

1 **Clinical Practice Guideline: Health and Behavior Assessments**

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5 **Product: Specialty**

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8 **GUIDELINES**

9 American Specialty Health, Inc. (ASH) considers a Health and Behavioral Assessment,
10 initial or Reassessment (CPT code 96156), and Intervention services (CPT codes 96158,
11 96159) medically necessary for a patient meeting all of the following criteria:

- 12 A. The patient has an underlying physical illness or injury; and
13 B. There are indications that biopsychosocial factors may be significantly affecting
14 the treatment or medical management of an illness or an injury; and
15 C. The patient is alert, oriented and has the capacity to understand and to respond
16 meaningfully during the face-to-face encounter; and
17 D. The patient has a documented need for psychological evaluation or intervention to
18 successfully manage their physical illness, and activities of daily living; and
19 E. The assessment is not duplicative of other practitioner assessments.

20
21 Additionally, for a health and behavior reassessment to be considered medically necessary,
22 there must be documentation that indicates there has been a sufficient change in mental or
23 medical status warranting reevaluation of the patient's capacity to understand and
24 cooperate with the medical interventions necessary to their health and well-being.

25
26 Health and Behavioral Intervention, individual or group (2 or more patients) (CPT codes
27 96158, 96159, 96164, 96165) require that:

- 28
29 A. Specific psychological intervention(s) and patient outcome goal(s) have been
30 clearly identified, and
31 B. Psychological intervention is necessary to address:
32 1. Non-compliance with the medical treatment plan, or
33 2. The biopsychosocial factors associated with a newly diagnosed physical
34 illness, or an exacerbation of an established physical illness, when such
35 factors affect symptom management and expression, health-promoting
36 behaviors, health-related risk-taking behaviors, and overall adjustment to
37 medical illness.

1 Health and Behavioral Intervention (with the family and patient present) (CPT codes
2 96167, 96168) is considered reasonable and necessary for the patient who meets all of the
3 following criteria

- 4
- 5 A. The family representative* directly participates in the overall care of the patient,
6 and
 - 7 B. The psychological intervention with the patient and family is necessary to address
8 biopsychosocial factors that affect compliance with the plan of care, symptom
9 management, health-promoting behaviors, health-related risk-taking behaviors, and
10 overall adjustment to medical illness.

11

12 *For the purpose of this guideline, all references to a family representative are defined as
13 immediate family members only (i.e., husband, wife, siblings, children, grandchildren,
14 grandparents, mother, and father); any primary caregiver who provides care on a voluntary,
15 uncompensated, regular and sustained basis; or a guardian or healthcare proxy.

16

17 Health and Behavioral Assessment/Intervention will not be considered reasonable and
18 necessary for the patient who:

- 19 A. Does not have an underlying physical illness or injury; or
- 20 B. For whom there is no documented indication that a biopsychosocial factor may be
21 significantly affecting the treatment, or medical management of an illness or injury
22 (i.e., screening medical patient for psychological problems); or
- 23 C. Does not have the capacity to understand and to respond meaningfully during the
24 face-to-face encounter, because of:
 - 25 a. Dementia that has produced a severe enough cognitive defect for the
26 psychological intervention to be ineffective;
 - 27 b. Delirium;
 - 28 c. Severe and profound mental retardation;
 - 29 d. Persistent vegetative state/no discernible consciousness;
 - 30 e. Impaired mental status, e.g.,
 - 31 i. disorientation to person, time, place, purpose, or
 - 32 ii. inability to recall current season, location of own room, names and
33 faces, or
 - 34 iii. inability to recall that they are in a nursing home or skilled nursing
35 facility
 - 36 iv. Does not require psychological support to successfully manage
37 their physical illness through identification of the barriers to the
38 management of physical disease and activities of daily living, or
 - 39 v. For whom the conditions noted under the indications portion of
40 this section are not met.

