cost sharing is applied according to benefits.

For all telehealth (telemedicine) visits, the patient must consent to this method of treatment. Verbal consent is allowed during the current state of emergency and should be documented by the provider and retained permanently in the patient's record.

Q23. How long will Medical Mutual allow the expanded telehealth (telemedicine) services and relaxed telehealth (telemedicine) requirements that are currently in place?

- A. Medical Mutual will continue to allow the expanded definition of telehealth (telemedicine) as outlined in this FAQ during the national public health emergency declared by the U.S. Department of Health and Human Services. When the emergency order is lifted, Medical Mutual will evaluate what will remain in place. We are monitoring guidance from CMS on this issue.

Q24. Ohio Medicaid is expanding its coverage to include telephone calls, images transferred via fax and text messages. Will Medical Mutual consider expanding coverage of the services considered telehealth (telemedicine)?

- A. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits with an audio-only connection will be covered at this time.

Q25. Can a telehealth (telemedicine) visit be done through a phone call or through online portal communication with my health system?

- A. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits with an audio-only connection will be covered at this time.

Q26. Is Medical Mutual waiving the requirement that initial mental health visits be conducted in person before telehealth (telemedicine) visits are covered?

- A. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that an initial behavioral health visit be done in person before visits can be conducted via telehealth (telemedicine). This applies only to scheduled visits and does not include on-demand telehealth (telemedicine) providers.

Q27. Is member cost sharing waived for behavioral health telehealth visits that are related to a COVID-19 diagnosis?

- A. Behavioral health telehealth visits are covered at 100% with no member cost sharing if the member has been diagnosed with COVID-19. If members are experiencing conditions such as anxiety or depression as a result of the COVID-19 pandemic, but they do not have a COVID-19 diagnosis, then the telehealth visit would be covered at the member's benefit level and cost sharing would apply.

Q28. The telemedicine reimbursement policy has an effective date of April 2, 2020. Does that mean Medical Mutual isn't covering telehealth (telemedicine) until that date?

- A. No. Medical Mutual has covered telehealth (telemedicine) prior to the COVID-19 crisis. Posting a reimbursement policy was the final step in documentation. We are revising the effective date to March 1, 2020.

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- Q29. Will Medical Mutual be implementing a special telehealth (telemedicine) policy during the COVID-19 pandemic?**
- A. During the current state of emergency in Ohio, Medical Mutual is modifying our telehealth (telemedicine) policy. Details of those modifications are included in this FAQ.
- Q30. Can a provider bill the surcharge they incur for using a telehealth (telemedicine) platform to the member or seek additional reimbursement from Medical Mutual for this charge?**
- A. No. Payment for the service would be considered payment in full. There is no additional reimbursement provided for the technology cost.
- Q31. Can a provider bill a fee for a prescription refill via the phone?**
- A. No. Telephonic services alone are not a reimbursed service.
- Q32. Can occupational and physical therapy, as well as speech pathology, be billed as telehealth (telemedicine)?**
- A. During the current state of emergency in Ohio, Medical Mutual will allow occupational and physical therapy, as well as speech pathology, visits to be conducted via telehealth (telemedicine) when an audio and visual encounter are included. Telephonic-only visits will NOT be covered. Chiropractic services are NOT included. Services performed by home health agencies are NOT included. Billing for these visits should use the codes outlined in Appendix A under the heading Physical, Occupational, Speech Therapy. Therapy services performed through telehealth (telemedicine) are subject to the same plan benefits, limitations and authorization requirements as if the services were performed in person.
- Q33. Can mental health and substance abuse services be provided through telehealth (telemedicine)?**
- A. Yes. Individual therapy can be conducted by a provider to their patients. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that an initial behavioral health visit be done in person before visits can be conducted via telehealth (telemedicine). At this time, we are also waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits with an audio-only connection will be covered at this time.
- Q34. Will Medical Mutual suspend the face-to-face requirement for Medicare annual wellness visits and home health referrals?**
- A. CMS is not waiving the face-to-face requirement at this time. Therefore, Medical Mutual is keeping the requirement in place.
- Q35. Will Medical Mutual cover applied behavioral analysis (ABA) therapy conducted via telehealth (telemedicine)?**
- A. Yes. During the current state of emergency in Ohio, Medical Mutual will cover the ABA services outlined in Appendix A under ABA Therapy as approved services when conducted via telehealth (telemedicine). The service must include both a visual and an audio component. ABA services will still be covered within benefits limits, authorization limits and within state and federal regulatory requirements and licensure, including HIPAA compliance.
- Q36. Will Medical Mutual cover pediatric preventive (well child care) visits conducted via telehealth (telemedicine)?**
- A. Considering [clinical guidance from the American Academy of Pediatrics](#), Medical Mutual will NOT cover pediatric preventive care (well child care) visits conducted via telehealth (telemedicine) These visits center around services that necessitate a face-to-face interaction, such as administering vaccines, checking height and weight, and performing vision and hearing screenings.
- Q37. Is Medical Mutual implementing the temporary suspension of sequestration withholdings from Medicare Advantage payments?**
- A. Yes. Effective May 1, 2020, in compliance with CMS guidance, Medical Mutual will no longer be withholding sequestration amounts.

