

## Health and Behavior Assessment / Intervention (HBAI) INFORMATION RESOURCE

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## Purpose

Health and Behavior Assessment / Intervention (HBAI) is a clinical service, led by a clinical psychologist, that is covered under the Medicare Part B program, some Medicaid plans, and most commercial insurers. HBAI performed by a physician, nurse practitioner, or physician assistant is billed using the appropriate evaluation and management Common Procedural Terminology (CPT) codes.

HBAI services are rendered to a beneficiary as an individual or group intervention – using a structured group intervention – under the direct supervision of a licensed clinical psychologist. This resource was developed to increase awareness of the potential role of chronic disease self-management education (CDSME) group classes to serve as a **component** of a clinically-led HBAI group service.

## Intended Audience

This information resource is targeted toward the vast network of aging and disability-related community-based organizations across the U.S., including area agencies on aging, other aging services providers, public health departments, and tribal health organizations, that are implementing evidence-based health behavior change interventions directly supervised by a licensed clinical psychologist, physician, or non-physician provider (i.e., nurse practitioner or physician assistant). HBAI performed by a physician, nurse practitioner, or physician assistant are billed using the appropriate evaluation and management CPT codes.

Organizations, with the appropriate licensed clinical and auxiliary staff, who can commit the necessary time, effort, and resources to accomplish a series of complex tasks associated with implementing services that are reimbursable by the Medicare program, will gain the most benefit from this resource. To make practical use of this information, organizations must either currently be a Medicare provider, intend to become a Medicare provider, or develop a contractual agreement with an organization that will serve as a Medicare provider for the delivery of HBAI services. A Medicare provider has an active Provider Transaction Access Number (PTAN) and requisite National Provider Identification (NPI) number.

## What Is HBAI?

HBAI is a Medicare Part B benefit established to address the behavioral, cognitive, emotional, or psychosocial factors that affect the treatment or management of one or more physical health conditions. HBAI services can be offered to address a variety of issues that affect an individual's physical health status, such as barriers to adherence to the clinical treatment regimen, symptom management, risk-taking behaviors, cultural factors, lifestyle behaviors, limitations in implementing health-management related problem-solving techniques, or

coping with a chronic illness. HBAI is not a benefit that is established to treat or manage a mental illness that impairs a beneficiary's ability to manage their chronic disease. Treatment and management of mental health conditions must be performed using the appropriate behavioral health treatment codes.

## **HBAI Group Intervention**

HBAI is an intervention that can be provided on an individual basis and/or as a group service. The HBAI intervention generally begins with an individualized assessment conducted by a licensed clinical psychologist. This should include an assessment of real or perceived barriers to chronic disease self-management. The licensed clinical psychologist should determine if a mental illness is the barrier to disease self-management and refer to a mental health treatment program if indicated.

Based on the initial assessment findings, the clinical psychologist should establish the HBAI person-centered intervention plan to address real or perceived barriers to disease self-management. The HBAI intervention plan should include support to address behavioral, cognitive, emotional, or psychosocial factors that affect the treatment or management of one or more physical health conditions. Based on the professional judgment of the clinical psychologist, the beneficiary may be recommended to enroll in a group intervention. Some beneficiaries may benefit from participation in a group intervention that provides training and assistance in developing appropriate goal setting and disease self-management skills required to properly manage their chronic disease(s).

**CDSME as a HBAI Group Intervention:** Some of the most researched evidence-based self-management interventions are the suite of CDSME programs, originally developed at Stanford University. The hallmark of the CDSME programs is providing support and assistance to participants to learn appropriate goal setting and disease self-monitoring techniques in a group setting.

When it is determined that an individual can benefit from obtaining support with developing necessary skills to self-manage one or more health conditions, a CDSME class that is directly supervised by a licensed clinical psychologist, may be appropriate. If the licensed clinical psychologist deems it medically indicated, the CDSME class may serve as the appropriate HBAI group intervention to support the beneficiary in learning skills related to appropriate goal setting, disease monitoring and management, and communication with their health care provider. The goals of participation in the clinically-led group intervention are essential to the HBAI management plan.

