Medical Coverage Policies

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Health and Behavior Assessment/Intervention

EFFECTIVE DATE	01/24/2004	**LAST UPDATED**	12/02/2008
RELATED POLICIES	Behavior Health Services		

Description:

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.

Health and behavior intervention procedures are used to modify the psychological, behavioral, emotional, cognitive, and social factors identified as important to or directly affecting the patient's physiological functioning, disease status, health and well-being. The focus of the intervention is to improve the patient's health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems.

Codes 96150-96155 describe services offered to patients with established illnesses or symptoms who may benefit from evaluations that focus on the biopsychosocial factors related to the patient's physical health status. These services do not represent preventive medicine counseling and risk-factor reduction interventions.

Medical Criteria:

Not applicable as this is a reimbursement policy.

Policy:

Health and behavior assessment/intervention services are **covered**.

Coverage:

Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable medical benefits/coverage **(specialist copayment applies)**. These services do not affect behavioral health limit(s).

CODING:

Note: A unit is defined as 15 minutes. Behavioral health specialists will not be reimbursed for more that four (4) units per date of service/per code. All other units are considered inclusive in payment for initial four (4) units.

These services will require only one copayment per date of services (not unit).

The following codes are **medically necessary:**

96150
96151
96152
96153
96154
96155

If psychiatric services (90801 - 90899) and health and behavior services (96150 - 96155) are rendered on the same date of service, by the same provider, report the predominant service performed. If a

health and behavioral assessment/intervention service 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.

Health and behavior assessments codes are limited to the following specialties, psychologist (spec. code 062), Clinical Social Worker (LICSW) (spec. code 042), Marriage and Family Therapist (MFT) (spec. code 078), Psychiatric Clinical Nurse Specialist (CNS) (spec. code 045), and Mental Health Counselor (MHC) (spec. code 077).

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 (slc=011 or 032). With a psychiatric diagnosis, the provider should file the appropriate psychiatric care code (90801- 90899). Health and behavioral assessment/intervention services are covered under the member's medical benefit. If they are filed with a psychiatric diagnosis code the claim should deny as provider billing error.

Evaluation and management services (99201 - 99499) should not be reported by the same provider on the same date of service.

Also known as:

N/A

Related topics:

Behavioral Health Services

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