



United Behavioral Health

Medicare Coverage Summary: Health & Behavior Assessment and Intervention

Document Number: BH803H&BMCS0120

Effective Date: January 27, 2020

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INTRODUCTION

Medicare Coverage Summaries are a set of objective and evidence-based behavioral health criteria used by medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for Medicare behavioral health benefit plans managed by Optum®¹.

INSTRUCTIONS FOR USE

This guideline 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.

HEALTH & BEHAVIOR ASSESSMENT AND INTERVENTION

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 L33834, 2019).

¹ Optum is a brand used by United Behavioral Health and its affiliates.

H&B 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).

Applicable States

This Medicare Coverage Summary is applicable to the following States/jurisdictions:

CMS L33834/A57754

- Florida
- Puerto Rico
- Virgin Islands

CMS L37638/A56562

- Alabama
- Georgia
- Tennessee
- South Carolina
- Virginia
- West Virginia
- North Carolina

Health & Behavior Assessment/Reassessment (CMS L33834, 2019)

Health & Behavior assessment/reassessment procedures are considered reasonable and necessary for the patient:

- Who has an underlying physical illness or injury, and
- For whom the purpose of the assessment/reassessment is not for the diagnosis or treatment of mental illness, and
- For whom there is reason to believe that a biopsychosocial factor may be significantly affecting the treatment or medical management of an illness or injury, and
- Who is expected to have the capacity to understand or respond meaningfully to the psychological intervention, and
- For whom there is documented need for psychological support in order to successfully manage his/her physical illness and activities of daily living, and
- For whom the assessment/reassessment is not duplicative of other provider assessments.

In addition, H&B reassessment is considered reasonable and necessary for the patient:

- For whom there is a question of a sufficient change in psychological or medical status warranting re-evaluation of his or her capacity to understand or to respond meaningfully to the psychological intervention.

Health & Behavior Intervention (CMS L33834, 2019)

H&B intervention is considered reasonable and necessary for the patient:

- Who has an underlying physical illness or injury, and
- For whom the purpose of the intervention is not the treatment of mental illness, and
- Who are expected to have the capacity to understand or respond meaningfully to the psychological intervention, and
- Who require psychological intervention to address:
 - Non-compliance with the medical treatment plan, or
 - 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, behaviors which place the patient or others at risk for safety, health-related risk-taking behaviors, and overall adjustment to medical illness, and

- For whom the specific psychological intervention(s) and patient outcome goal(s) have been clearly identified.

H&B intervention (with the family and patient present) is considered reasonable and necessary for patient and family representative:

- When the family² representative directly participates in the care of the patient, and
- 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, behaviors which place the patient or others at risk for safety, health-related risk-taking behaviors, and overall adjustment to medical illness.

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.

Limitations (CMS L33834)

H&B assessment/reassessment, or intervention are not considered reasonable and necessary to:

- Update or educate the family about the patient's condition
- Educate 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
- Mediate between family members or provide family psychotherapy
- Educate diabetic patients and diabetic patients' family members
- Deliver Medical Nutrition Therapy
- Maintain the patient's or family's existing health and overall well-being
- Provision of support services, not requiring the skills of a Clinical Psychologist (CP).
- Provide 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:
 - Stress management for support staff
 - Replacement for expected nursing home staff functions
 - Recreational services including dance, play, or art
 - Music appreciation and relaxation
 - Craft skill training
 - Cooking classes

² Family representative is identified as one of the following:

- Immediate family members (husband, wife, domestic partner, siblings, children, grandchildren, grandparents, mother, father),
- Primary caregiver who provides care on a voluntary, uncompensated, regular, sustained basis, or
- Guardian or health care proxy

- 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 withdrawal support
- Caffeine withdrawal support
- Visits for loneliness relief
- Sensory stimulation
- Games, including bingo games
- Projects, 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 primarily for diversion
- Planning for milieu modifications
- Contributions to patient care plans
- Maintenance of behavioral logs

Documentation Requirements (CMS A57754, 2020)

- 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 provider 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 Clinical Psychologist 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, obtained by request and review of the

permanent medical record, must be documented in the medical record for the initial assessment and for reassessment.