The role of the clinical psychologist is to provide direct supervision of the group intervention and to monitor each participant's progress toward attaining the mutually agreed upon goals that were established in the person-centered intervention plan. The clinical psychologist

should be on-site for each beneficiary group encounter, directly supervising each of the group sessions and documenting each participant's progression in learning appropriate goal setting and disease self-management skills.

If all Medicare requirements are met and the licensed clinical psychologist determines that CDSME is an appropriate intervention, the following programs could be offered as part of the HBAI group service:

- Chronic Disease Self-Management Program (CDSMP)
- Chronic Pain Self-Management Program (CPSMP)
- Cancer: Thriving and Surviving Program (CTSP)
- Positive Self-Management Program (PSMP)

**Note** - The Diabetes Self-Management Program (DSMP), originally developed at Stanford University, should NOT be provided as a Medicare HBAI benefit. However, when the appropriate wrap-around structure (including clinical supervision requirements and national accreditation) is applied, DSMP could serve as the curriculum for diabetes self-management education and support services (DSMES) and potentially be billed under the Medicare Diabetes Self-Management Training (DSMT) benefit.

## Eligibility Requirements

- To receive the Medicare HBAI benefit, an individual must have an underlying physical illness or injury.
- Because HBAI is a Medicare Part B benefit, the person receiving the service must have Part B coverage.
- There must be a behavioral, cognitive, emotional, or psychosocial barrier that is interfering with the treatment or management of the physical health condition(s).
- The person receiving HBAI services must be alert, oriented, and have the capacity to understand and respond to the interventions that are provided.
- There must be a signed referral (the signature may be electronic) from a physician or non-physician provider (i.e., nurse practitioner or physician assistant) which includes the date of the referral, the physical diagnosis, and the rationale for providing the HBAI assessment. The referral should be filed in the clinical record.

## CPT Codes and Billing Requirements

The Common Procedural Terminology (CPT) codes are a set of medical billing codes developed and owned by the American medical Association. CPT® is a registered trademark of the American Medical Association. All rights are reserved.

**Background:** The HBAI codes were published in the Federal Register in 2001 and included in the Medicare Fee Schedule and the Current Procedural Terminology (CPT) Manual in 2002. Six CPT codes were added to the CPT coding system for HBAI services. HBAI is NOT a psychiatric benefit, and the codes are not to be used for the treatment of a psychiatric condition or mental illness. In January 2010, the list of Medicare telehealth services was expanded to include HBAI.

**HBAI Codes:** The HBAI CPT codes describe both individual and group services. It is the responsibility of the licensed clinical psychologist overseeing the intervention to define the appropriate codes, describing the services rendered during both individual and group services. The table below outlines the CPT codes, code description, and the national Medicare reimbursement rate, per code. Health and Behavior Assessment / Intervention performed by a physician, nurse practitioner, or physician assistant are billed using the appropriate [evaluation and management \(E&M\) CPT codes](#).

**Table 1: List of HBAI Codes, Definition, Description, and Rates Per Unit (2018 National Payment Amount)**

CPT ® Code	Definition	Description	Rate Per Unit*, **, ***
96150	Initial Health and Behavior Assessment	Conducted to assess behavioral, cognitive, emotional, or psychosocial factors that may affect the individual’s treatment, recovery, or management of the physical health condition. Includes an individualized person-centered intervention plan, based on the assessment findings.	\$22.68
96152	Individual Intervention	One-on-one time spent with an individual after the initial assessment. May be provided during the course of the CDSME workshop and once the workshop ends to assess progress, reinforce goals, and provide recommendations for follow-up care.	\$20.88
96153	Group Intervention	Participation in group sessions.****	\$4.68

\*Rates shown here reflect the National Payment Amount. Rates vary based on the Metropolitan Statistical Area (MSA). Specific rates can be found by referencing the requisite Medicare Administrative Contractor (MAC).

