

Empire BlueCross BlueShield Professional Reimbursement Policy

Subject: Health and Behavior Assessment/Intervention

NY Policy: 0033

Effective: 12/01/2013 – 07/31/2014

Coverage is subject to the terms, conditions, and limitations of an individual member's programs or products and policy criteria listed below.

DESCRIPTION

According to the 2013 Professional Edition of the *Current Procedural Terminology* (CPT[®])' manual, health and behavior assessment codes 96150 and 96151 are used to determine the biopsychosocial factors affecting a patient's primary medical condition and any treatment problems. CPT health and behavior intervention codes (96152-96155) are used when services are rendered to a patient, a group of patients, or a patient's family to improve a patient's health and well-being using cognitive, behavioral, social and/or psychological interventions that have been shown to improve specific disease related problems, as indicated in the introductory statement of Health and Behavior Assessment/Intervention codes. These codes are for licensed non-physician behavioral health providers to report a brief, time limited behavioral health consultation with patients seen in medical settings. Health and Behavior Assessment/Intervention services are intended to help patients and their treating physicians better manage primary medical conditions such as diabetes, obesity, heart disease, and cancer.

This policy describes the Health Plan's reporting requirements for Health and Behavior Assessment/Intervention services submitted for reimbursement on a Form CMS-1500.

POLICY

The Health Plan follows CPT coding guidelines that indicate health and behavior assessment/intervention code(s) should only be reported by qualified non-physician behavioral healthcare professionals. Physicians and other qualified health care professionals who perform similar health and behavior assessment or intervention services and who may report evaluation and management (E/M) services should consult the E/M section of the CPT manual and determine which of the E/M service codes best describe the services provided to the patient.

The Health Plan considers CPT codes 96150-96154 eligible for reimbursement when reported in conjunction with a diagnosis code(s) that describes the patient's primary medical condition as designated by the patient's treating physician. This medical condition may be an acute or chronic physical illness. Therefore, CPT codes 96150-96154 are not eligible for reimbursement when reported with a diagnosis code contained within the Mental Disorders chapter of the ICD-9-CM reference book within the code range of 290-319.



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Health and Behavior Assessment/Intervention codes are not to be used to describe services provided to patients who have a primary mental health or psychiatric diagnosis. Services provided to patients who have a primary mental health or psychiatric diagnosis must be coded and reported in accordance with the psychiatry services section of the CPT manual.

CODING

The following codes may be eligible for separate reimbursement when the criteria listed in this policy are met, and when the line item diagnosis submitted on a claim describes acute or chronic physical illnesses or symptoms that the Health Plan considers an applicable primary physical health diagnosis, and for which the patient is currently/or has recently received services rendered by their treating physician. (Note: These codes each have a frequency limit of eight (8) per date of service. See also our Frequency Editing policy.

96150 – Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.

96151 – re-assessment

96152 – Health and behavior intervention, each 15 minutes face-to-face; individual

96153 – group (2 or more patients)

96154 – family (with patient present)

The following code is **not** eligible for reimbursement since it does not describe a direct (face-to face) patient service:

96155 – Health and behavior intervention, each 15 minutes face-to-face; family (without the patient present)

POLICY HISTORY

08/02/2011	Adopted by Enterprise Professional Reimbursement Committee
08/07/2012	Revised
08/06/2013	Annual Review with Minor Revisions



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¹ CPT[®] is a registered trademark of the American Medical Association

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