1 Health and Behavioral Intervention with the family and patient present will not be
2 considered reasonable and necessary for the patient if:

- 3 A. It is not necessary to ensure patient compliance with the medical treatment plan, or
- 4 B. The family representative does not directly participate in the plan of care, or
- 5 C. The family representative is not present.
- 6 D. There is no face-to-face encounter with the patient.

7
8 Because it does not represent a diagnostic or treatment service to the patient, there is no
9 coverage for CPT codes 96170, 96171.

10
11 Health and Behavioral Intervention services are not considered reasonable and necessary
12 to:

- 13 A. Update or educate the family about the patient's condition
- 14 B. Educate family members, primary caregivers, guardians, the health care proxy, or
15 other members of the treatment team (e.g., health aides, nurses, physical or
16 occupational therapists, home health aides, personal care attendants and co-
17 workers) about the patient's care plan.
- 18 C. Assist in treatment-planning with staff
- 19 D. Provide family psychotherapy or mediation
- 20 E. Educate diabetic patients and diabetic patients' family members
- 21 F. Deliver Medical Nutrition Therapy
- 22 G. Maintain the patient's or family's existing health and overall well-being
- 23 H. Provide personal, social, recreational, and general support services.
 - 24 a. Although such services may be valuable adjuncts to care, they are not
25 medically necessary psychological interventions.

26
27 Examples of services not covered as health and behavioral interventions are:

- 28 • Stress management for support staff
- 29 • Replacement for expected nursing home staff functions
- 30 • Music appreciation and relaxation
- 31 • Craft skill training
- 32 • Cooking classes
- 33 • Comfort care services
- 34 • Individual social activities
- 35 • Teaching social interaction skills
- 36 • Socialization in a group setting
- 37 • Retraining cognition due to dementia
- 38 • General conversation
- 39 • Services directed toward making a more dynamic personality
- 40 • Consciousness raising
- 41 • Vocational or religious advice
- 42 • General educational activities

- 1 • Tobacco or caffeine withdrawal support
- 2 • Visits for loneliness relief
- 3 • Sensory stimulation
- 4 • Games, including bingo games
- 5 • Projects, including letter writing
- 6 • Entertainment and diversionary activities
- 7 • Excursions, including shopping outings, even when used to reduce a dysphoric state
- 8 • Teaching grooming skills
- 9 • Grooming services
- 10 • Monitoring activities of daily living
- 11 • Teaching the patient simple self-care
- 12 • Teaching the patient to follow simple directives
- 13 • Wheeling the patient around the facility
- 14 • Orienting the patient to name, date, and place
- 15 • Exercise programs, even when designed to reduce a dysphoric state
- 16 • Memory enhancement training
- 17 • Weight loss management
- 18 • Case management services including but not limited to planning activities of daily
- 19 living, arranging care or excursions, or resolving insurance problems
- 20 • Activities principally for diversion
- 21 • Planning for milieu modifications
- 22 • Contributions to patient care plans
- 23 • Maintenance of behavioral logs

24
25 Biofeedback is coded as 90901 and will not be covered as a health and behavioral
26 intervention.

27
28 For health and behavior assessment and/or intervention services performed by a physician,
29 clinical nurse specialist (CNS), or nurse practitioner (NP), Evaluation and Management
30 (E/M) or Preventive Medicine services codes should be used. Services to patients for
31 evaluation and treatment of mental illnesses should be coded using a psychiatric services
32 CPT code (90801-90899). For patients that require psychiatric services (CPT codes 90801-
33 90899) as well as health and behavior assessment/intervention (96156, 96167, 96168),
34 report the predominant service performed. Do not report CPT codes 96156, 96167, 96168

1 in addition to CPT codes 90801-90899 on the same date. CPT codes 96170, 96171 are not
 2 a covered service.

