

CPT[®] Code Changes for 2020 Health and Behavior Assessment and Intervention (HBAI) Services FAQ

Please Note: The following information applies to commercial and Medicare Advantage memberships seen under your current Agreement. *Medicaid rates are generally set by each individual state and further information is pending state reviews.*

The American Medical Association (AMA) announced the [2020-cpt-code-set](#) in September. Since then, the American Psychological Association (APA) has taken steps to notify and inform their membership regarding those changes to CPT coding used for reporting Health and Behavior Assessment and Intervention Services.

APA Services Inc. posted relevant information and a list of the new codes including descriptions (note: for more specific and detailed information on the use of these codes, refer to 2020 CPT code books which are available for purchase through online vendors).

- [Health & Behavior Assessment & Intervention Services](#)

APA Services Inc. also provided a link to an article showing a crosswalk between 2019 and 2020 codes:

- [Crosswalk for 2020 Health Behavior Assessment and Intervention CPT Codes](#)

Optum is working to implement the changes, to be effective January 1, 2020. Many of the following questions have been submitted by providers; we will continue to update this FAQ as more questions are received and as additional information becomes available.

Q1: What should a practice or provider do to prepare for CPT code changes?

A1: All providers should become familiar with the new codes so you know when and how to use them. Be sure you coordinate with your billing support or vendors, including your billing software vendor or Electronic Data Interchange (EDI) clearinghouse, to make sure they are ready.

Q2: Can I still submit claims using the expired CPT codes for services provided on or after January 1, 2020?

A2: No. Providers will not be able to submit claims using the expired CPT codes for services with a date of service of January 1, 2020 or after.

Q3: Will there be a dual use or grace period?

A3: No. At this time, there is no grace period for implementation so you should be preparing to implement these changes by January 1, 2020. Claims for dates of service on or after January 1, 2020 submitted with expired 2019 codes will be denied.

Q4: Do I apply the new 2020 codes on January 1, 2020 for unbilled dates of service in 2019?

A4: No. You should continue to use the 2019 codes for all claims for dates of service through December 31, 2019. For dates of service on or after January 1, 2020, use the new 2020 codes. It is the date of service that determines which codes to use, not the date of claim submission.

Q5: Are the authorization requirements changing with the new code set?

A5: No. In Network providers do not need authorization for Health & Behavior Assessment & Intervention Services. An authorization and Single Case Agreement will be required for Out of Network (OON) providers wishing to provide HBAI Services on or after January 1, 2020.

Q6: If I obtained an authorization prior to January 1, 2020 in association with a Single Case Agreement that has not been used, will that authorization still apply or will I need to request a new authorization? What do I do with authorizations that are still effective January 1, 2020? (Note: applies for OON providers only.)

A6: We ask that you make every effort to complete HBAI Services started in 2019, by December 31, 2019. If you are not able to complete services authorized in 2019 prior to the end of the calendar year, you will need to request a new authorization for the new CPT codes for HBAI Services being provided on or after January 1, 2020.

Q7: Will these changes affect my Agreement with Optum?

A7: Yes. It will affect your Agreement to the extent that you will be required to bill the newly-established CPT codes.

Q8: Do these changes affect my Fee Schedule with Optum?

A8: Yes. Your fee schedule will be unilaterally updated to reflect the newly-established CPT codes. Optum will provide you with written notification that will include a new fee schedule for billing effective January 1, 2020. The rates are being calculated using a crosswalk to the old codes and the new rates will be cost neutral to the rates for the old codes.

Q9: When will my contract be updated to include the new codes?

A9: You will receive a notification by mail with the new codes and fees shortly after January 2, 2020.

Q10: Will Optum be negotiating new fee schedules?

A10: No. Optum is not negotiating new fee schedules for these codes. Updated fee schedules including the new codes and rates will be mailed to providers.

Q11: Will Optum be compliant with the required changes by January 1, 2020?

A112: Yes. We are updating our systems to accept the codes starting on January 1, 2020.

Q12: How do I bill using the new codes?

A12:

- Provider Express – our online secure transaction feature will be ready to receive 2020 CPT codes on January 1, 2020 for dates of service on and after January 1, 2020
- EDI Clearinghouse/Vendors – talk directly with your clearinghouse and software vendor regarding system readiness
- Paper claims – use the Centers for Medicare and Medicaid (CMS) 1500 claim form.

Q13: What diagnoses are billable with the HBAI codes?

A13: The Optum Coverage Determination Guideline located on Provider Express for [Health & Behavior Assessment and Intervention](#) (which follows CMS guidance) indicates, “A medical diagnosis is required as the primary diagnosis and the member does not meet criteria for a psychiatric diagnosis”.

Q14: What provider types can bill the HBAI codes?

A14: Per CMS, the HBAI codes may not be used by and/or are not billable by physicians; physicians must bill for HBAI Services using an Evaluation and Management or preventive Medicine service codes. For commercial membership, the HBAI Services codes may only be billed by non-prescribing provider types (PhD, MSW, and/or RN licensure types). For Medicare Advantage, only psychologists can bill using these codes. Providers may find additional information at this reference: [Coding and Billing Guidelines - CMS](#).

Q15: Are there any restrictions on billing any of the HBAI codes?

A15: For Medicare Advantage members, providers may not bill using the following code: H&B intervention, family without patient (2019 code 96155; 2020 base code 96170 and Add on code 96171). According to CMS, these codes are not covered by Medicare “...because it does not represent a diagnostic or treatment service to the patient.” These codes may be billed for commercial memberships per the Optum Coverage Determination Guideline located at Provider Express [Health & Behavior Assessment and Intervention](#).

Q16: Where can I find more information on the changes?

A16: Refer to the links above as well as the 2020 CPT code book. The AMA released their 2020 CPT code book in September. Resources for purchasing are readily available online and in bookstores.