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| Professional Pricing Policy | |
| Subject: Health and Behavior Assessment and Intervention | |
| Policy Number: C-11003 | Policy Section: Medicine |
| Last Approval Date: September 1, 2020 | Effective Date: October 17, 2020 |

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink does not separately allow for health and behavior assessment and intervention codes when:

- Services are reported by a physician or other qualified healthcare professional who is licensed to report Evaluation and Management or preventative medicine services

Related Coding

| Code | Description | Comments |
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| 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 | Each additional 15 minutes (List separately in addition to code for primary service) | Use 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 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 in conjunction with 96167 |
| 96170 | Health behavior intervention, family (without the patient present) face-to-face; initial 30 minutes | |

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| 96171 | Each additional 15 minutes (List separately in addition to code for primary service) | Use in conjunction with 96170 |
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Exemptions

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Definitions

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| Health and Behavior Assessment | The evaluation of the patient’s responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment. |
| Health and Behavior intervention | The promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. |
| General Professional Pricing Policy Definitions | |

Related Policies and Materials

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| Claims Editing Overview |
| Scope of License |
| Screening Services with Evaluation and Management Services |

References and Research Materials

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| <p>This policy has been developed through consideration of the following</p> <ul style="list-style-type: none"> American Medical Association (AMA) Current Procedural Terminology (CPT) |
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Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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