FAQs on Billing for
Health and Behavior Services

by Government Relations Staff

January 29, 2009—Practicing psychologists are eligible to bill for applicable services and receive reimbursement from Medicare and many private insurance carriers using "health and behavior assessment and intervention" Current Procedural Terminology (CPT)® codes (H & B codes). These codes apply to psychological services that address behavioral, social, and psychophysiological conditions in the treatment or management of patients diagnosed with physical health problems. The Practice Directorate and other key APA representatives developed and won the inclusion of the H & B codes in the CPT manual.

This question-and-answer guide provides information about the health and behavior assessment and intervention CPT codes and addresses frequent inquiries from APA members.

1. What types of services are the health and behavior assessment and intervention codes used to describe?

The use of these CPT codes requires a physical health diagnosis. Typically, health and behavior assessment and intervention services address an assortment of physical health issues -- including patient adherence to medical treatment, symptom management, health-promoting behaviors, health-related risk-taking behaviors and overall adjustment to physical illness.

2. Can I provide health and behavior services to patients diagnosed with a physical health problem who also have been diagnosed with a mental health problem?

Yes, being diagnosed with a mental health disorder does not preclude a patient from being eligible to receive health and behavior services to address a diagnosed physical health problem.

3. Can I bill the health and behavior CPT codes to both Medicare and private insurance carriers?

Medicare reimburses for five out of the six codes, with the exception of 96155 (family intervention without the patient present). Some private health insurance plans have begun to pay for these codes as well. Private insurance plans may have payment policies that are more or less restrictive than under Medicare. Psychologists should check with the private insurer about a plan's payment policies regarding these codes.

4. Do all Medicare Administrative Contractors (MACs) reimburse the codes?

Yes, all MACs have reimbursed for the health and behavior assessment and intervention codes since 2006.
5. What are the 2009 Medicare reimbursement rates for these codes?

The codes and their assigned values are listed in the physician fee schedule issued by the Centers for Medicare and Medicaid Services (CMS) and published in the Federal Register. Each code is based on 15 minutes of service. For example, psychologists would bill 2 units when providing a 30-minute service and 4 units for a one-hour service.

Below are estimated national reimbursement amounts for 2009. These national rates are subject to a geographic adjustment. Psychologists should check with their local MAC for the exact payment rate in their geographic area.

CPT Code: 96150
Service: Assessment-Initial
Approximate Medicare Payment for 15 min (1 unit): $22
Approximate Medicare Payment for 1 hr (4 units): $88

CPT Code: 96151
Service: Re-Assessment
Approximate Medicare Payment for 15 min (1 unit): $21
Approximate Medicare Payment for 1 hr (4 units): $85*

CPT Code: 96152
Service: Intervention-Individual
Approximate Medicare Payment for 15 min (1 unit): $20
Approximate Medicare Payment for 1 hr (4 units): $81*

CPT Code: 96153
Service: Intervention - Group (per person)**
Approximate Medicare Payment for 15 min (1 unit): $5
Approximate Medicare Payment for 1 hr (4 units): $19*

CPT Code: 96154
Service: Intervention - Family with patient
Approximate Medicare Payment for 15 min (1 unit): $20
Approximate Medicare Payment for 1 hr (4 units): $80
6. Are all private insurers reimbursing the codes?
Psychologists have reported that more than 50 private health plans pay for these CPT codes. The Practice Directorate continues to work with psychologists to **advocate for more private insurers to reimburse for health and behavior assessment and intervention services**.

7. Where do I find descriptions of the code numbers?
The health and behavior assessment and intervention code numbers and their descriptions can be found in a section of the CPT manual entitled, "Health and Behavior Assessment and Intervention." The codes are not listed in the psychiatric section of the CPT manual.

8. Do the codes capture a preventive medicine service?
No, health and behavior assessment and intervention services are delivered to patients with an established physical health problem that has been diagnosed by a physician.

9. Who is eligible to use these codes?
Psychologists, nurses, licensed clinical social workers, and other non-physician health care clinicians whose scope of practice permits can bill the codes. Physicians performing similar services should use Evaluation and Management codes.

10. Can psychologists bill Evaluation and Management codes to report these services to Medicare and private insurance plans?
Psychologists cannot bill Evaluation and Management (E&M) codes when treating Medicare beneficiaries because the Center for Medicare and Medicaid Services (CMS) currently restricts the use of these codes. CMS has taken the position that E & M codes involve services unique to medical management, such as medical diagnostic evaluation, drug management and interpreting laboratory or other medical diagnostic studies.
Although there are some similarities among the services, the health and behavior codes should not be viewed as a substitute for E&M codes. APA is continuing its advocacy with CMS to permit psychologists to be reimbursed for providing E&M services to Medicare beneficiaries.

Psychologists treating patients with private insurance may be able to bill for E&M services because not all insurers impose the same restrictions as Medicare. Psychologists should check with the private carrier to determine its policy on E&M services.

11. Can a DSM-IV diagnosis code be used in conjunction with these services?
No, only an ICD-9-CM physical diagnosis code should be used in connection with these services. A physical diagnosis code applies since health and behavior assessment and intervention services focus on patients whose primary diagnosis is a physical health problem.

