

LCD for Health and Behavior Assessment/Intervention (L30514)

Future

Please note: This is a Future LCD.

Contractor Information

Future

Future

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

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

Contractor Type

Carrier – MAC – FI

LCD Information



LCD ID Number

L30514

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

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 03/18/2010

Original Determination Ending Date**Revision Effective Date****Revision Ending Date****Indications and Limitations of Coverage and/or Medical Necessity**

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

Coding Information



Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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)

ICD-9 Codes that Support Medical Necessity

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

XX000

Not Applicable

Diagnoses that Support Medical Necessity

Medical diagnoses only

ICD-9 Codes that DO NOT Support Medical Necessity

290.0 - 290.9	SENILE DEMENTIA UNCOMPLICATED - UNSPECIFIED SENILE PSYCHOTIC CONDITION
291.0 - 291.9	ALCOHOL WITHDRAWAL DELIRIUM - UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS
292.0 - 292.9	DRUG WITHDRAWAL - UNSPECIFIED DRUG- INDUCED MENTAL DISORDER
293.0 - 293.9	DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE - UNSPECIFIED TRANSIENT MENTAL DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
294.0 - 294.9	AMNESTIC DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE - UNSPECIFIED PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE
295.00 - 295.95	SIMPLE TYPE SCHIZOPHRENIA UNSPECIFIED STATE - UNSPECIFIED TYPE SCHIZOPHRENIA IN REMISSION
296.00 - 296.99	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, UNSPECIFIED - OTHER SPECIFIED EPISODIC MOOD DISORDER
297.0 - 297.9	PARANOID STATE SIMPLE - UNSPECIFIED PARANOID STATE
298.0 - 298.9	DEPRESSIVE TYPE PSYCHOSIS - UNSPECIFIED PSYCHOSIS
299.00 - 299.91	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE - UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER, RESIDUAL STATE
300.00 - 300.9	ANXIETY STATE UNSPECIFIED - UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER
301.0 - 301.9	PARANOID PERSONALITY DISORDER - UNSPECIFIED PERSONALITY DISORDER
302.0 - 302.9	EGO-DYSTONIC SEXUAL ORIENTATION - UNSPECIFIED PSYCHOSEXUAL DISORDER
303.00 - 303.93	

	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM UNSPECIFIED DRINKING BEHAVIOR - OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE IN REMISSION
304.00 - 304.93	OPIOID TYPE DEPENDENCE UNSPECIFIED USE - UNSPECIFIED DRUG DEPENDENCE IN REMISSION
305.00 - 305.93	NONDEPENDENT ALCOHOL ABUSE UNSPECIFIED DRINKING BEHAVIOR - NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE IN REMISSION
306.0 - 306.9	MUSCULOSKELETAL MALFUNCTION ARISING FROM MENTAL FACTORS - UNSPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION
307.0 - 307.9	STUTTERING - OTHER AND UNSPECIFIED SPECIAL SYMPTOMS OR SYNDROMES NOT ELSEWHERE CLASSIFIED
308.0 - 308.9	PREDOMINANT DISTURBANCE OF EMOTIONS - UNSPECIFIED ACUTE REACTION TO STRESS
309.0 - 309.9	ADJUSTMENT DISORDER WITH DEPRESSED MOOD - UNSPECIFIED ADJUSTMENT REACTION
310.0 - 310.9	FRONTAL LOBE SYNDROME - UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE
311	DEPRESSIVE DISORDER NOT ELSEWHERE CLASSIFIED
312.00 - 312.9	UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE UNSPECIFIED DEGREE - UNSPECIFIED DISTURBANCE OF CONDUCT
313.0 - 313.9	OVERANXIOUS DISORDER SPECIFIC TO CHILDHOOD AND ADOLESCENCE - UNSPECIFIED EMOTIONAL DISTURBANCE OF CHILDHOOD OR ADOLESCENCE
314.00 - 314.9	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT HYPERACTIVITY - UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD
315.00 - 315.9	DEVELOPMENTAL READING DISORDER UNSPECIFIED - UNSPECIFIED DELAY IN DEVELOPMENT
316	PSYCHIC FACTORS ASSOCIATED WITH DISEASES CLASSIFIED ELSEWHERE
317	MILD MENTAL RETARDATION
318.0 - 318.2	MODERATE MENTAL RETARDATION - PROFOUND MENTAL RETARDATION
319	UNSPECIFIED MENTAL RETARDATION

Diagnoses that DO NOT Support Medical Necessity

General Information



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.

Appendices

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.

Other Comments:

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.

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: 09/25/2009

Illinois: 09/16/2009

Michigan: 09/09/2009

Minnesota: 09/24/2009

Iowa, Kansas, Missouri, Nebraska 10/08/2009

Open Meeting: 08/19/2009

Start Date of Comment Period

10/08/2009

End Date of Comment Period

11/23/2009

Start Date of Notice Period

02/01/2010

Revision History Number

Revision History Explanation

Reason for Change

Last Reviewed On Date

02/01/2010

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing Guidelines - Version 1\(PDF - 20,179 bytes\)](#)

All Versions



Updated on 01/15/2010 with effective dates 03/18/2010 - N/A