\*\*Medicare payment rates generally change annually, and sometimes more frequently than annually. Therefore, the rates listed are current at the time of release of this document. You should contact your Medicare Administrative Contractor to determine the current rates.

\*\*\*Rates vary based on the location that services are rendered. The rates listed in the table reference the non-facility rate. When HBAI services are provided in alternate settings, the reimbursement rate may change.

\*\*\*\*Used for billing the CDSME workshop sessions.

### **Billing Requirements for HBAI Codes:**

- Only face-to-face time is billable.
- Each of the HBAI codes is billed in 15-minute increments.
- The Initial Health and Behavior Assessment (code 96150) should not exceed one hour (four units of 15 minutes each).
- HBAI services must be provided based on medical necessity. Despite documented medical necessity, a Medicare Administrative Contractor (MAC) may impose an annual limit on the number of HBAI services that a beneficiary may receive. Currently, there is not national Medicare policy that exerts an annual HBAI service limit per beneficiary. Therefore, you should check with your MAC to determine if they impose an annual limit on the number of HBAI services that a beneficiary can receive.
- HBAI services performed by a physician, nurse practitioner, or physician assistant are billed using the appropriate [evaluation and management \(E&M\) CPT codes](#).

### **Clinical Supervision Requirements**

**Qualified Clinicians:** Medicare requires all HBAI services to be provided under the supervision one of the following licensed clinicians:

- Clinical psychologist
- Physician or non-physician provider - HBAI services performed by a physician, nurse practitioner, or physician assistant are billed using the appropriate [evaluation and management \(E&M\) codes](#). The qualified provider must conduct an initial individualized assessment and provide direct supervision of all subsequent individual and group encounters. The HBAI CPT codes are designated only for a licensed clinical psychologist.

**Direct Supervision:** All HBAI services are rendered by a licensed clinical psychologist. The licensed clinical psychologist is responsible for completing the initial assessment, developing the person-centered intervention plan, and monitoring the progress toward attainment of treatment goals. The licensed clinical psychologist may use auxiliary staff to help deliver the group intervention. When auxiliary staff are used to assist the psychologist in delivering HBAI, the clinical psychologist must provide direct supervision of all beneficiary encounters and group sessions. Direct supervision means that the clinician must be present and readily available to furnish assistance while the intervention is provided.

**Lay Leaders:** The licensed clinical psychologist may use auxiliary staff with the appropriate training and qualifications to assist in the delivery of the HBAI intervention. The auxiliary staff must operate under the direct supervision of a licensed clinical psychologist and have the appropriate training and necessary qualifications to assist with delivering the group intervention.

If trained lay leaders are used to help implement HBAI services, it is the responsibility of the clinician to do ALL of the following:

- Assess the lay leaders to ensure that they have the ability to deliver the education as defined in the materials;
- Provide direct supervision of all beneficiary encounters, including each group session encounter;
- Be available to intervene if necessary when lay leaders deliver HBAI services, i.e., during each class session; and
- Perform a clinical review of all interventions that are provided via the HBAI benefit.

## Documentation Requirements

All clinical services provided should be documented in a manner that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). There must be appropriate documentation in the clinical record to support claims that are submitted for HBAI services, including a referral from the physician or non-physician provider. The referral must include the physical diagnosis and the rationale for the beneficiary's need to receive HBAI services (i.e., how psychosocial factors are negatively affecting the individual's ability to manage his/her physical health condition). We have provided a listing of a sample of elements that could be included in the clinical documentation of HBAI services below:

### Initial Assessment and Person-Centered Intervention Plan: (HBAI Code 96150)

- Diagnosis and initial date of the diagnosis (physical condition or injury) for which HBAI services are indicated (the date of referral must precede the date services start)
- Clear rationale for why the initial assessment was provided
- Assessment outcome and ability of the consumer to understand and respond in a meaningful way to the interventions that will be provided
- Goals and time frame to achieve the goals (by what date or how many weeks)
- Beneficiary's agreement with the goals and plan
- Planned frequency and duration, i.e., the frequency of individual and group sessions and the duration of each session

