

## What are Health Behavior Assessment/Re-Assessment and Intervention Services?

Health Behavior Assessment/Re-assessment and Intervention (HBAI) services are used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of a patient's physical health problem(s). The HBAI codes (CPT Codes: 96156 - 96171) are used by a behavioral health (BH) provider, particularly in multi-disciplinary clinics, where the BH provider is part of a care team and they provide an assessment or an evaluation of the patient's response to a disease, illness, injury, coping strategies, motivation, and their adherence to the medical treatment.

The HBAI codes describe services offered to patients who present with either a primary physical illness(es), diagnosis(es), or symptom(s) and may benefit from support for psychological and/or psychosocial factors related to their health status. The HBAI codes describe assessments and interventions to improve the patient's health and well-being utilizing psychological and/or psychosocial procedures designed to improve specific disease-related problems.

**All HealthySteps (HS) sites should verify which licensed providers in their state can perform and bill HBAI services with their state's Medicaid agency.**

### Assessment/Re-assessment Services (CPT Code: 96156)

Health behavior assessment or re-assessment services includes evaluation of the patient's responses to a disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment. The assessment services are no longer time-based. Performance of the new event-based assessment service is conducted through health-focused clinical interviews, observation and clinical decision-making and working with other providers on the care team.

### Intervention Services (CPT Codes: 96158, 96159, 96164, 96165, 96167, 96168, 96170, & 96171)

Intervention services include promotion of functional improvement, minimization of psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement.

*Intervention services may be provided to:*

An individual	CPT codes 96158 and 96159 for each additional 15-minute increment
A group of 2 or more patients	CPT codes 96164 and 96165 for each individual patient in the group
A family, <b>with</b> the patient present	CPT codes 96167 and 96168 for each additional 15-minute increment
A family, <b>without</b> the patient present	CPT codes 96170 and 96171 for each additional 15-minute increment

## Coding and Billing Tips

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There are vital billing and coding rules and guidelines associated with HBAI services. Below are several key elements that BH providers are required to follow when utilizing HBAI service codes:

- Only report HBAI CPT codes for assessments, re-assessments, or interventions for patients with a primary diagnosis that is physical in nature (e.g., obesity, gastroesophageal reflux disease, feeding disorders, etc.).
- Patients must have an established physical illness or symptom(s) and the intervention/service cannot be related to a primary mental health diagnosis.
- Services should not focus on the mental health of a patient, but rather on the biopsychosocial factors that are, or could affect the treatment of, or severity of, the patient's physical condition.
- HBAI codes should not be billed by a licensed BH provider the same day as corresponding psychotherapy or psychiatric diagnostic evaluation codes.
- HBAI services may only be used by behavioral health providers and are not billable by physicians or other qualified health care professionals (QHP). Physicians would be required to report evaluation and management services (E/M) instead.
- Evaluation and Management (E/M) services codes, including counseling for risk factor reduction and behavior change intervention (99401-99412), should not be reported on the same day as HBAI codes *by the same provider*. These services can occur and be reported on the same date of service as long as the E/M service (99401-99412) is performed by a physician or QHP who may report E/M services (e.g., physician sees a patient for a well-child visit and a BH provider can see the same patient on the same day for HBAI services).
- Assessment services are considered event-based and CPT code 96156 is billed only once per day regardless of the amount of time required to complete the overall service.
- For patients who require psychiatry services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T) as well as HBAI services, report the predominant service performed. Do not report HBAI CPT codes in addition to codes for psychiatry services on the same date.
- For all claims, time duration (stated in minutes) spent in the health and behavioral assessment or intervention encounter should be documented in the medical record. When reporting CPT codes 96159, 96165, and 96168, the quantity billed should reflect 1 unit for each 15 minutes. CPT codes 96158, 96164, and 96167 should not be reported for less than 16 minutes of service.
- Because of the impact on the medical management of the patient's disease, documentation must show evidence of coordination of care with the patient's primary care provider (PCP) or medical provider responsible for the medical management of the physical illness that the psychological assessment/intervention was meant to address.
- Evidence of a referral to the licensed BH provider by the medical provider responsible for the medical management of the patient's physical illness or verification of a recommendation from the medical provider to the Clinical Psychologist, must be documented in the medical record for the initial assessment and for reassessment.

Documentation in the medical record by a licensed BH provider must include:

- For the initial assessment (CPT code 96156), the progress notes must include at a minimum the following elements:
  - Onset and history of initial diagnosis of physical illness,
  - Clear rationale for assessment,
  - Assessment outcome including mental status and ability to understand or respond meaningfully, and
  - Goals and expected duration of specific psychological intervention(s), if recommended.
- For re-assessment (CPT code 96156), detailed progress notes must include the following elements:
  - Date of change in mental or physical status,
  - Clear rationale for re-assessment,

- Clear indication of the precipitating event that necessitates re-assessment, and
- Changes in goals, duration and/or frequency and duration of services.
- For the intervention service (CPT codes 96158 - 96171), progress notes must include, at a minimum, the following elements:
  - Evidence that the patient has the capacity to understand and to respond meaningfully,
  - Clearly defined psychological intervention planned,
  - Clearly stated goals of the psychological intervention,
  - Documentation that the psychological intervention is expected to improve compliance with the medical treatment plan, and
  - Rationale for frequency and duration of services.

## How are HBAI Codes Related to HealthySteps-Aligned Services

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HS Specialists may provide consultation and brief interventions to children and caregivers when the child is experiencing a physical health problem with a physical health diagnosis. If the Specialist is a licensed BH provider and the consultation or brief intervention is helping to address psychological and/or psychosocial factors related to the patient's physical health condition, the Specialist may be able to leverage HBAI codes.

### **Clinical Vignette:**

Katalin, a 6-month-old baby girl, was recently seen for her well-child visit and diagnosed with a feeding disorder by her primary care provider (PCP) due to poor weight gain and reports from mom about stressful and limited feeding, including lack of introduction to cereal/pureed food as recommended at the previous visit. The PCP requested a consult with the HS Specialist who is a licensed BH provider. They joined the visit to gather more information and observe the dyad. During the consult, mom shared that they are refugees who arrived from the Democratic Republic of Congo (DRC) one year ago. Mom reported that she has three older children, but Katalin was the first child to be born in the United States. They discussed mom's feelings of isolation since coming to this country and how different her experience giving birth to Katalin had been than with her older children. During the visit, the HS Specialist observed that both mom and baby showed distress during feeding. Katalin cried, coughed, and arched her back while mom appeared overwhelmed and voiced feelings of frustration. After the consult, the HS Specialist and PCP discussed their observations and developed a treatment plan with mom which included interventions provided by the HS Specialist, as well as more frequent visits/weight checks with the PCP to determine the need for further evaluation by subspecialists (e.g., gastroenterology, speech therapy/occupational therapy). Visits with HS Specialist focused on addressing psychosocial stressors. Goals included decreasing mom's social isolation/facilitating increased connection with and support from the DRC community, as well as interventions to promote positive feeding interactions, transition to pureed and solid foods, and strengthening parent-child interactions outside of feeding time.

## Sources

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