



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Payment Policy POL-PP-130	
Subject: Health Behavior Assessment and Intervention	
Effective Date: 3/1/2020	Committee Approval Obtained: 3/1/2020 Last Review: 8/10/2024 Next Review: 3/1/2025
<p>The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.bluekc.com/ContactUs/PaymentPolicies</p>	
<p>Provider Payment policies are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.</p> <p>Covered services and payment are based on the member’s benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to, co-payments, deductibles, and co-insurance. Members’ costs depend on member benefits.</p> <p>Certain services require prior authorization or referral.</p> <p>Blue KC reimburses health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.</p>	
Policy	<p>This policy applies to all lines of business, including, but not limited to, Commercial, Medicare Advantage, Federal Employee Program, and ACA.</p> <p>Health Behavior Assessment and Intervention services are used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems.</p> <p>These services do not represent preventive medicine counseling and risk factor reduction interventions.</p> <p>Health behavior assessment includes evaluation of the patient’s responses to disease, illness, or injury, outlook, coping strategies, motivation, and adherence to medical treatment. Assessment is conducted through health-focused clinical interviews, observation and clinical decision making.</p> <p>Clinical Example – Assessment or Re-assessment A 65-year-old male with osteoarthritis, chronic back pain, and medication-related somnolence is referred for health behavior assessment to determine the psychological factors requiring intervention as part of the patient’s overall treatment plan.</p>

Health behavior intervention includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. These interventions may be provided individually, to a group (two or more patients), and/or to a family, with or without the patient.

Clinical Example – Individual Intervention

A 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services for improvement in treatment compliance and engagement in self-management.

Key points for using health behavior assessment and intervention codes:

- HBAI codes are not used for mental health services. These codes require a physical health diagnosis from ICD-10 CM to be the primary diagnosis.
- HBAI codes and psychotherapy codes cannot be billed on the same date of service.
- Add-on codes should never be reported by themselves, they should be reported with the primary service base code.

Code	Description
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
+96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
+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)
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
+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)
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes (not covered by Medicare)
+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) (not covered by Medicare)

Health Behavior Assessment and Intervention (HBAI) services described by CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168, and any successor codes, are billed ONLY by clinical social workers, marriage, and family therapists (MFTs), and mental health counselors (MHCs), in addition to clinical psychologists.

Guidelines direct that physicians, clinical nurse specialists (CNS), or nurse practitioners (NP), performing health behavior assessment and/or interventions

	should report the appropriate code(s) in the Evaluation and Management (E&M) or Preventive Medicine services.
History	Approval Date: 3/1/2020 Effective Date: 3/1/2020
Review	3/1/2021: Annual Review, No updates 3/1/2022: Annual review added - HBAI codes should only be reported by qualified health providers to identify assessment and treatment for psychological and/or psychosocial factors affecting a patient's physical health problems. Guidelines direct that physicians, clinical nurse specialists (CNS), or nurse practitioners (NP), performing health and behavior assessment and/or interventions should report the appropriate code(s) in the Evaluation and Management (E&M) or Preventive Medicine services. 4/12/2023: Annual review added lines of business policy applies to. Added not covered by Medicare under codes 96170 and 96171. 3/1/2024 Annual review no changes were made. 8/10/2024: Updated language " HBAI codes should only be reported by qualified health providers" to clinical social workers, marriage, and family therapists (MFTs), and mental health counselors (MHCs), in addition to clinical psychologists.
References and Research Materials	CMS AMA
Related Policies	N/A

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.