**INTRODUCTION**

*Coverage Determination Guidelines* are a set of objective and evidence-based behavioral health criteria used by Commercial plans that don’t have a provision for medical necessity to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®.

**INSTRUCTIONS FOR USE**

This guideline provides assistance in interpreting UnitedHealthcare Commercial benefit plans, and is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member’s specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member’s specific benefit, the member’s specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

**BENEFIT CONSIDERATIONS**

Before using this policy, please check the member-specific benefit plan document and any federal or state mandates, if applicable.

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1 Optum is a brand used by United Behavioral Health and its affiliates.
**Health & Behavior (H&B) assessment and intervention** procedures are used to identify and address psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. The focus is not on mental health, but on the biopsychosocial factors important to physical health problems and treatments (CMS LCD L33834, 2019). Health and Behavior Intervention procedures are used to modify the psychological, behavioral, emotional, cognitive and social factors identified as important to or directly affecting the patient’s physiological functioning, disease status, health, and well-being. The focus of the intervention is to improve the patient’s health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems (CMS L33834, 2019).

Appropriate application of H&B services includes the following (CMS L33834, 2019):
- Health and Behavior Assessment/Intervention services may only be performed by a clinical psychologist.
- The initial assessment is limited to a maximum of one hour (4 units) per episode of care.
- A reassessment is limited to a maximum of 15 minutes (1 unit) per day.
- The intervention is limited to a maximum of 30 minutes (2 units) per day.

**Indications for Coverage**

H&B Initial Assessment, Reassessment and Intervention services are indicated when the following criteria are met (CMS LCD L33834, 2019):
- **H&B Initial Assessment**
  o The member has an underlying physical illness or injury; and
  o The purpose of the assessment is not for the diagnosis or treatment of mental illness; and
  o There is reason to believe that biopsychosocial factors may be significantly affecting the medical treatment or medical management of an illness or injury; and
  o The member is alert, oriented and has the capacity to understand and to respond meaningfully during the face-to-face encounter; and
  o The member has a documented need for psychological support in order to successfully manage his/her physical illness and activities of daily living; and
  o The assessment is not duplicative of other provider assessments.
- **H&B Reassessment**
  o Reassessment may be considered reasonable and necessary when there has been a sufficient change in the member’s mental or medical status warranting re-evaluation of the member’s capacity to understand and cooperate with the necessary medical interventions (CMS LCD L33834, 2019).
- **H&B Intervention** – (CMS LCD L33834, 2019):
  o Specific psychological interventions and outcome goals have been clearly identified; and
  o The psychological interventions are necessary to address:
    ▪ Non-compliance with the medical treatment plan; and/or
    ▪ When biopsychosocial factors associated with a newly diagnosed medical condition, or an exacerbation of an established medical condition, affect symptom management and expression, health-promoting behaviors, health-related risk-taking behaviors, and overall adjustment to medical illness; and
    ▪ The specific psychological interventions and outcome goals have been clearly identified.
- **H&B Intervention with the Family and Member Present**
  o The family representative directly participates in the overall care of the member; and
  o The psychological intervention with the member and family is necessary to address biopsychosocial factors affecting compliance with the medical plan of care, symptom management, health-promoting behaviors, health-related risk-taking behaviors, and overall adjustment to medical illness (CMS LCD L33834, 2019).

Examples of H&B interventions include:
- Providing information about the member’s medical condition and its treatment;
• Providing information about the psychological, behavioral, emotional, cognitive, or social factors important to the prevention, treatment or management of the member’s medical condition;
• Coaching the member to practice skills which will improve self-management and participation in treatment;
• Addressing medical treatment adherence or health risk-related behaviors;
• Adjustment to a newly diagnosed medical illness or a recent exacerbation of symptoms due to a medical diagnosis.

