Crosswalk for 2020 Health Behavior Assessment and Intervention CPT® Codes

CPT Codes and Descriptors Effective January 1, 2020

2020 Health Behavior Assessment and Intervention Services

Health behavior assessment and intervention services are used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems. The patient’s primary diagnosis must be physical in nature and the focus of the assessment and intervention is on factors complicating the medical conditions and treatments. These codes describe assessments and interventions to improve the patient’s health and wellbeing utilizing psychological and/or psychosocial procedures designed to ameliorate specific disease-related problems.

Assessment Services

Health behavior assessment, or re-assessment, includes evaluation of the patient’s responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment.

Assessment is no longer a time-based service. Performance of the new event-based assessment service is conducted through health-focused clinical interviews, observation and clinical decision-making and billed with CPT code 96156.

Intervention Services

Intervention services include promotion of functional improvement, minimization of psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement.

Intervention services may be provided to:

- An individual and is billed with CPT codes 96158, 96159;
- A group of 2 or more patients and is billed with CPT codes 96164, 96165 for each individual patient in the group;
- A family, with the patient present, and is billed with CPT codes 96167, 96168; or
- A family, or without the patient present, and is billed with CPT codes 96170, 96171.
Health Behavior Assessment Services

Assessment or re-assessment

- CPT code 96156 is used to describe health behavior assessment, or re-assessment, that is conducted through health-focused clinical interviews, observation and clinical decision-making.
- Assessment services are now event-based and CPT code 96156 is billed only once per day regardless of the amount of time required to complete the overall service. Only report 96156 for assessment of a patient with a primary diagnosis that is physical in nature.
- Do not report 96156 on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T).
- For patients that require psychiatric services or adaptive behavior services, as well as health behavior assessment/intervention, report the predominant service performed.
- 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 health behavior assessment and intervention codes by the same provider;
  - These services can occur and be reported on the same date of service as long as the E/M service (99401-99412) is performed by a physician or other qualified health care professional (QHP) who may report evaluation and management services.
  - However, health behavior assessment and/or intervention services performed by a physician or other QHP who may report E/M services should do so using codes found in the E/M Services or Preventive Medicine Services sections of the CPT® Manual.

<table>
<thead>
<tr>
<th>HEALTH &amp; BEHAVIOR INITIAL ASSESSMENT AND RE-ASSESSMENT</th>
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</thead>
<tbody>
<tr>
<td><strong>2019 CPT Code</strong></td>
<td><strong>2019 CPT Descriptor</strong></td>
</tr>
<tr>
<td>96150</td>
<td>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</td>
</tr>
<tr>
<td>96151</td>
<td>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; re-assessment</td>
</tr>
</tbody>
</table>
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Health Behavior Intervention Services

Individual Intervention

- CPT code 96158 is reported for the initial 30 minutes of individual intervention and code 96159 is reported in conjunction with code 96158 for each additional 15 minutes needed to complete the intervention service.
- Only report add-on code 96159 in conjunction with 96158.
- Do not report 96158 for less than 16 minutes of service.
- Do not report 96159 for less than 8 minutes of service.
- Do not report 96158/96159 on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T).
  - For patients that require psychiatric services or adaptive behavior services, as well as health behavior assessment/intervention, report the predominant service performed.
- 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 health behavior assessment and intervention codes by the same provider:
  - These services can occur and be reported on the same date of service as long as the E/M service (99401-99412) is performed by a physician or other qualified health care professional (QHP) who may report E/M services.
  - However, health behavior assessment and/or intervention services performed by a physician or other QHP who may report E/M services should do so using codes found in the E/M Services or Preventive Medicine Services sections of the CPT® Manual.

