

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401
05102, 05202, 05302, 05402,
52280

Contractor Type

Carrier
Fiscal Intermediary A
MAC A
MAC B

LCD Database ID Number**LCD Version Number****LCD Title**

Health and Behavior Assessment/Intervention

Contractor's Determination Number

PSYCH-015

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A)..

Title XVIII of the Social Security Act section 1862 (a)(7).

Title XVIII of the Social Security Act section §1833 (c) and §1833 (e).

CFR Title 42, Part 410.73(b)(1)[CITE: 42CFR410.73] (CMS) of the Act and in §2470ff

Primary Geographic Jurisdiction

Carrier B: Wisconsin, Illinois, Michigan, Minnesota

Legacy A: Alaska, Alabama, Arizona, Arkansas, California - Entire State, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Iowa,-Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri - Entire State, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, District of Columbia, American Samoa, Guam, Northern Mariana Islands, Virgin Islands

MAC A: Iowa, Missouri, Nebraska, Kansas

MAC B: Iowa, Missouri, Nebraska, Kansas

Oversight Region

Region I

Region V

Original Determination Effective Date

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

Health and Behavior Assessment procedures identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment or management of physical health problems. The focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments.

Health and Behavior Intervention procedures modify the psychological, behavioral, emotional, cognitive, and social factors identified as important to or directly affecting the beneficiary's physiological functioning, health and well being, or specific disease-related problems.

CPT codes 96150-96154 are reported to describe services, performed to address difficulties associated with an acute or chronic illness, prevention of a physical illness or disability and maintain health, that do not meet criteria for a psychiatric diagnosis.

1. The Health and Behavioral Assessment, initial (CPT code 96150) and Reassessment (CPT code 96151), and Intervention services (CPT codes 96152-96153) may be considered reasonable and necessary for the beneficiary who meets all of the following criteria:
 - a. The beneficiary has an underlying physical illness or injury, and
 - b. The beneficiary has not been diagnosed with mental illness, and
 - c. There is reason to believe that a biopsychosocial factor may be significantly affecting the treatment, or medical management of an illness or an injury, and
 - d. The beneficiary is alert, oriented and has the capacity to understand and to respond meaningfully during the face-to-face encounter, and
 - e. The beneficiary has a documented need for psychological support in order to successfully manage his/her physical illness, and activities of daily living, and
 - f. The assessment is not duplicative of other provider assessments
2. Health and Behavioral Re-assessment (CPT code 96151) will be considered reasonable and necessary, if documentation indicates that there has been a sufficient change in mental or medical status warranting re-evaluation of the beneficiary's capacity to understand and to respond meaningfully to the psychological intervention.
3. Health and Behavioral Intervention, individual or group (two or more beneficiaries) (CPT codes 96152-96153) require that:
 - a. Specific psychological intervention(s) and beneficiary outcome goal(s) have been clearly identified, and
 - b. Psychological intervention is necessary to address:
 - Non-compliance with the medical treatment plan, or
 - The biopsychosocial factors associated with a new diagnosed physical illness, or an exacerbation of an established physical illness, when such factors affect

- d. There is no face-to-face encounter with the beneficiary.
5. Health and Behavioral Intervention services are not considered reasonable and necessary to:
 - a. Update or educate the family about the beneficiary's condition
 - b. Educate non-immediate family members, non-primary caregivers, 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 beneficiary's care plan.
 - c. Treatment-planning with staff
 - d. Mediate between family members or provide family psychotherapy
 - e. Educate diabetic beneficiaries and diabetic beneficiaries' family members
 - f. Deliver Medical Nutrition Therapy
 - g. Maintain the beneficiary's or family's existing health and overall well-being
 - h. Provide personal, social, recreational, and general support services may be valuable adjuncts to care; however, they are not psychological interventions.
 6. Health and Behavioral Assessment/Intervention (CPT codes 96150-96154) may only be performed by a Clinical Psychologist (CP – Specialty Code 68).
 7. Health and Behavioral Assessment/Intervention (CPT codes 96150-96154) may not be billed by physicians or non-physician practitioners (example: medical doctor, nurse practitioner, physician assistant, clinical nurse practitioner) or clinical social worker services.
 8. Biofeedback as a behavioral modification technique will be limited to those indications recognized under the national coverage determination (30.1, publication 100-3, http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=30.1&ncd_version=1&basket=ncd%3A30%2E1%3A1%3ABiofeedback+Therapy)

Examples of services that are not considered part of Health and Behavioral Intervention services are:

Stress management for support staff
 Replacement for expected nursing home staff functions
 Music appreciation and relaxation
 Craft skill training
 Cooking classes
 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 or caffeine withdrawal support
 Visits for loneliness relief
 Sensory stimulation
 Games, including bingo games
 Project, including letter writing
 Entertainment

Excursions, including shopping outing, even when used to reduce a dysphoric state
 Teaching grooming skills
 Grooming services
 Monitoring activities of daily living
 Teaching the beneficiary simple self-care
 Teaching the beneficiary to follow simple directives
 Wheeling the beneficiary around the facility
 Orienting the beneficiary 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 principally for diversion
 Planning for milieu modifications
 Contributions to beneficiary care plans
 Maintenance of behavioral logs

CPT/HCPCS Codes

96150	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
96151	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
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)

Does the CPT 30% Rule Apply

No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Diagnoses that Support Medical Necessity

Medical diagnoses only

ICD-9 Codes that DO NOT Support Medical Necessity

290.0-290.9	Dementia
291.0-291.9	Alcohol-induced mental disorder
292.0-292.9	Drug induced mental disorders
293.0-293.9	Transient mental disorders due to conditions classified elsewhere
294.0-294.9	Persistent mental disorders due to conditions classified elsewhere
295.00-295.95	Schizophrenic disorders
296.00-296.99	Episodic mood disorders
297.0-297.9	Delusional disorders
298.0-298.9	Other nonorganic psychoses