Health and Behavioral Assessment or Interventions are not covered in the following circumstances:
• Updating or educating the family about the patient’s condition;
• Educating non-immediate family members, non-primary care-givers, non-guardians, the non-health care proxy, and 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;
• Treatment-planning with staff;
• Mediating between family members or providing family psychotherapy;
• Educating diabetic patients and diabetic patients’ family members;
• Delivering Medical Nutrition Therapy;
• Maintaining the patient’s or family’s existing health and overall well-being;
• Provision of support services, not requiring the skills of a mental health provider;
• Provision of personal, social, recreational, and general support services. These services may be valuable adjuncts to care; however, they are not psychological interventions. Examples of services that are not considered H&B procedures (CMS L33834, 2019):
  o Stress management for support staff
  o Replacement for expected nursing home staff functions
  o Recreational services, including dance, play, or art
  o Music appreciation and relaxation
  o Craft skill training
  o Cooking classes
  o Comfort care services
  o Individual social activities
  o Teaching social interaction skills
  o Socialization in a group setting
  o Retraining cognition due to dementia
  o General conversation
  o Services directed toward making a more dynamic personality
  o Consciousness raising
  o Vocational or religious advice
  o General educational activities
  o Tobacco withdrawal support
  o Caffeine withdrawal support
  o Visits for loneliness relief
  o Sensory stimulation
  o Games, including bingo games
  o Projects, including shopping outings, even when used to reduce a dysphoric state
  o Teaching grooming skills
  o Grooming services
  o Monitoring activities of daily living
  o Teaching the patient simple self-care
  o Teaching the patient to follow simple directives
  o Wheeling the patient around the facility
  o Orienting the patient to name, date, and place
  o Exercise programs, even when designed to reduce a dysphoric state
  o Memory enhancement training
  o Weight loss management
  o Case management services including but not limited to planning activities of daily living, arranging care or excursions, or resolving insurance problems
  o Activities principally for diversion
Planning for milieu modifications
Contributions to patient care plans
Maintenance of behavioral logs

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member's benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.

Health & Behavior Assessment/Reassessment
The Health and Behavioral Assessment, initial and Reassessment and Intervention services may be considered reasonable and necessary for the patient who meets all of the following criteria (CMS L37638, 2019):

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

In addition, for a reassessment to be considered reasonable and necessary, there must be documentation that there has been a sufficient change in the mental or medical status warranting re-evaluation of the patient's capacity to understand and cooperate with the medical interventions necessary to their health and well-being.

Health and Behavioral Intervention (with the family and patient present) is considered reasonable and necessary for the patient if the family representative directly participates in the overall care of the patient.

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

- Does not have an underlying physical illness or injury, or
- 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
- Does not have the capacity to understand and to respond meaningfully during the face to face encounter, because of:
  - Dementia that has produced a severe enough cognitive defect for the psychological intervention to be ineffective
  - Delirium
  - Severe and profound mental retardation
  - Persistent vegetative state/no discernible consciousness
  - Impaired mental status such as disorientation to person, time, place, purpose; inability to recall current season, location of own room, names and faces; inability to recall being in a nursing home or skilled nursing facility; or 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.

Examples of Health and Behavioral Intervention services that are not covered are and are not considered reasonable and necessary include:

- To provide family psychotherapy or mediation
- To maintain the patient's or family's existing health and overall well-being
- To provide personal, social, recreational, and general support services. Although such services may be valuable adjuncts to care, they are not medically necessary psychological interventions
- Individual social activities
- Teaching social interaction skills
- Socialization in a group setting
• Vocational or religious advice
• Tobacco or caffeine withdrawal support
• Teaching the patient simple self-care
• Weight loss management
• Maintenance of behavioral logs

CPT code 90901 Biofeedback is not covered as a health and behavioral intervention (CMS Article A56562, 2020).

Initial assessment should not exceed 1 hour (4 units). Reassessment should not exceed one hour (4 units) (CMS L37638, 2019).

**APPLICABLE CODES**

Listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other clinical criteria may apply. For codes and coding information, please refer to the following: [Optum Health and Behavior Assessment and Intervention Reimbursement Policy](#).

**REFERENCES**


**REVISION HISTORY**

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>05/09/2017</td>
<td>Version 1 – Annual Update</td>
</tr>
<tr>
<td>05/09/2018</td>
<td>Annual Update: Updates to formatting, codes, references</td>
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<tr>
<td>06/17/2019</td>
<td>Annual Update: Updates to formatting, codes, references</td>
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<tr>
<td>01/27/2020</td>
<td>Annual Update: update to 2020 CPT codes, references</td>
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<tr>
<td>07/20/2020</td>
<td>Update by removing coding section and refer to Reimbursement Policy.</td>
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