

Payment Policy | Health and Behavior Assessment



EFFECTIVE DATE: 01 | 01 | 2024

POLICY LAST REVIEWED: 01 | 03 | 2024

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

Medicare Advantage and Commercial Products

Health and behavior assessment/intervention services are covered when provided by Psychologists (specialty code 062), Clinical Social Worker (LICSW) (specialty code 042), Marriage and Family Therapist (MFT) (specialty code 078), and Mental Health Counselor (MHC) (specialty 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 Evidence of Coverage or Subscriber Agreement for applicable medical benefits/coverage.

BACKGROUND

Not applicable

CODING

Medicare Advantage and Commercial Products:

The following codes effective on January 1, 2020 are covered when filed by the providers as noted above:

- 96156** Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
- 96158** Health behavior intervention, individual, face-to-face; initial 30 minutes
- 96159** Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- 96164** Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
- 96165** Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- 96167** Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes

- 96168** Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- 96170** Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
- 96171** Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

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 are invalid procedure codes (not member liability) if the diagnosis is for a psychiatric condition.

RELATED POLICIES

None

PUBLISHED

Provider Update, March 2024
Provider Update, September 2022
Provider Update, March 2020
Provider Update, April 2018
Policy Update, March 2017
Policy Update, March 2016

REFERENCES

Not applicable

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