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| CPT® Code | CPT® Code Description |
|------------------|--|
| 96127 | Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument |
| 96156 | Health behavior assessment, or re-assessment (i.e., 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) |

5

6 Please refer to Local Medicare Administrative Contractor (MAC) for list of relevant ICD-
 7 10 codes.

1 **CPT Code and Documentation Requirements to Substantiate Medical Necessity**

2 Documentation in the medical record must include:

3
4 For the HBA initial assessment, evidence to support that the assessment is reasonable and
5 necessary, and must include, at a minimum, the following elements:

- 6 • Health and Behavioral Assessment/Intervention (CPT codes 96156, 96167, 96168)
7 may only be performed by a Clinical Psychologist (CP-Specialty Code 68).
8 • Date of initial diagnosis of physical illness, and
9 • Clear rationale for why assessment is required, and
10 • Assessment outcome including mental status and ability to understand and respond
11 meaningfully, and
12 • Goals and expected duration of specific psychological intervention(s), if
13 recommended.

14
15 For the HBA reassessment, detailed progress notes to support that the reassessment is
16 reasonable and necessary should include the following:

- 17 • Date of change in mental or physical status;
18 • Sufficient rationale for why reassessment is required; and
19 • Clear indication of any precipitating events that necessitate reassessment.
20 • Changes in goals, duration and/or frequency and duration of services
21

22 For the HBA intervention service, evidence to support that the intervention is reasonable
23 and necessary must include, at a minimum, the following elements:

- 24 • Evidence that the patient has the capacity to understand and to respond
25 meaningfully
26 • Clearly defined psychological intervention plan
27 • The goals of the psychological intervention
28

29 This documentation includes, but is not limited to, relevant medical history, physical
30 examination, and results of pertinent diagnostic tests or procedures. Because of the impact
31 on the medical management of the patient's disease, documentation must show evidence of
32 coordination of care with the patient's primary medical care providers or medical provider
33 responsible for the medical management of the physical illness that the psychological
34 assessment/intervention was meant to address.

- 35 • There is an expectation that the psychological intervention will improve
36 compliance with the medical treatment plan
37 • The response to the intervention
38 • Rationale for frequency and duration of services

1 BACKGROUND/DESCRIPTION

2 “Health behavior assessment: includes evaluation of the patient's responses to disease,
3 illness or injury, outlook, coping strategies, motivation and adherence to medical
4 treatment. Assessment is conducted through health-focused clinical interviews,
5 observation, and clinical decision making.”

6 “Health behavior intervention: includes promotion of functional improvement,
7 minimizing psychological and/or psychological barriers to recovery, and management of
8 and improved coping with medical conditions. These services emphasize active
9 patient/family engagement and involvements. These interventions may be provided
10 individually, to a group (two or more patients, and/or to the family, with or without the
11 patient present.”

12 PRACTITIONER SCOPE AND TRAINING

13 Practitioners should practice only in the areas in which they are competent based on their
14 education, training, experience, and current proficiency. It is ethically and legally
15 incumbent upon a practitioner to determine if they have the knowledge and skills necessary
16 to perform such services and whether the services are within their scope of practice.
17

18
19 It is best practice for the practitioner to appropriately render services to a patient only if
20 they are trained to competency, equally skilled, and adequately competent to deliver a
21 service compared to others trained to perform the same procedure. If the service would be
22 most competently delivered by another health care practitioner who has more skill and
23 expert training, it would be best practice to refer the patient to the more expert practitioner.
24

25 Best practice can be defined as a clinical, scientific, or professional technique, method, or
26 process that is typically evidence-based and consensus driven and is recognized by a
27 majority of professionals in a particular field as more effective at delivering a particular
28 outcome than any other practice (Joint Commission International Accreditation Standards
29 for Hospitals, 2020)
30

31 Depending on the practitioner's scope of practice, training, and experience, a patient's
32 condition and/or symptoms during examination or the course of treatment may indicate the
33 need for referral to another practitioner or even emergency care. In such cases it is essential
34 for the practitioner to refer the patient for appropriate co-management (e.g., to their primary
35 care physician) or if immediate emergency care is warranted, to contact 911 as appropriate.
36 See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for
37 information.

1 **References**

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