- Documentation in the medical record by the Clinical Psychologist (CP) must include:
 - For the initial assessment, evidence to support that the assessment is reasonable and necessary, and must include at a minimum the following elements:
 - Onset and history of initial diagnosis of physical illness, and
 - Clear rationale for why assessment is required, and
 - 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, evidence to support that the re-assessment is reasonable and necessary must be documented in detailed progress notes. These detailed progress notes must include the following elements:
 - Date of change in mental or physical status
 - Clear rationale for why re-assessment is required
 - 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, 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, and
 - Clearly defined psychological intervention planned, and
 - The goals of the psychological intervention should be stated clearly
 - There should be documentation that the psychological intervention is expected to improve compliance with the medical treatment plan, and
 - Rationale for frequency and duration of services
- Medical records need not be submitted with the claim; however, the medical record, (e.g., nursing home record, doctor's orders, progress notes, office records, and nursing notes), must be available upon request.

Coding Guidelines (A57754, 2020)

ICD-10 CM diagnosis code(s) reflecting the physical condition(s) being treated must be present on the claim as the primary diagnosis.

The CPT codes 96156, 96158, 96159, 96164, 96165, 96167 and 96168 may be used only by a Clinical Psychologist (CP), (Specialty Code 68).

For patients who require psychiatry services or adaptive behavior services as well as health and behavior assessment and intervention (CPT codes 96156, 96158, 96159, 96164, 96165, 96167 and 96168), report the predominant service performed. Do not report CPT codes 96156, 96158, 96159, 96164, 96165, 96167 and 96168 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.

Health & Behavior Assessment/Reassessment (CMS L37638, 2019/A56562, 2020)

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:

- 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 (CMS L37638)

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 (A56562, 2020).

Documentation Requirements (CMS L37638)

For the initial assessment, documentation in the medical record by the Clinical Psychologist (CP) must include evidence to support that the assessment is reasonable and necessary, and must include, at a minimum, the following elements:

- 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 reassessment, detailed progress notes to support medical necessity must include the following elements:

- Date of change in mental or physical status;
- Sufficient rationale for why reassessment is required, and;
- A clear indication of any precipitating events that necessitate reassessment.

For the intervention service, evidence to support medical necessity 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
- The goals of the psychological intervention
- The expectation that the psychological intervention will improve compliance with the medical treatment plan
- The response to the intervention and
- Rationale for frequency and duration of services

For all claims, the time duration (stated in minutes) spent in the health and behavioral assessment or intervention encounter must be documented in the record.

All coverage criteria must be clearly documented in the patient's medical record and made available to the A/B MAC upon request.

Initial assessment should not exceed one hour (4 units).

Reassessment should not exceed one hour (4 units).

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy 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.

Procedure Codes	Description
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) (New code, effective 01/01/2020)
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes (New code, effective 01/01/2020)
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (New code, effective 01/01/2020)
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes (New code, effective 01/01/2020)
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) (New code, effective 01/01/2020)
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes (New code, effective 01/01/2020)
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) (New code, effective 01/01/2020)
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes (New code, effective 01/01/2020)
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (New code, effective 01/01/2020)

REFERENCES

Centers for Medicare and Medicaid Services. (2019). CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD. Retrieved from: www.cms.gov.

Centers for Medicare and Medicaid Services, Local Coverage Determination, Health and Behavior Assessment and Intervention, L33834- First Coast Service Options, Florida, Puerto Rico, Virgin Islands, January, 2019. Retrieved from www.cms.gov.

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REVISION HISTORY

Date	Action/Description
October, 2014	• Version 1
May, 2015	• Version 2
June, 2016	• Version 3

Date	Action/Description
June, 2017	• Version 4
January, 2018	• Version 5
March 18, 2019	• Version 6
January 27, 2020	• Version 7