

PROVIDER BULLETIN

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January 29, 2020

2020 Health Behavior Assessment & Intervention (HBAI) Code Changes

Effective Date: January 1, 2020

Applies to: Licensed psychologists, provisional licensed psychologists (PLP), & doctoral psychology interns; Licensed clinical social workers (LCSW) and licensed master social workers (LMSW); Licensed professional counselors (LPC) and provisional licensed professional counselors (PLPC); Licensed marital and family therapists (LMFT) and provisional licensed marital and family therapists (PLMFT)

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2020 UPDATE

The 2020 versions of the Current Procedural Terminology (CPT®) and the Healthcare Common Procedure Coding System (HCPCS) are in effect as of January 1, 2020. Health Behavior Assessment & Intervention (HBAI) codes were updated for 2020. For dates of service on or after January 1, 2020, providers must bill with the 2020 codes, and for prior dates of service, providers must bill with the 2019 codes.

HBAI Requirements and Billing Instructions

Practitioners include:

- Licensed psychologists, provisional licensed psychologists (PLP), & doctoral psychology interns
- Licensed clinical social workers (LCSW) and licensed master social workers (LMSW)
- Licensed professional counselors (LPC) and provisional licensed professional counselors (PLPC)
- Licensed marital and family therapists (LMFT) and provisional licensed marital and family therapists (PLMFT)

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

PARTICIPANT 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; and
- The behavioral health provider must have medical records documenting the specific physical health condition diagnosed by a physician, nurse practitioner, physician assistant, or assistant physician. This requirement may be met through an integrated health record or through records or correspondence containing a diagnosis received from the medical provider.

APPLICABILITY

Managed Care enrolled providers should contact the member's MO HealthNet Managed Care Plan for questions regarding HBAI billing and reimbursement.

HBAI CROSSWALK

The table below provides the 2019 and 2020 procedure codes, limits, and maximum allowable rates. Precertification is not required for HBAI services. HBAI services are covered for both children and adults. The MO HealthNet Division will reimburse the lower of the provider's billed charge or the maximum allowable amount for the units billed. HBAI services must be billed with the correct modifier according to the practitioner performing the service:

- AH – psychologist, PLP
- HL AH – psychology intern
- AJ – LCSW, LMSW
- UD – LPC, PLPC
- HE – LMFT, PLMFT

HEALTH & BEHAVIOR INITIAL ASSESSMENT AND RE-ASSESSMENT					HEALTH BEHAVIOR ASSESSMENT OR RE-ASSESSMENT				
2019 CPT® Code	2019 CPT® Descriptor	Limitations	Modifier	Rate	2020 CPT® Code	2020 CPT® Descriptor	Limitations	Modifier	Rate
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	3 per rolling year	AH	\$21.40	96156	Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)	1 per day, 2 per rolling year	AH	\$64.20
			HL AH	\$16.88				HL AH	\$50.64
			AJ UD HE	\$12.84 NA NA				AJ UD HE	\$38.52
96151	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	3 per rolling year	AH	\$21.40					
			HL AH	\$16.88					
			AJ UD HE	\$12.84 NA NA					

HEALTH & BEHAVIOR INITIAL ASSESSMENT AND RE-ASSESSMENT					HEALTH BEHAVIOR ASSESSMENT OR RE-ASSESSMENT					
2019 CPT® Code	2019 CPT® Descriptor	Limitations	Modifier	Rate	2020 CPT® Code	2020 CPT® Descriptor	Limitations	Modifier	Rate	
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	2 per day, 4 per month, 24 per rolling year	AH	\$21.09	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	1 per day, 8 per rolling year	AH	\$42.18	
			HL AH	\$16.88				HL AH	\$33.76	
			AJ UD HE	\$12.84 NA NA				AJ UD HE	\$25.68	
			96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)				2 per day, 8 per rolling year	AH	\$21.09
									HL AH	\$16.88
									AJ UD HE	\$12.84

HEALTH & BEHAVIOR INITIAL ASSESSMENT AND RE-ASSESSMENT					HEALTH BEHAVIOR ASSESSMENT OR RE-ASSESSMENT							
2019 CPT® Code	2019 CPT® Descriptor	Limitations	Modifier	Rate	2020 CPT® Code	2020 CPT® Descriptor	Limitations	Modifier	Rate			
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	4 per day, 48 per rolling year	AH	\$8.31	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	1 per day, 12 per rolling year	AH	\$9.98			
			HL AH	\$7.79				HL AH	\$8.48			
			AJ UD HE	\$7.27 NA NA				AJ UD HE	\$7.49			
			AH	\$4.64				96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	2 per day, 24 per rolling year	AH	\$4.64
			HL AH	\$3.94							HL AH	\$3.94
			AJ UD HE	\$3.48							AJ UD HE	\$3.48

HEALTH & BEHAVIOR INITIAL ASSESSMENT AND RE-ASSESSMENT					HEALTH BEHAVIOR ASSESSMENT OR RE-ASSESSMENT						
2019 CPT® Code	2019 CPT® Descriptor	Limitations	Modifier	Rate	2020 CPT® Code	2020 CPT® Descriptor	Limitations	Modifier	Rate		
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	3 per day, 36 units per rolling year	AH	\$20.78	96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	1 per day, 9 per rolling year	AH	\$41.56		
			HL AH	\$16.88				HL AH	\$33.76		
			AJ UD HE	\$12.84 NA NA	96168			Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	1 per day, 18 per rolling year	AJ UD HE	\$25.68
			AJ UD HE	\$12.84 NA NA	AH					\$20.78	
			AJ UD HE	\$12.84 NA NA	HL AH					\$16.88	
			AJ UD HE	\$12.84 NA NA	AJ UD HE			\$12.84			

Provider Bulletins are available on the MO HealthNet Division (MHD) website 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 website 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
- MO HealthNet Managed Care

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 MO HealthNet ID card.

**Provider Communications Hotline
573-751-2896**