

Nicole Owings-Fonner: Welcome to today's webinar series entitled "Getting Reimbursed: Updates on Billing and Documentation for Health Behavior Assessment and Intervention Services in 2020". Our presenters today are Dr. Stephen Gillaspy, APA's senior director of health care financing, and Ms. Meghann Dugan-Haas, APA's coding and payment policy officer. This webinar series has been pre-recorded and broken down into segments to make it easier for you to understand and refer back to. Our objectives are to understand the H&B code set review and revision process, to introduce the 2020 Health Behavior Assessment and Intervention Services, and we'll review the new CPT codes, descriptions, and coding structure, as well as provide an explanation of how the existing codes crosswalk to the new codes. We'll also apply the new codes using clinical examples and review coding guidelines, payment policies, and reimbursement values.

In this section, Dr. Gillaspy and Ms. Dugan-Haas will expand on a health behavior assessment clinical example.

Dr. Stephen Gillaspy: So, to review, what we have on the screen is the... our base code structure. As we talked in our previous webinar, there are three components to the typical base code. On the left, you have the pre-service work, which we typically think of as the non-face-to-face services. So, those are the activities you perform prior to seeing the patient -- so that was... that would be reviewing records, gaining additional information. Next, you have the intraservice work: this is considered the face-to-face work with the patient and this is going to be the bulk of your... your intervention and the time spent within the code set. And then you have the post-service work, which again are non-face-to-face services. This would include information, sharing your note with others, providing feedback to other health care providers. And again, for the health behavior assessment intervention codes, this is very important because these codes will... will involve you in interacting with other health care providers and working in multidisciplinary teams.

So, here is our first example. This is our example of the health behavior assessment. Here we have a 65 year old male with osteoarthritis, chronic back pain, and medication-related sleep difficulties. He's referred for health behavior assessment to determine the psychological factors requiring intervention as part of the patient's overall treatment plan. So, a couple of things that are important to remember for the health behavior assessment case -- one of the most important things to remember is that for that intraservice time, you have three required components. Those three required components are the health-focused clinical interview, behavioral observations, and clinical decision-making. Again, the clinical decision making - that's going to involve integration of your assessment results, developing what the treatment plan should look like. Again, that's... that's the... the cognitive piece where you're integrating all that information, developing your treatment plan, case conceptualization. A couple of other things that are important to note about the health behavior assessment -- and again, just review from our previous webinar -- remember, the codes used to be both an assessment and reassessment codes: those were timed codes in 15-minute increments. Our new code for this example, the health behavior assessment, they've been collapsed into one code and it's an untimed code. It's an untimed code very similar to the diagnostic interview. So, even though if we think about our code structure, we have pre- and post- service within this, it's just like the diagnostic interview. So, again it's an untimed code.

Meghann Dugan-Haas: So, here we have an example of a claim form that's been completed for the assessment service, and as you can see, we've only in... reported one unit of CPT code nine six one five six (96156) and that is because the service is now an untimed service and is reported very similar to the way that CPT code nine zero seven nine one (90791) is reported for psychiatric diagnostic evaluation.

Nicole Owings-Fonner: In this next section, our presenters will share with you some resources for the 2020 Health Behavior Assessment and Intervention code family.

Meghann Dugan-Haas: Throughout this webinar series, we have reviewed all of the new CPT codes, the code descriptors, the RVU values, as well as the crosswalks for reporting the new HBAI services beginning on January 1, 2020. For your convenience, all of this information has been compiled into their own individual resources and are found on the Reimbursement section of the APA website. That website is above the first link reported. We strongly encourage you to go and visit this site, download these resources, and begin familiarizing yourself - as well as your staff - with the new codes so that you're fully prepared to implement the new code set, come January 1.

Dr. Stephen Gillaspay: In addition to the current resources that we have available, we will be producing additional publications, new information and resources to assist you and your staff with making the transition and implementing the new HBAI codes that will go into effect in January. So, specifically one resource that is under development and will be coming your way in the near future: we are developing a health behavior assessment intervention billing and coding guide. This will be similar to the guide that was developed for the psychological testing and neuropsychological testing services; so, we're in the midst of developing that and we'll get that out and available. That will be available to not only members, but we'll also make that available to payers as well. Additionally, after the webinar and as questions start to come in, we will do... we'll have frequently asked questions and/or respond to that as well as additional resources will be forthcoming.

Nicole Owings-Fonner: Thank you for viewing our webinar series on the new HBAI family of codes and thank you to our presenters for sharing this important information to help us all prepare for 2020. APA Services, Inc., is available to help members with any health insurance or managed care issues, whether this involves private or government insurers. For issues related to billing codes and Medicare or any questions regarding the content of this webinar series, please contact the Office of Healthcare Finance at OHCF at APA dot org. For issues with Medicaid or private insurers, please contact the Office of Legal and Regulatory Affairs at praclegal at APA dot org. If you are unsure of who to direct your questions to, you can also reach out to the Office of Health Care Finance and they will help direct you to the right person. Thank you and have a great day.