

Internal Medicine Coding Alert

Reader Question: Clarifying the New Health & Behavior Codes

Question: I realize health and behavior assessment/ intervention codes (96150-96155) were added to CPT in 2002. The focus is not on mental health but on the psycho-social factors important to physical health problems and treatments. Our physicians and psychologists wonder if they can bill these codes for patient counseling, if the codes can be used to report discussions with the family when the patient is not present, and if the codes can be used in place of preventive visit codes. Would you clarify the conditions for their use?

Alabama Subscriber

Answer: As physicians know, psychological, behavioral, emotional, cognitive, and social factors play a major role in the prevention, treatment and/or management of physical health problems. For the treatment of many health problems, psychosocial factors often must be assessed and addressed. Prior to 2002, CPT did not provide adequate coding options for these types of interventions. The new codes are:

1. 96150 Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
2. 96151 ... re-assessment
3. 96152 Health and behavior intervention, each 15 minutes, face-to-face; individual
4. 96153 ... group (2 or more patients)
5. 96154 ... family (with the patient present)
6. 96155 ... family (without the patient present).

Preventive medicine examinations detect and prevent health problems, as does preventive medicine counseling, but these codes should be used for healthy patients. They are not for interventions in patients with symptoms or an established illness. Psychiatry codes are often used for these purposes, but require a psychiatric diagnosis. However, CPT's addition of the new health and behavior assessment codes recognizes that many of the difficulties associated with an acute or chronic illness or disability do not meet the criteria for a psychiatric diagnosis. The new codes allow a patient with a physical illness to receive psychosocial services without being labeled with a psychiatric disorder.

The new codes were added to describe psychosocial assessment and intervention for patients with established illnesses who do not have a mental-health diagnosis. The services appropriate for the new codes are psychosocial evaluations and interventions related to the patient's adherence to medical treatment, symptom management and expression, health-related risk-taking behaviors, health-promoting behaviors, and overall adjustment to medical illness.

The AMA clarified the intent of these codes at the CPT 2002 Symposium in Chicago last fall. According to our sources,

these codes are intended to be used primarily by "nonphysician practitioners like psychologists, advance practice nurses, clinical social workers and others whose scope of practice includes subspecialty training in health/behavioral assessments and interventions. Physicians may also report these codes, but in some instances may prefer to use E/M codes based on counseling time."

A health and behavior assessment may include, but is not limited to, a health-focused clinical interview, behavioral observations, psychophysiological procedures, use of health-oriented questionnaires, and assessment and data interpretation. A health and behavior intervention may include cognitive, behavioral, social and psychophysiological procedures that are designed to improve the patient's health.

CPT offers the following guidelines for using these codes:

7. These services are not to be reported on the same day as the psychiatric codes (90801-90899).
8. If a psychiatric service is provided on the same day as the health and behavior assessment/intervention, CPT directs the user to report the predominant service that occurred that day.
9. These codes should not be used on the same day as an evaluation and management service.
10. These are time-based codes billed in 15-minute increments. Documentation of time in the medical record when billing these codes is critical. These codes should not be used instead of preventive service codes, because they are to be used for treatment of patients with an established illness.