

## Health Behavior Assessment and Intervention

### CPT® Assistant.

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The Current Procedural Terminology (CPT®) 2020 code set includes several changes in the Health Behavior Assessment and Intervention subsection in the Medicine section. Nine codes were added (96156-96171) and six codes were deleted (96150-96155). The subsection heading was revised, and numerous parenthetical notes were added or revised throughout this subsection to provide instructions on the proper reporting of these assessments and interventions. Additional guidelines were also added to describe the differences between assessment and interventions, including definitions for health behavior assessment and health behavior intervention. The information that follows provides further detail regarding the appropriate reporting of these new codes.

Services in this subsection are used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of specific disease-related problems. These codes describe assessments and interventions by a physician or other qualified health care professional (QHP) designed to ameliorate specific disease-related problems.

##### ► Health Behavior Assessment and Intervention ◀

###### ● 96156

Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)

###### ● 96158

Health behavior intervention, individual, face-to-face; initial 30 minutes

###### ✚ ● 96159

each additional 15 minutes (List separately in addition to code for primary service)

##### ► (Use 96159 in conjunction with 96158) ◀

###### # ● 96164

Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes

# 96165

each additional 15 minutes (List separately in addition to code for primary service)

► (Use 96165 in conjunction with 96164) ◀

# 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 96168 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 96171 in conjunction with 96170) ◀

## Health Behavior Assessment

A health behavior assessment is conducted using health-focused interviews, behavioral observation, and clinical decision making. Health behavior assessments include evaluating the patient's responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment.

## Health Behavior Intervention

Health behavior intervention emphasizes active patient and/or family engagement and involvement. Interventions may be provided individually, to a group of two or more patients, and/or to the family, with or without the patient present.

Interventions include the following:

- Promoting functional improvement
- Minimizing psychological and/or psychosocial barriers to recovery
- Managing and improving coping with medical conditions

### **Coding Tip**

Do not report codes 96158, 96164, 96167, 96170 for less than 16 minutes of service.

Health behavior assessment and intervention (HBAI) services are offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the psychological and/or psychosocial factors related to the patient's health status. Evaluation and management (E/M) services codes (including counseling risk factor reduction and behavior change intervention [99401-99412]) should not be reported on the same day as the HBAI codes **by the same health care professional**.

Services represented by codes 96156-96171 may occur and may be reported on the same date of service as the E/M services (including counseling risk factor reduction and behavior change intervention [99401-99404, 99406-99409, 99411, 99412]), as long as the HBAI service is reported by a physician or QHP and the E/M service is performed **by a different physician or QHP** who may report E/M services.

### **Coding Tip**

- Do not report health behavior intervention services (96156-96171) in conjunction with psychiatric services (90785-90899) on the same date. Report the predominant service performed.
- It is typical for psychological testing (96136, 96137) and health behavior assessment or re-assessment (96156) and/or intervention services (96158-96171) to be provided to the same patient, often on the same date of service. Any psychological testing performed in addition to the health assessment or re-assessment should be additionally reported, based on the type of testing performed.

The following clinical examples and procedural descriptions reflect typical clinical scenarios when it would be appropriate to report these new codes.

### **Clinical Example (96156)**

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.

### **Description of Procedure (96156)**

QHP meets with patient to assess adjustment to the medical illness or injury; psychological, motivational, and interpersonal factors affecting medical management; outlook; coping strategies; treatment compliance; and health risk behaviors.

## **Clinical Example (96158)**

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

## **Description of Procedure (96158)**

QHP actively promotes the patient's compliance and full participation in medical treatment by engaging the patient in jointly reviewing treatment progress, outlook, understanding of the medical condition(s), and attitudes toward treatment goals and care team members. Employ psychological and behavioral treatment approaches to address health risk behaviors and factors impeding adjustment to, management of, and recovery from the patient's medical condition. QHP documentation includes description of patient's status in addition to services provided and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

## **Clinical Example (96159)**

A 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services to improve patient treatment compliance and engagement in self-management. Patient requires an additional 15 minutes of health behavior services beyond the first 30 minutes.

## **Description of Procedure (96159)**

QHP actively promotes the patient's compliance and full participation in medical treatment by engaging the patient in jointly reviewing treatment progress, outlook, understanding of the medical condition(s), and attitudes toward treatment goals and care team members. Employ psychological and behavioral treatment approaches to address health risk behaviors and factors impeding adjustment to, management of, and recovery from the patient's medical condition.

## **Clinical Example (96164)**

A 26-year-old obese female post-bariatric surgery with poor adherence to treatment regimens and multiple medical complications is referred for group health behavior intervention.

## **Description of Procedure (96164)**

Initiate or continue health behavior interventions within the group setting, including providing educational information about the disease process or injury, training members in psychologically based self-management procedures, and improving social support. QHP documentation in the medical record for each patient includes a description of the patient's

status in addition to services provided and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

### **Clinical Example (96165)**

A 26-year-old obese female post-bariatric surgery with poor adherence to treatment regimens and multiple medical complications is referred for group health behavior intervention. Patient requires an additional 15 minutes of health behavior services beyond the first 30 minutes.

### **Description of Procedure (96165)**

Continue health behavior interventions within the group setting, including providing educational information about the disease process or injury, training members in psychologically based self-management procedures, and improving social support.

### **Clinical Example (96167)**

A 36-year-old married female diagnosed with breast cancer, who is undergoing aggressive chemotherapy and radiation therapy with poor adherence to treatment regimens and multiple medical complications, is referred for family intervention.

### **Description of Procedure (96167)**

Conduct face-to-face interaction with the patient and family members. Facilitate family communication and provide education about the patient's illness or injury. Engage and mobilize family support and problem-solving regarding treatment adherence and prognosis. Clarify family roles and caregiver responsibilities. QHP documents in the medical record includes a description of the patient's status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

### **Clinical Example (96168)**

A 36-year-old married female diagnosed with breast cancer, who is undergoing aggressive chemotherapy and radiation therapy with poor adherence to treatment regimens and multiple medical complications, is referred for family intervention. Patient and family require an additional 15 minutes of health behavior services beyond the first 30 minutes.

## **Description of Procedure (96168)**

Conduct face-to-face interaction with the patient and family members. Facilitate family communication and provide education about the patient's illness or injury. Engage and mobilize family support and problem-solving regarding treatment adherence and prognosis. Clarify family roles and caregiver responsibilities.

## **Clinical Example (96170)**

The family of a 9-year-old boy, who was diagnosed with type 1 diabetes two years ago, is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his glucose levels.

## **Description of Procedure (96170)**

Conduct face-to-face interaction with family members without the patient present. Facilitate family communication and provide education about the patient's illness or injury and resistance to change. Engage and mobilize family support and problem-solving regarding treatment adherence. Clarify family roles and caregiver responsibilities. QHP documents in the medical record includes a description of the patient's status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

## **Clinical Example (96171)**

The family of a 9-year-old boy, who was diagnosed with type 1 diabetes two years ago, is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his glucose levels. The family requires an additional 15 minutes of family health behavior services beyond the first 30 minutes.

## **Description of Procedure (96171)**

Conduct face-to-face interaction with family members without the patient present. Facilitate family communication and provide education about the patient's illness or injury and resistance to change. Engage and mobilize family support and problem-solving regarding treatment adherence. Clarify family roles and caregiver responsibilities. 