

**Health and Behavior Assessment/Intervention
Medicare Local Coverage Determination -L33834 Checklist**

Patient Name:

MR:

Health and Behavior services are used to identify and modify the psychological, behavioral, emotional, cognitive, and social factors important to or affecting the patient's treatment, or management of physical health problems. The focus is NOT on mental health.

GENERAL REQUIREMENTS

Coordination of Care	<input type="checkbox"/>	Coordination of care with patient's referring provider responsible for medical management of the physical illness addressed in Health and Behavior services
Limitations	<input type="checkbox"/>	1. Clinical Psychologist provides Health and Behavior services
	<input type="checkbox"/>	2. <u>Health and Behavior services exclude the below activities as they are NOT medically reasonable and necessary:</u> a. Update/education of the family about the patient's condition b. Education of non-immediate family members, non-primary care-givers, non-guardians, the non-health care proxy, and other members of the treatment team, e.g., health aides, nurses, physical or occupational therapists, home health aides, personal care attendants and co-workers about the patient's care plan c. Treatment-planning with staff d. Mediation between family members or family psychotherapy e. Education of diabetic patients and family members f. Medical Nutrition Therapy g. Maintenance the patient's or family's existing health and overall well-being h. Support services not requiring the skills of a Clinical Psychologist i. Personal, social, recreational, and general support services as they are not psychological interventions
Visit Duration	<input type="checkbox"/>	Documentation of visit duration in minutes
Coding	<input type="checkbox"/>	1. CPT codes 96150-96155 are not reported in addition to codes for psychiatry services on the same date <i>Note: When both health and behavior and psychiatry services are provided during the same visit, only the predominant service performed is reported/coded, per documentation.</i>
	<input type="checkbox"/>	2. The number of 96150-96155 CPT code units to bill is based on duration of service provided and determined as follows: 8 -22 mins. - 1 CPT unit; 23 -37 mins. - 2 CPT units; 38-52 mins. - 3 CPT units; ≥ 53 mins. - 4 CPT units <i>Note: See below code sections for limits on number of units that can be billed.</i>
	<input type="checkbox"/>	3. ICD-10 diagnosis code(s) reflecting physical conditions being treated are documented

ASSESSMENTS

Coverage Indications

The Health and Behavior Assessment/Reassessment procedures ARE considered medically reasonable and necessary for the patient:

- Who has an underlying physical illness or injury, and
- For whom the purpose of the assessment/reassessment is not for the diagnosis or treatment of mental illness, and
- For whom there is reason to believe that a biopsychosocial factor may be significantly affecting the treatment, or medical management of an illness or an injury, and
- Who is expected to have the capacity to understand or respond meaningfully to the psychological intervention, and
- For whom there is a documented need for psychological support in order to successfully manage his/her physical illness and activities of daily living, and
- For whom the assessment/reassessment is not duplicative of other provider assessments

In addition for re-assessment,

- For whom there is a question of a sufficient change in psychological or medical status warranting reevaluation of his or her capacity to understand or to respond meaningfully to the psychological intervention.

Medical Record Requirements

CPT 96150 Initial H/B Assessment	<input type="checkbox"/>	Referral or verification of recommendation from a medical provider responsible for management of patient's physical illness
	<input type="checkbox"/>	Onset and history of initial diagnosis of physical illness or injury
	<input type="checkbox"/>	Clear rationale for why assessment is required
	<input type="checkbox"/>	Assessment outcome including mental status and ability to understand or respond meaningfully
	<input type="checkbox"/>	Goals and expected duration of specific psychological intervention(s), if recommended
	<input type="checkbox"/>	Billing limitation: maximum number of 4 code units per episode of care
CPT 96151 H/B Re- assessment	<input type="checkbox"/>	Referral or verification of recommendation from a medical provider responsible for management of patient's physical illness
	<input type="checkbox"/>	Date of change in mental or physical status
	<input type="checkbox"/>	Clear rationale for why re-assessment is required (sufficient change in psychological or medical status)
	<input type="checkbox"/>	Clear indication of the precipitating event that necessitates re-assessment
	<input type="checkbox"/>	Changes in goals, duration and/or frequency and duration of services
	<input type="checkbox"/>	Billing limitation: maximum of 1 code unit per day

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INTERVENTIONS

Services with Patient - Coverage Indications

Health and Behavior Intervention **IS** considered medically reasonable and necessary for the patient:

- Who has an underlying physical illness or injury, and
- For whom the purpose of the intervention is not the treatment of mental illness, and
- Who are expected to have the capacity to understand or respond meaningfully to the psychological intervention, and
- Who require psychological intervention to address:
 - Non-compliance with the medical treatment plan, or
 - The biopsychosocial factors associated with a newly diagnosed physical illness, or an exacerbation of an established physical illness, when such factors affect symptom management and expression, health promoting behaviors, behaviors which place the patient or others at risk for safety, health-related risk-taking behaviors, and overall adjustment to medical illness, and
 - For whom the specific psychological intervention (s) and patient outcome goal (s) have been clearly identified

Medical Record Requirements

CPT 96152 H/B Intervention; patient only OR CPT 96153 H/B Intervention; ≥ 2 patients	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Patient has the capacity to understand and to respond meaningfully Clearly defined psychological intervention planned The goals of the psychological intervention stated clearly Psychological intervention is expected to improve compliance with the medical treatment plan Rationale for frequency and duration of services Billing limitation: maximum of 2 code units per day
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Services with Family - Coverage Indications

Family Representative: Immediate family members (husband, wife, domestic partner, siblings, children, grandchildren, grandparents, mother, father), or primary caregiver who provides uncompensated, regular care, or guardian or health proxy.

Health and Behavior Intervention (with the family and patient present) **IS** considered medically reasonable and necessary for patient and family representative:

- When the family representative* directly participates in the care of the patient, and
- The psychological intervention with the patient and family is necessary to address biopsychosocial factors that affect compliance with the plan of care, symptom management, health-promoting behaviors, behaviors which place the patient or others at risk for safety, health-related risk-taking behaviors, and overall adjustment to medical illness.

Medical Record Requirements

CPT 96154 H/B Intervention with family; patient present	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Family representative directly participates in the care of the patient The psychological intervention with the patient and family is necessary to address biopsychosocial factors that affect compliance with the plan of care, symptom management, health-promoting behaviors, behaviors which place the patient or others at risk for safety, health-related risk-taking behaviors, and overall adjustment to medical illness Billing limitation: maximum of 2 code units per day
CPT 96155 H/B Intervention with family only	N/A	No requirements since this code is not payable by Medicare

Checklist completed by :

Date:

[LCD 33834](#)