

**Health and Behavior Codes
Guidelines for Use*****

<p>Health and Behavior Assessment</p> <p>96150</p>	<p>H&B Assessment procedures are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment, or management of <i>physical</i> health problems. The focus is <i>not on mental health</i>, but on the biopsychosocial factors important to physical health problems and treatments.</p> <hr/> <p>Documentation for <i>Initial Assessment</i>:</p> <ol style="list-style-type: none"> 1. Onset and history of initial diagnosis of physical illness 2. Clear rationale for H&B assessment 3. Assessment outcome including mental status and ability of patient to understand 4. Goals and expected duration of intervention 5. Length of time for assessment. <hr/> <p>Billing</p> <ul style="list-style-type: none"> ▪ 15 minute units ▪ ICD-9-CM medical diagnosis listed on claim ▪ Limited to (4 Units) one hour regardless 	<p>For Patients:</p> <ul style="list-style-type: none"> ▪ With underlying physical illness or injury ▪ Where a biopsychosocial factor may be affecting the medical treatment ▪ Who has cognitive capacity for the approach ▪ Where physician has documented the need for this intervention ▪ Where assessment does not duplicate other assessments
<p>Health and Behavior Reassessment</p> <p>96151</p>	<p>Documentation in <i>progress note</i>:</p> <ol style="list-style-type: none"> 1. Date of change in status requiring reassessment 2. Clear rationale for reassessment 3. Clear indication of precipitating event 4. Length of time for reassessment. <hr/> <p>Billing</p> <ul style="list-style-type: none"> ▪ 15 minute units ▪ ICD-9-CM medical diagnosis listed on claim ▪ Limited to a maximum of (4 Units) one hour, regardless 	<p>For Patients:</p> <ul style="list-style-type: none"> ▪ With underlying physical illness or injury ▪ Where reassessment is not for diagnosis or treatment of mental illness ▪ Where there is a question of the patient's capacity to understand or respond to the intervention ▪ Where physician has documented need ▪ Where assessment does not duplicate other assessments
<p>Health and Behavior Interventions</p> <p>96152 - 96153</p>	<p>H&B Intervention procedures are used to <i>modify</i> the psychological, behavioral, emotional, cognitive and social factors identified as important to or directly affecting the patient's <i>physiological</i> functioning, disease status, health and wellbeing utilizing cognitive, behavioral, social and/or psychological procedures designed to ameliorate specific disease-related problems.</p>	<p>For Patients:</p> <ul style="list-style-type: none"> ▪ With underlying physical illness or injury ▪ Where you are not treating mental illness ▪ Who have capacity to understand the intervention ▪ Who require psychological intervention to address

	<p>Documentation:</p> <ol style="list-style-type: none"> 1. Evidence that patient has capacity to understand 2. Clearly defined psychological intervention 3. Goals of the intervention 4. Information that the intervention should help improve compliance 5. Response to intervention 6. Rationale for frequency and duration of services 7. Length of time for intervention. 	<ul style="list-style-type: none"> ▪ Non-compliance with medical treatment ▪ Biopsychosocial factors associated with a new diagnosis, and exacerbation of an existing illness when patient behaviors negatively impact medical self-management ▪ For whom specific psychological interventions and outcome goals have been identified
	<p>Billing</p> <ul style="list-style-type: none"> ▪ 15 minute units ▪ ICD-9-CM medical diagnosis listed on claim ▪ Limited to maximum of 12 hours (48 Units) regardless 	
<p>Health and Behavior Intervention (with the family and patient present) 96154</p>	<p>Is considered reasonable and necessary for patient and family representative. Family representative is defined as:</p> <ul style="list-style-type: none"> ▪ Immediate family members – nuclear and extended, including domestic partners ▪ Primary caregiver – voluntary, regular and uncompensated basis ▪ Guardian or health care proxy 	<p>For patients and families:</p> <ul style="list-style-type: none"> ▪ When the family rep directly participates in the patients care ▪ Where family involvement is necessary to address the biopsychosocial factors that affect compliance with the medical plan of care
<p>Not allowable interventions</p>	<ul style="list-style-type: none"> ▪ To update family about patient’s condition ▪ To educate non-immediate family members or other members of the treatment team not considered family reps ▪ For treatment planning with staff ▪ To mediate or provide family therapy ▪ To educate diabetic patients and their family members ▪ To deliver medical nutrition therapy ▪ To maintain health and overall well-being ▪ To provide person, social , recreation and general support services (including case management) 	

*** Note for Reimbursement:

Medicare in New England Region only allows Psychologists to use these codes – not LCSW’s, LCPC’s etc
MaineCare does reimburse for these codes for licensed master level social workers/counselors as well as psychologists

Commercial insurers in Maine are reimbursing licensed master level social workers/counselors, but may vary from insurer to insurer

Information extracted from HHS.Gov CMS – Article for Health and Behavioral Assessment/Intervention – Medical Policy Article (A48209)

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