### Interventions, Group Progress Notes and Individual Progress Notes: (HBAI codes 96152 or 96153)

- For group services, the evidence-based disease self-management education program content, the beneficiary's ability to establish realistic goals, the person-centered action plan goals that are established each week, and the outcome of attaining those goals (this provides insight into the efficacy of the intervention to assist the beneficiary in learning how to establish realistic health maintenance goals and track his/her ability to accomplish stated goals.)
- For individual services, the specific counseling or instruction that is provided to reinforce the person-centered goals
- The consumer's response each time the intervention is offered and progress toward the person-centered goal(s) that have been established
- Any change in the frequency or duration of services

**Follow-Up Plan:** (HBAI code 96152) Upon completion of the services, the licensed clinical psychologist is expected to conduct an individual reassessment to determine if the intervention met the established goals. In addition, the licensed clinical psychologist may use this time to establish a follow-up plan. It is recommended that the licensed clinical psychologist prepare a summary to submit to the referring physician/provider. The following elements may be included:

- Summary of the services that were provided
- Reassessment of how the individual is self-managing as a result of the CDSME intervention, including outcomes, i.e., what progress was made and whether or not or to what extent the behavior change goal(s) were met
- Follow-up plan that describes how the disease self-management skills that the beneficiary learned will be maintained and how the disease will be managed after the conclusion of the CDSME intervention, which may include recommendations and/or referrals for follow-up care and ongoing self-management support

## Coinsurance

Medicare Part B services require a co-insurance payment of 20% of the coverage limit. The beneficiary is responsible for the coinsurance payment amount. Consumers are educated about the Medicare Part B coinsurance requirement when they sign up to participate in Original Medicare.

**Medigap Policies:** Medigap policies, which are sold by private insurance companies, pay some of the health care costs not covered by [Original Medicare](#), e.g., copayments, coinsurance, and deductibles. Consumers are educated about their right to select a Medigap policy, and many elect to purchase one. For Part B services, such as HBAI, Original Medicare pays 80% of the fee schedule rate, and the coinsurance (20%) is the responsibility of the beneficiary.

Providers are expected to collect the coinsurance either from the beneficiary or by billing the consumer's Medigap policy. If a Medicare beneficiary has a Medigap policy, the provider should collect the necessary Medicare coverage information and applicable Medigap policy information prior to delivering services. Applicable co-insurance coverage can be billed to the Medigap policy once the service requirements have been met as a Part B benefit of Original Medicare.

**Dual Eligibles:** Depending on the State requirements, some low-income Medicare beneficiaries may be eligible for Medicaid. Medicaid is a means-tested health coverage program administered by the participating state Medicaid agency and jointly funded by the Centers for Medicare & Medicaid Services. A Medicare beneficiary that meets the means test requirement for Medicaid and is enrolled in a Medicaid program is commonly referred to as a "dual eligible beneficiary." For dual eligible beneficiaries, Medicaid is the Medigap policy. Therefore, dual eligible beneficiaries have full coverage. Medicare covers the primary 80%, and Medicaid is mandated to cover the remaining Part B coinsurance—20% of the coverage.

If a dual eligible beneficiary is enrolled in a Medicaid managed care program or long-term services and supports managed care program, then the coinsurance coverage may be the

responsibility of the applicable Medicaid managed care organization (MCO), depending on the requirements administered by the state Medicaid agency.

Dual eligible beneficiaries often have complex medical conditions and are likely to encounter a number of barriers that affect the treatment and management of their health. Therefore, they may be candidates for HBAI services.

## Coverage of HBAI Services by Other Health Plans

In addition to Original Medicare, a number of other commercial health insurance plans also cover HBAI services. Prior to offering HBAI services to a commercial health insurance plan's members, it is important to notify the plan of the intention to provide HBAI services, register as a provider, and inquire about whether there are prior-authorization requirements. Generally, rates for HBAI services covered by commercial insurance carriers can be negotiated with each plan.

