

PROVIDER BULLETIN

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HEALTH AND BEHAVIOR ASSESSMENT AND INTERVENTION (HBAI) SERVICES

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HBAI SERVICES

Effective for dates of service on or after February 1, 2017, the MO HealthNet Division (MHD) will reimburse for HBAI services performed by enrolled Licensed Psychologists, Provisionally Licensed Psychologists (PLP), Licensed Clinical Social Workers (LCSW) and Licensed Master Social Workers (LMSW).

HBAI services are used to identify and address the psychological, behavioral, emotional, cognitive, and social factors important to the treatment and management of physical health problems. HBAI is an established intervention designed to enable the participant to overcome the perceived barriers to self-management of his/her chronic condition(s).

HBAI services are not to be used for the treatment of a behavioral health condition. These services are specifically intended to address any or all of the following barriers to disease self-management of a chronic physical condition:

- Cognitive
- Emotional
- Social
- Behavioral functioning

ELIGIBILITY CRITERIA

Eligibility Criteria:

- The participant must have an underlying physical illness or injury.
- There must be indications that there are biopsychosocial factors that may be affecting treatment or self-management of the condition.
- The participant must be alert, oriented, and have the capacity to understand and respond to information related to the condition.

- The participant must have a referral from a healthcare provider (such as a physician, nurse practitioner, or physician assistant) documenting the need for a behavioral health evaluation to address barriers to physical disease self-management.

Please refer to the chart below for HBAI procedure codes, limitations, and reimbursement rates. The MHD will reimburse the lower of the provider’s billed charge or the maximum allowable amount for the units billed. Providers may not bill the MHD at a higher rate than they charge their private pay patients. Providers must bill their usual and customary rate. HBAI services are covered for both children and adults. However, per current MHD policy, LCSWs and LMSWs may only provide services to adults in FQHC, CMHC, and RHC settings. Psychologists and PLPs must bill with the AH modifier. LCSWs and LMSWs must bill with the AJ modifier.

PROCEDURE CODES, LIMITATIONS, AND RATES

Code	Description	Limitations	Maximum Allowed: LCSW/LMSW (billed with modifier AJ)	Maximum Allowed: Psychologist (billed with modifier AH)
96150	Health and behavior assessment, each 15 minutes face-to-face with patient; initial assessment	Limit of 3 units per rolling year, per participant.	\$12.83	\$21.38
96151	Re-assessment MHD defines a unit of service as 15 minutes.	Limit of 3 units per rolling year, per participant.	\$12.83	\$21.38
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	Limit of 2 units per day. Limit of 4 units per month and 24 units per rolling year, per participant.	\$12.83	\$21.38
96153	Group (2 or more patients) MHD defines a unit of service as 15 minutes.	Limit of 4 units per day, and 48 units per rolling year, per participant.	\$7.48	\$8.55
96154	Family (with the patient present) MHD defines a unit of service as 15 minutes.	Limit of 3 units per day, and 36 units per rolling year, per participant.	\$12.83	\$21.38

The above services are subject to current National Correct Coding Initiative (NCCI) edits.

If you have billing questions in regards to HBAI services, please contact the Provider Communications hotline at 573-751-2896.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896