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<td><strong>2019 CPT Code</strong></td>
<td><strong>2019 CPT Descriptor</strong></td>
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</tr>
<tr>
<td>96152</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; individual</td>
</tr>
<tr>
<td>+96159</td>
<td>Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)</td>
</tr>
</tbody>
</table>

“+” Indicates an Add-On Code to be reported with primary service/base code
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Group Intervention

- CPT code 96164 is reported for the initial 30 minutes of group intervention services provided to two (2) or more patients and code 96165 is reported in conjunction with code 96164 for each additional 15 minutes needed to complete the intervention service.
- CPT codes 96164 and 96165 can only be billed for groups of 2 or more patients and are billed for each individual patient.
- Only report add-on code 96165 in conjunction with 96164.
- Do not report 96164 for less than 16 minutes of service.
- Do not report 96165 for less than 8 minutes of service.
- Do not report 96164/96165 on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T).
  - For patients that require psychiatric services or adaptive behavior services, as well as health behavior assessment/intervention, report the predominant service performed.

- 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 health behavior assessment and intervention codes by the same provider:
  - These services can occur and be reported on the same date of service as long as the E/M service (99401-99412) is performed by a physician or other qualified health care professional (QHP) who may report E/M services.
  - However, health behavior assessment and/or intervention services performed by a physician or other QHP who may report E/M services should do so using codes found in the E/M Services or Preventive Medicine Services sections of the CPT® Manual.

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<td><strong>2019 CPT Code</strong></td>
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</tr>
<tr>
<td>96153</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)</td>
</tr>
<tr>
<td>✚96165</td>
<td>Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)</td>
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“✚” Indicates an Add-On Code to be reported with primary service/base code
Family Intervention WITH patient present

- CPT codes 96167 and 96168 have been added to report face-to-face family health behavior intervention. In order to report these codes the patient must be present.
  - If the patient is not present, refer to CPT codes 96170 and 96177.
- Code 96167 is reported for the first 30 minutes of service and code 96168 is reported for each additional 15 minutes needed to complete the family intervention service.
- Only report add-on code 96168 in conjunction with 96167.
- Do not report 96167 for less than 16 minutes of service.
- Do not report 96168 for less than 8 minutes of service.
- Do not report 96167/96168 on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T).
  - For patients that require psychiatric services or adaptive behavior services, as well as health behavior assessment/intervention, report the predominant service performed.
- 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 health behavior assessment and intervention codes by the same provider:
  - These services can occur and be reported on the same date of service as long as the E/M service (99401-99412) is performed by a physician or other qualified health care professional (QHP) who may report E/M services.
  - However, health behavior assessment and/or intervention services performed by a physician or other QHP who may report E/M services should do so using codes found in the E/M Services or Preventive Medicine Services sections of the CPT® Manual.

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<tr>
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<tr>
<td>96154</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)</td>
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“✝” Indicates an Add-On Code to be reported with primary service/base code
Family Intervention WITHOUT patient present

- CPT codes 96170 and 96171 have been added to report face-to-face family health behavior intervention. Reporting of these codes does not require the patient to be present; however, services offered when the patient is not present are not typically covered by Medicare.
  - If the patient is present, refer to CPT codes 96167 and 96168.
- Code 96170 is reported for the first 30 minutes of service and code 96171 is reported for each additional 15 minutes needed to complete the family intervention service.
- Only report add-on code 96171 in conjunction with 96170.
- Do not report 96170 for less than 16 minutes of service.
- Do not report 96171 for less than 8 minutes of service.
- Do not report 96170/96171 on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T).
  - For patients that require psychiatric services or adaptive behavior services, as well as health behavior assessment/intervention, report the predominant service performed.
- 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 health behavior assessment and intervention codes by the same provider.
  - These services can occur and be reported on the same date of service as long as the E/M service (99401-99412) is performed by a physician or other qualified health care professional (QHP) who may report evaluation and management services.
  - However, health behavior assessment and/or intervention services performed by a physician or other QHP who may report E/M services should do so using codes found in the E/M Services or Preventive Medicine Services sections of the CPT® Manual.

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<tr>
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<tr>
<td><strong>2019 CPT Code</strong></td>
<td><strong>2019 CPT Descriptor</strong></td>
</tr>
<tr>
<td>96155</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)</td>
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</table>

“✝” Indicates an Add-On Code to be reported with primary service/base code