299.00-299.91	Pervasive development disorders
300.00-300.9	Anxiety, dissociative and somatoform disorders
301.0-301.9	Personality disorders
302.0-302.9	Sexual and gender identity disorders
303.00-303.93	Acute alcoholic intoxication
304.00-304.93	Drug dependence
305.00-305.93	Nondependent abuse of drugs
306.0-306.9	Physiological malfunction arising from mental factors
307.0-307.9	Special symptoms or syndromes, not elsewhere classified
308.0-308.9	Acute reaction to stress
309.0-309.9	Adjustment reaction
310.0-310.9	Specific nonpsychotic mental disorders due to brain damage
311	Depressive disorder, not elsewhere classified
312.00-312.9	Disturbance of conduct, not elsewhere classified
313.0-313.9	Disturbance of emotions specific to childhood and adolescence
314.00-314.9	Hyperkinetic syndrome of childhood
315.00-315.9	Specific delays in development
316	Psychic factors associated with diseases classified elsewhere
317	Mild mental retardation
318.0-318.2	Other specified mental retardation
319	Unspecified mental retardation

Diagnoses that DO NOT Support Medical Necessity

NA

Documentation Requirements

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 providers or medical provider responsible for the medical management of the physical illness that the psychological assessment/intervention addresses.

Documentation in the medical record by the Clinical Psychologist (*Specialty Code 68*), must include:

1. Evidence of a referral, for the initial assessment and for each reassessment, to the Clinical Psychologist by the medical provider responsible for the medical management of the beneficiary's physical illness.
2. Evidence of coordination of care with the beneficiary's primary medical care providers or medical provider responsible for the medical management of the physical illness that the psychological assessment/intervention was meant to address.
3. The diagnosis (ICD-9 CM code) that reflect the condition of the beneficiary, and indicate the reason(s) for which the service was performed
4. **Initial assessment (CPT code 96150)** documentation in the medical record by the Clinical Psychologist must include evidence to support that the assessment is reasonable and necessary, and must include, at a minimum, the following elements:
 - a. Date of initial diagnosis of physical illness, and
 - b. Clear rationale for why assessment is required, and
 - c. Assessment outcome including mental status and ability to understand and to respond meaningfully, and
 - d. Goals and expected duration of specific psychological intervention(s), if recommended

5. **Reassessment (CPT code 96151)** documented must include the following elements:
 - a. Date of change in mental or physical status
 - b. Clear rationale for why re-assessment is required, and
 - c. Clear indication of the precipitating event that necessitates re-assessment

6. **Intervention service, (CPT code 96152 – 96154)** documentation to support that the intervention is reasonable and necessary must include, at a minimum, the following elements:
 - a. Evidence that the beneficiary has the capacity to understand and to respond meaningfully, and
 - b. Clearly defined psychological intervention plan and goals, and
 - c. The goals of the psychological intervention should clearly state how the psychological intervention is expected to improve compliance with the medical treatment plan, and
 - d. The response to the intervention must be indicated, and
 - e. Rationale for frequency and duration of services

7. The time duration (stated in minutes) for each visit spent in the health and behavioral assessment or intervention encounter.

Medical records need not be submitted with the claim; however, the medical record, e.g., complete nursing home record, doctor's orders, progress notes, office records, and nursing notes, must be available to the carrier upon request.

Utilization Guidelines

The initial service (CPT code 96150) is limited to one visit (maximum of one hour/four 15-minute services) regardless of the number of sessions it takes to complete the initial assessment.

It is expected that the Health and Behavior Assessment/Intervention services will be performed in a health care facility or the provider's office.

Sources of Information and Basis for Decision

Program Memorandum, Expanded Coverage of Diabetes Outpatient Self-Management Training, CR 1455, June 15, 2001

Program Memorandum, Medical Nutrition Therapy for Beneficiaries with Diabetes or Renal Disease, CR 1776, August 7, 2001

Daw, Jennifer, Monitor On Psychology, "Bucking the System", January 2002, pages 68-69.

CPT Changes, "An Insider's View", 2002, American Medical Association, pages 218-220.

CFR Title 42, Part 410.73(b)(1)

This section specifies the services of a clinical social worker are limited to the diagnosis and treatment of mental illness.

CPT Assistant March 02:4, February 04:11, March 04:10

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin	9/25/2009
Illinois	9/16/2009
Michigan	9/09/2009
Minnesota	9/24/2009
Iowa	10/08/2009
Kansas	10/08/2009
Missouri	10/08/2009
Nebraska	10/08/2009

This policy does not reflect the sole opinion of the contractor or the Contractor Medical Director(s). Although the final decision rests with the contractor, this policy was developed in cooperation with the Carrier Advisory Committee(s), which include representatives of various medical specialty societies.

Start Date of Comment Period

10/08/2009

End Date of Comment Period

11/23/2009

Start Date of Notice Period

(Published)

Revision History Number/Explanation

Last Reviewed On

Related Documents

[See Billing and Coding Guidelines for Health and Behavior Assessment/Intervention - PSYCH-015](#)

Does this LCD contain a "Least Costly Alternative" Provision?

No

Companion Billing and Coding Article PSYCH-015 - Health and Behavior Assessment/Intervention

Effective Date

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, who are not diagnosed with 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

96150	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
96151	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
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)

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

http://www.cms.hhs.gov/manuals/pm_trans/R1660B3.pdf

Original Effective Date

Revision History Number/Explanation

Publication Date