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- Q38. Is COVID-19 testing covered under workers' compensation for first responders?**
 A. At this time, the Ohio Bureau of Workers' Compensation (BWC) has not issued guidance pertaining to whether testing due to work-related exposure to COVID-19 would be covered. Until we receive clear guidance from the BWC, Medical Mutual plans to cover COVID-19 testing at 100%, even if exposure occurs within the workplace. This may change retroactively if further guidance is released from the BWC.
- Q39. If Medical Mutual receives a claim for COVID-19 testing that has the "work-related" box checked, will your system reject it or would it process and pay?**
 A. In this example, the COVID-19 test would pay at 100% even if the work-related box is checked based on the lack of guidance from the BWC and to be compliant with federal law. Should something change in the future we will adjust our processing practices retroactively.
- Q40. If a first responder contracts COVID-19 is the treatment covered by workers' compensation?**
 A. The Ohio Bureau of Workers' Compensation (BWC) has issued guidance stating that claims can be filed in cases where jobs pose a special hazard or risk which results in employees contracting COVID-19 directly from the work exposure. First responders such as EMS, police, firefighters and healthcare workers are some examples of jobs that would fall into this category. If the work-related box is check on a COVID-19 treatment claim, Medical Mutual will NOT automatically process and pay these at 100%, but will refer these to the BWC for review.

CREDENTIALING

- Q41. Does Medical Mutual have any way to bypass the normal credentialing process and grant an access needs waiver when needed to serve patients expeditiously?**
 A. Yes. Medical Mutual will grant an access needs waiver in this situation and would only need basic information for claim submission.

COVID-19 Hospital Contact List

First Name	Last Name	Title	Email	Work Telephone	Cell Phone
Robin	Bender	Clinical Coordinator, Acute and Post-Acute	Robin.Bender@medmutual.com	419-473-7198	419-654-2466
Josie	Valente	Manager, Prior Authorization	Josephine.Valente@medmutual.com	216-736-2419	216-533-3030
Annette	Ruby	VP, Clinical Population Health	Annette.Ruby@medmutual.com	216-687-7503	330-620-7240
Lloyd	Cook	Medical Director	Lloyd.Cook@medmutual.com	216-687-6259	216-973-0180
Linda	Patterson	Medical Director	Linda.Patterson@medmutual.com	440-878-4171	216-780-8474
Philip	Rice	Medical Director	Philip.Rice@medmutual.com	216-687-6524	814-931-5966

Appendix A

The following CPT codes have been deemed by CMS as appropriate services billable as a telemedicine service. CPT codes noted below are covered as a telehealth (telemedicine) option providing the service is a covered service when performed in person.

CPT Code	Description
99201-99215	Office or other outpatient visits – for both new and established patients
99231-99233	Subsequent hospital care services, with the limitations of 1 telehealth visit every 3 days
99307- 99310	Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days
96150- 96154	Individual and group health and behavior assessment and intervention
90845-90847	Psychotherapy
90832-90834, 90836-90838	Individual psychotherapy
90791 and 90792	Psychiatric diagnostic interview examination
90785	Interactive complexity psychiatry services and procedures
99421, 99422, 99423	Online digital evaluation- (Medical Mutual defined as On-Demand)
90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963-90970	ESRD-related services
96116	Neurobehavioral status examination
98966 - 98968	Non MD Health Care Professional Telephone Assessment
G0436, G0437 99406, 99407	Smoking cessation services
99495- 99496	Transitional care management services
99497- 99498	Advance care planning
99354-99357	Prolonged service in the office or other outpatient setting.
99441	Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.
G0438	Annual wellness visit, includes a personalized prevention plan of service (PPPS) first visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPPS) subsequent visit

G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
G0445	High-Intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes education, skills training and guidance on how to change sexual behavior, performed semi-annually, 30 minutes
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0509	Telehealth consultation, critical care, initial, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan
G0420 and G0421	Individual and group kidney disease education services
G0108 and G0109	Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
G0425- G0427	Telehealth consultations, ED or initial inpatient
G0270, 97802-97804	Individual and group medical nutrition therapy
G0459	Telehealth pharmacologic management
G0406- G0408	Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
G0396 and G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services
G2010	Brief Check in by MD/QHP
G2012	Brief Check in by MD/QHP
G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
G2062	Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes
G2063	Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes
Physical, Occupational, Speech Therapy	
G2061- G2063	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days
97161-97164	Physical Therapy evaluation
97110	Therapeutic procedure, one or more areas, each 15 minutes
97112	Therapeutic procedure, one or more areas, each 15 minutes

97116	Gait training
97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
97535	Self-care/ home management training, each 15 minutes
97165-97168	Occupational therapy evaluation
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder
92521	Evaluation of speech fluency
92522-92523	Evaluation of speech sound production
92526	Treatment of swallowing dysfunction and/or oral function for feeding
96105	Assessment of Aphasia and Cognitive Performance Testing
97129	Therapeutic interventions that focus on cognitive function
97130	Each additional 15 minutes
ABA Therapy	
97151	Behavior Identification Assessment, administered by Qualified Health Provider, each 15 minutes
97153	Adaptive Behavior Treatment by protocol, administered by technician under the direction of a Qualified Health Provider (QHP), each 15 minutes
97155	Adaptive Behavior Treatment with Protocol Modification, administered by a QHP, which may include simultaneous direction of technician, each 15 minutes
97156	Family Adaptive Behavior Treatment Guidance , administered by a QHP (with or without patient present), each 15 minutes.