Health and Behavior Assessment

Health and behavior assessment procedures are used to identify the psychological, behavior, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.

The Health and Behavioral Assessment codes, CPT 96150-96154, are used to describe services that are intended to assess factors that may affect the recovery or progression of a diagnosed physical health problem or illness. Specifically this would include assessment and treatment for biopsychosocial factors that do not directly treat the illness and the focus is not on mental health issues. If the beneficiary has a mental health diagnosis, the 96150 – 96154 codes would not be appropriate. In addition, these services do not represent preventive medicine counseling and risk factors reduction interventions.

CMS National Coverage Policy:
Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered medically reasonable and necessary.
Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services p
Title XVIII of the Social Security Act section §1833 (c) and §1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.‘
Code of Federal Register
CFR Title 42, Part 410.73(b)(1) [Revised as of October 1, 2004][CITE: 42CFR410.73]
CMS) of the Act and in §2470ff
(1) Definition. ‘Clinical social worker services’ means, except as specified in paragraph (b)(2) of this section, the services of a clinical social worker furnished for the diagnosis and treatment of mental illness that the clinical social worker is legally authorized to perform under State law (or
the State regulatory mechanism provided by State law) of the State in which the services are performed. The services must be of a type that would be covered if they were furnished by a physician or as an incident to a physician’s professional service and must meet the requirements of this section.

**Coding Guidelines**

1. CPT codes 96150 - 96154 represent services offered to beneficiary who present with established illness or symptoms, the purpose of the assessment is not for the diagnosis or treatment of mental illness, and may benefit for evaluations that focus on the biopsychosocial factor related to the beneficiary’s physical health status.
2. Physician’s must bill health and behavior assessment and/or intervention services with an Evaluation and Management or preventive Medicine service codes.
3. Medical records must document the specific underlying medical problem.
4. Health and behavior assessment normally will be performed in an office or facility setting.
5. Health and behavior assessment codes may not be used for physician (example: medical doctor, nurse practitioner, physician assistant, clinical nurse practitioner) or clinical social worker services.
6. CPT codes 96150 – 96154 are to be billed as one service for each 15 minute of face-to-face contact with the beneficiary(s).
*7. When more than four CPT codes 96150 are submitted by a provider/group the additional services will be denied. If a redetermination is requested, documentation showing the medical necessity of the additional time must be submitted.

**CPT Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>96150</td>
<td>Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment</td>
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<tr>
<td>96151</td>
<td>Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment</td>
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<tr>
<td>96152</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; individual</td>
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<tr>
<td>96153</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)</td>
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<tr>
<td>96154</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)</td>
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**Diagnoses that Support Medical Necessity**

Medical diagnoses only

**Reasons for Denial**

1. Beneficiaries who do not have specific underlining medical condition.
2. Services for preventive medicine counseling and/or risk factor reduction intervention.
3. Services to beneficiaries who require psychiatric services (services should be billed with CPT codes 90801 – 90899).
4. Evaluation and Management services, including Preventive Medicine, Individual Counseling codes 99401 – 99404, and Preventive Medicine, Group Counseling codes 99411 – 99412 billed on the same day as 96150 – 96154.
5. Health and behavior assessment and/or intervention performed by a physician, clinical nurse specialist, nurse practitioner, physician assistant. These services should be billed using the appropriate evaluation and management CPT codes.

6. Health and behavior assessment and/or intervention performed by a clinical social worker. Per CFR Title 42, Part 410.73(b)(1) the services of a clinical social worker are limited to the diagnosis and treatment of mental illness.

7. Health and behavior assessment and/or intervention performed by physical therapist, or occupational therapist.

8. Smoking cessation; (use CPT codes G0375 - G0376).

Additional information may be found at
http://www.cms.hhs.gov/manuals/14_car/3b5111.asp#_1_5 define SW ect

Original Effective Date
03/16/2010,

Revision History Number/Explanation
02/01/2010, one, merge of legacy LCD into J-5 and Legacy LCD, this LCD replaces all other previous LCDs on this subject including L21749, L21751, L21753, and L21755;

Publication Date
02/01/2010,