Massachusetts | Commercial

Commercial Reimbursement Policy

Subject: **Health and Behavior Assessment and Intervention – Professional**	
Policy Number: **C-11003**	Policy Section: **Medicine**
Last Approval Date: **05/08/2024**	Effective Date: **05/08/2024**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Wellpoint member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Wellpoint allows separate reimbursement for health and behavior assessment and intervention (HBAI) codes when the following conditions are met, unless provider, state, or federal contracts and/or mandates indicate otherwise:

- Services are rendered by a qualified non-physician behavioral healthcare professional; and
- Services are reported with a primary medical diagnosis of an acute or chronic physical illness.

Claims are administered by Wellpoint Life and Health Insurance Company.

Wellpoint does not allow separate reimbursement HBAI codes when:

- Services are reported by a physician or other qualified healthcare professional who is licensed to report evaluation and management or preventative medicine services.
- Services are reported with a primary mental health or psychiatric diagnosis.

Related Coding

Code	Description	Comments
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	Frequency limit of 1 per date of service
96159	Each additional 15 minutes (List separately in addition to code for primary service)	Use in conjunction with 96158; frequency limit of 6 per date of service
96164	Health behavior intervention, group (2 or more patients). Face-to-face; initial 30 minutes	Frequency limit of 1 per date of service
96165	Each additional 15 minutes (List separately in addition to code for primary service)	Use in conjunction with 96164; frequency limit of 6 per date of service
96167	Health behavior intervention, family (with the patient present) face-to-face; initial 30 minutes	
96168	Each additional 15 minutes (List separately in addition to code for primary service)	Use in conjunction with 96167
96170	Health behavior intervention, family (without the patient present) face-to-face; initial 30 minutes	
96171	Each additional 15 minutes (List separately in addition to code for primary service)	Use in conjunction with 96170

Policy History

05/08/2024	Review approved and effective: moved frequency limits for CPT® codes 96158-96159 and 96164-96165 from Frequency Editing policy (C-08012) to Related Coding section
06/29/2022	Review approved: minor language changes
04/22/2020	Review approved and effective: replaced deleted CPT® codes (96150-96155) with new 2020 CPT® codes (96156-96171)
06/01/2019	New policy template: added Definitions section and Related Coding table
10/26/2018	Review approved: updated policy language; removed coding table; determined procedure code 96155 is eligible for reimbursement based on decision memo
08/01/2017	Revised: added additional language that code is eligible or not eligible based on benefits
10/04/2016	Revised: added update for CPT® code 96155 once product allows this procedure code

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05/03/2016	Review approved: no substantial changes
05/05/2015	Review approved: updated “manual” to “codebook” to be in line with industry language
04/01/2014	Revised: added ICD-10 information and code range in the policy section; added language that code 96155 is not eligible for reimbursement because it is not a face-to-face patient encounter; reformatted related codes into a table
08/06/2013	Review approved: minor language and punctuation updates were made; added language stating that physicians and other qualified health care professionals “who may report E/M services” are to report these services with E/M service codes if they are not non-physician behavioral healthcare professionals
08/07/2012	Review approved: added language specifying a frequency limit of eight (8) for codes in the coding section
08/02/2011	Initial policy approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- Optum EncoderPro 2023

Definitions

Health and Behavior Assessment	The evaluation of the patient’s responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment
Health and Behavior Intervention	The promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions
General Reimbursement Policy Definitions	

Related Policies and Materials

Code and Clinical Editing Guidelines – Professional
Scope of License – Professional

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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