12. Will psychologists be expected to establish a physical diagnosis under the ICD-9 CM when reporting the codes?
No, the psychologist’s scope of practice prohibits the clinician from diagnosing a physical health problem. Therefore, the existing medical diagnosis made by a physician should be used by a psychologist when reporting services captured under the codes.

13. Does the Medicare “Outpatient Mental Health Treatment Limitation” apply to services provided under the codes?
No, the Outpatient Mental Health Treatment Limitation applies only to services provided to outpatients with a mental, psychoneurotic or personality disorder identified by an ICD-9 CM diagnosis code between 290 and 319. Health and behavior assessment and intervention services provided to outpatients are reimbursed at 80 percent.

14. Will private insurers pay the same reimbursement rates as Medicare?
Because private third-party insurance plans may have payment policies that differ from Medicare, psychologists should check with the insurer to find out about the reimbursement rates for these CPT codes. As explained in the answer to Question 6, not all private insurers are paying for these codes.

15. How are these codes reported to Medicare and private insurers?
Each code is based on 15 minutes of service, face-to-face contact with the patient. Consequently, psychologists should report 1 unit per 15 minutes of the service. For example, a psychologist would bill 2 units for a 30-minute service and 3 units for a 45-minute service.
When the service falls between units, the healthcare provider must round up or down to the nearest increment. To illustrate, a psychologist would bill 3 units for a 50-minute service but would bill 4 units for a 55-minute service.

16. Will the Medicare reimbursement rates ever be increased?
Values for CPT codes are periodically reviewed under the AMA’s coding and reimbursement committee process. When it is time for the health and behavior codes to be reviewed, members of health professional groups that bill for these codes will be surveyed to ascertain if the complexity of the services has changed since the codes were first valued, thereby warranting a change in reimbursement rates.

17. What can psychologists do to increase the likelihood that reimbursement rates eventually will increase?
It is extremely important that psychologists use the health and behavior codes when appropriate and participate in related code surveys. There are two main reasons.

First, the survey process involves health professionals comparing codes for the specified service(s) to other services for which they bill. Psychologists’ services generally are valued more highly than the services provided by other health care professionals who also use the health and behavior codes. Therefore, when surveyed, psychologists will make their comparisons to CPT codes that generally carry higher reimbursement values. Since other health professionals being surveyed will compare the codes to services with lower reimbursement values, their final recommendations for revised values for the health and behavior codes likely will be lower than those of psychologists.

In addition, the health professional association whose members bill particular codes most often generally have the lead role on any projects involving the codes, including conducting surveys on code values. Until now, APA has headed all efforts involving the health and behavior CPT codes. But if other health professionals bill for these codes more often than psychologists, another professional group is likely to assume the lead role in the future.

18. Are there any Medicare coding standards that psychologists should be aware of when using these codes?
Yes, the codes are subject to the National Correct Coding Initiative (NCCI). The NCCI is a series of correct coding methodologies based in part on the coding standards defined in the American Medical Association’s CPT manual, coding guidelines of numerous national specialty societies, principles of customary medical practice and a continuous assessment of current coding practice. CMS developed the NCCI to help health care providers with coding their services properly for reimbursement.
A number of private third-party payers have adopted the NCCI, but some insurers have developed coding guidelines of their own. Psychologists should check with private insurance plans about guidelines that are different from coding conventions under Medicare.

19. Are there any compliance issues under the NCCI to be aware of when using these codes?
Yes, under the NCCI:

1. Health and behavior assessment and intervention codes cannot be used for treating patients with a psychiatric diagnosis.
2. The clinician cannot bill psychiatric codes (CPT codes 90801-90899) and health and behavior assessment and intervention codes (CPT codes 96150-96155) on the same day. For services rendered to patients that require both psychiatric and health and behavior assessment and intervention services, the clinician must report the principal service being provided.

20. Where can I find information about facility billing of services captured under the codes?
Psychologists can get information from their local MACs or CMS regional office about billing Medicare for these codes in a facility setting. When dealing with private third-party payers, psychologists should contact the individual insurer about that insurer's procedures for facility billing.

21. Whom should I contact about denials for these services by MACs?
If receiving a denial from Medicare after reporting services associated with the codes, you should first contact your local MAC to find out what the problem is. In the case of an outright claim denial, Medicare offers health professionals an appeals process at the local level. A majority of local Medicare carriers have websites where information on appeals can be found.

Psychologists reporting services to private insurance plans should check with the carrier about appeal opportunities available to them.

22. Should I contact the APA Practice Directorate if I have problems billing these codes?
Yes. We want to know about any difficulties psychologists experience in billing these codes with either Medicare or private insurers. Psychologists should contact the Practice Directorate’s Government Relations Office at (202) 336-5889.
23. Are there any additional resources for information about the codes?

Yes, beyond the local Medicare Administrative Contractor, psychologists can contact the office of the Centers for Medicare and Medicaid Services (CMS) in their region.

Further, the "Health and Behavior Assessment and Intervention" section of the CPT manual includes code numbers and their descriptions.

For additional information, contact our Government Relations Department at (202) 336-5889 or pracgovt@apa.org.