**Medicare Advantage:** All Medicare Advantage plans cover all Part A and Part B services. Since HBAI is a current Part B benefit, all Medicare Advantage plans have HBAI as a covered benefit for their enrolled members. Any Medicare beneficiary or Medicare Advantage beneficiary that meets the medical necessity requirements for HBAI is eligible to receive the HBAI services as a covered benefit.

Generally, commercial insurance plans offer HBAI services as a covered benefit through their provider network. If a network provider has the infrastructure to deliver HBAI services, a special contract is not required to provide HBAI services for members enrolled in a Medicare Advantage health plan. However, some Medicare Advantage plans require prior authorization for the services to be offered.

**Medicaid:** State Medicaid agencies and Medicaid managed care organizations (MCOs) have the option of providing HBAI as part of an enhanced benefit package. Community-based organizations should check with their state Medicaid division to determine if HBAI is a covered Medicaid benefit.

**Commercial Insurance Plans:** A number of commercial insurance plans that are not part of the Medicare Advantage program also cover HBAI services. If your organization wants to provide HBAI services to commercial insurance beneficiaries, it is important to check with each plan about their requirements.

## Implementing HBAI Services

**Determining Readiness:** Once a community-based organization has decided to implement HBAI services, it is important to determine the level of readiness to offer the services. NCOA has developed a [Readiness Review](#) tool to help organizations determine to what extent they are ready to move through a series of tasks associated with implementing and obtaining

reimbursement for HBAI services. The tool can be used for planning purposes. Key tasks to implement HBAI services are listed below and further delineated in the Readiness Review tool.

### **Key Tasks to Successfully Implement HBAI Services:**

- The organization is established as a Medicare Part B provider with a current Provider Transaction Access Number (PTAN) and requisite National Provider Identifier (NPI) or has a contractual agreement with a Medicare Part B provider entity to deliver HBAI services.
- The Medicare provider has the capacity to bill and collect for Medicare Part B services.
- A qualified clinician who is (or is eligible to become) an approved Medicare Part B provider has been identified and agrees to provide supervision for HBAI services. The clinician must have an NPI linked to the specific Medicare provider for HBAI services to be billable.
- There is a process for documenting, storing, and securing clinical information in compliance with Medicare requirements and HIPAA standards.
- A program coordinator has been identified to oversee the provision of HBAI services.
- The program has calculated the costs associated with offering HBAI services, and a [break-even analysis](#) has been conducted.

**Referral Partners:** In addition to the key tasks listed above, organizations should focus on developing referral partners to grow HBAI services. Building solid, reliable referral relationships to create a volume of HBAI services for breaking even will support long-term sustainability of the CDSME program.

**Billing Considerations:** The first decision point is to determine whether your organization will be the Medicare Part B provider or will contract with another organization to serve as the provider. To participate in Medicare, a provider needs a PTAN and an NPI which are issued through the Medicare enrollment process. The NPI is a unique identifier that is submitted on all claims.

Other billing considerations:

- Be sure that the clinician's NPI is linked to the Medicare provider.
- Establish the billing process for the service—who will do what.
- Ensure that the clinician is thoroughly versed on the HBAI services requirements and understands the appropriate documentation that is necessary to support the billing.
- Establish coordination and communication between the clinician and the lay leaders and between the clinician and the billing office.
- Use a Superbill (electronic or paper) for the clinician to list charges for the day (the amount of time spent providing the service and the appropriate billing code). The Superbill is signed by clinician and then submitted to the billing office.

## **Sample Process Flow for Delivering HBAI Services when CDSME Is the Selected Group Intervention**

Note - If supervision is performed by a physician, nurse practitioner, or physician assistant, please refer to the HBAI [Evaluation and Management \(E&M\) Codes](#).

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