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

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Product: **Specialty**

GUIDELINES

American Specialty Health – Specialty (ASH) considers a Health and Behavioral Assessment, initial or Reassessment (CPT® code 96156), and Intervention services (CPT® codes 96158 and 96159) medically necessary for a patient meeting **ALL of the following criteria**:

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

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

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

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

Health and Behavioral Intervention (with the family and patient present) (CPT® codes 96167, 96168) is considered reasonable and necessary for the patient who meets **ALL of the following criteria**:

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

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

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

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

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

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

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

Health and Behavioral Interventions are **NOT** considered reasonable and necessary to:

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

Examples of services **NOT** covered as Health and Behavioral Interventions are:

- Stress management for support staff
- Replacement for expected nursing home staff functions
- Music appreciation and relaxation
- Craft skill training
- Cooking classes
- Comfort care services
- Individual social activities
- Teaching social interaction skills
- Socialization in a group setting
- Retraining cognition due to dementia
- General conversation
- Services directed toward making a more dynamic personality
- Consciousness raising
- Vocational or religious advice
- General educational activities
- Tobacco or caffeine withdrawal support

- Visits for loneliness relief
- Sensory stimulation
- Games, including bingo games
- Projects, including letter writing
- Entertainment and diversionary activities
- Excursions, including shopping outings, even when used to reduce a dysphoric state
- Teaching grooming skills
- Grooming services
- Monitoring activities of daily living
- Teaching the patient simple self-care
- Teaching the patient to follow simple directives
- Wheeling the patient around the facility
- Orienting the patient to name, date, and place
- Exercise programs, even when designed to reduce a dysphoric state
- Memory enhancement training
- Weight loss management
- Case management services including but not limited to planning activities of daily living, arranging care or excursions, or resolving insurance problems
- Activities principally for diversion
- Planning for milieu modifications
- Contributions to patient care plans
- Maintenance of behavioral logs

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

For health and behavior assessment and/or intervention services performed by a physician, clinical nurse specialist (CNS), or nurse practitioner (NP), Evaluation and Management (E/M) or Preventive Medicine services codes should be used.

CPT® Codes and Descriptions

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)

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

CPT® Code and Documentation Requirements to Substantiate Medical Necessity

Documentation in the medical record must include:

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

- Health and Behavioral Assessment/Intervention (CPT codes 96150-96154, 96156, 96167, 96168) may only be performed by a Clinical Psychologist (CP-Specialty Code 68).
- Date of initial diagnosis of physical illness, and
- Clear rationale for why assessment is required, and
- Assessment outcome including mental status and ability to understand and respond meaningfully, and
- Goals and expected duration of specific psychological intervention(s), if recommended.

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

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

For the HBA intervention service, evidence to support that the intervention is reasonable and necessary 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 plan
- The goals of the psychological intervention

This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. 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 medical care providers or medical provider responsible for the medical management of the physical illness that the psychological assessment/intervention was meant to address.

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

DESCRIPTION/BACKGROUND

Health behavior assessment is conducted through health-focused clinical interviews, behavioral observation and clinical decision-making, includes evaluation of the patient's responses to disease, illness or injury, outlook, coping strategies, motivation and adherence to medical treatment (American Psychological Association Services, 2022). Assessment is conducted through health-focused clinical interviews, observation, and clinical decision making.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

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

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular

outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020)

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

References

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