

Payment Policy | Health and Behavior Assessment



EFFECTIVE DATE: 08|06|2013

POLICY LAST UPDATED: 02|06|2018

OVERVIEW

Health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. The focus of the assessment is not on mental health, but on the biopsychosocial factors important to physical health problems and treatments.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

For BlueCHiP for Medicare and Commercial Products

Health and behavior assessment/intervention services are covered and are limited to the following provider specialties, psychologist (spec. code 062), Clinical Social Worker (LICSW) (spec. code 042), Marriage and Family Therapist (MFT) (spec. code 078), and Mental Health Counselor (MHC) (spec. code 077).

If psychiatric services and health and behavior services are rendered on the same date of service, by the same provider, report the predominant service performed.

If a health and behavioral assessment/intervention services and a psychiatric services procedure code are filed by the same provider, for the same date of service, only the first submitted service (or predominant diagnosis) will pay. The second service filed should deny as provider billing error.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable medical benefits/coverage.

BACKGROUND

Not applicable.

CODING

The following codes are covered:

- 96150** Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
- 96151** Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
- 96152** Health and behavior intervention, each 15 minutes, face-to-face; individual
- 96153** Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
- 96154** Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
- 96155** Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

Note: When multiple services above are rendered on the same date by the same provider, one co-payment is applied.

Health and behavior assessment/intervention services (codes 96150, 96151, 96152, 96153, 96154, and 96155) are invalid procedure codes (not member liability) if the diagnosis is for a psychiatric condition.

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, April 2018
Policy Update, March 2017
Policy Update, March 2016
Policy Update, July 2004
Policy Update, February 2007
Policy Update, February 2009

REFERENCES

None

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