

Health and Behavior Assessment/Intervention

▶ Health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. The focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments. ◀

▶ Health and behavior intervention procedures are used to modify the psychological, behavioral, emotional, cognitive, and social factors identified as important to or directly affecting the patient's physiological functioning, disease status, health, and well-being. The focus of the intervention is to improve the patient's health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems. ◀

▶ Codes 96150-96155 describe services associated with an acute or chronic illness (not meeting criteria for psychiatric diagnosis), prevention of a physical illness or disability, and maintenance of health, not meeting criteria for a psychiatric diagnosis, or representing a preventive medicine service. ◀

▶ For patients that require psychiatric services (90801-90899) as well as health and behavior assessment/intervention (96150-96155), report the predominant service performed. Do not report codes 96150-96155 in addition to codes 90801-90899 on the same date. ◀

Evaluation and Management services codes should not be reported on the same day.

- 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
- 96151 re-assessment
- 96152 Health and behavior intervention, each 15 minutes, face-to-face; individual
- 96153 group (2 or more patients)
- 96154 family (with the patient present)
- 96155 family (without the patient present)

▶ (For health and behavior assessment and/or intervention performed by a physician, see **Evaluation and Management** or **Preventive Medicine** services codes) ◀

Comment:

A new subsection, notes and six new codes have been added to CPT for health and behavior assessment services. These services are offered to patients who present with established illnesses or symptoms, who are not diagnosed with mental illness, and may benefit from evaluations that focus on the biopsychosocial factors related to the patient's physical health status, such as patient adherence to medical treatment, symptom management and expression, health-promoting behaviors, health-related risk-taking behaviors, and overall adjustment to medical illness.

Performance of a health and behavior assessment may include a health-focused clinical interview, behavioral observations, psychophysiological monitoring, use of health-oriented questionnaires, and include assessment data interpretation. Elements of a health and behavior intervention may include cognitive, behavioral, social, and psychophysiological procedures that are designed to improve the patient's health, ameliorate specific disease-related problems, and improve overall well-being.

Previously, no codes were available to describe these services. The counseling and/or risk factor intervention codes 99401-99429 were not appropriate since they are intended for patients without symptoms or established illnesses. Conversely, the health and behavior assessment/intervention codes are to be reported for patients with established illness or symptoms (e.g., cancer patients).

The psychiatry codes refer to psychotherapy, psychological testing and psychiatric evaluation, and all require a mental health diagnosis. In most cases, difficulties associated with an acute or chronic illness, prevention of a physical illness or disability, and maintenance of health do not meet criteria for a psychiatric diagnosis. Use of the new codes eliminates inappropriate labeling of the patient as having a mental health disorder when the problem is actually a physical illness.

The new codes may be reported by (but are not limited to) pediatricians, family physicians, internists, psychiatrists, psychologists, advanced practice nurses, clinical social workers and other healthcare professionals within their scope of practice who have specialty or subspecialty training in health and behavior assessment/intervention procedures.

The focus of these services is not on mental health but on the biopsychosocial factors affecting physical health problems and treatments.

Examples:

Clinical Example (96150)

A 5-year-old boy undergoing treatment for acute lymphoblastic leukemia is referred for assessment of pain, severe behavioral distress and combativeness associated with repeated lumbar punctures and intrathecal chemotherapy administration. Previously unsuccessful approaches have included pharmacologic treatment of anxiety (Ativan), conscious sedation using Versed and finally, chlorohydrate, which only exacerbate child's distress as a result of partial sedation. General anesthesia was ruled out because the child's asthma increased anesthesia respiratory risk to unacceptable levels.

Description of Procedure (96150)

The patient was assessed using standardized questionnaires (e.g., the Information-Seeking Scale, Pediatric Pain Questionnaire, Coping Strategies Inventory) which, in view of the child's age, were administered in a structured format. The medical staff and child's parent's were also interviewed. On the day of a scheduled medical procedure, the child completed a self-report distress questionnaire. Behavioral observations were also made during the procedure using the CAMPIS-R, a structured observation scale that quantifies child, and medical staff behavior.

An assessment of patient's condition was performed through the administration of various health and behavior assessment instruments.

Clinical Example (96151)

A 35-year-old female, diagnosed with chronic asthma, hypertension and panic attacks originally seen 10 months ago for assessment and follow-up treatment. Original assessment included extensive interview regarding patient's emotional, social and medical history, including her ability to manage problems related to the chronic asthma, hospitalizations, and treatments. Test results from original assessment provided information for treatment planning which included health and behavior interventions involving a combination of behavioral cognitive therapy, relaxation response training and visualization. After four months of treatment interventions, the patient's hypertension and anxiety were significantly reduced, and the patient was discharged. Now six

months following discharge, the patient has injured her knee and has undergone arthroscopic surgery with follow-up physical therapy.

Description of Procedure (96151)

Patient was seen to reassess and evaluate psychophysiological responses to these new health stressors. A review of the records from the initial assessment, testing and treatment intervention, as well as current medical records was made. Patient's affective and physiological status, compliance disposition, and perceptions of efficacy of relaxation and visualization practices utilized during previous treatment intervention are examined. Administration of anxiety inventory/questionnaire (e.g., Burns Anxiety Inventory) is used to quantify patient's current level of response to present health stressors and compared to original assessment levels. The need for further treatment is evaluated. A reassessment of patient's condition was performed through the use of interview and behavioral health instruments.

Clinical Example (96152)

A 55-year-old executive has a history of cardiac arrest, high blood pressure and cholesterol, and a family history of cardiac problems. He is 30 lbs overweight, travels extensively for work, and reports to be a moderate social drinker. He currently smokes approximately one-half pack of cigarettes a day, although he has periodically attempted to quit smoking for up to 5 weeks at a time. The patient is considered by his physician to be a "Type A" personality and at high risk for cardiac complications. He experiences angina pains one or two times per month. The patient is seen by a behavioral medicine specialist. Results from the health and behavior assessment are used to develop a treatment plan, taking into account the patient's coping skills and lifestyle.

Description of Procedure (96152)

Weekly intervention sessions focus on psychoeducational factors impacting his awareness and knowledge about his disease process, and the use of relaxation and guided imagery techniques that directly impact his blood pressure and heart rate. Cognitive and behavioral approaches for cessation of smoking and initiation of an appropriate physician-prescribed diet and exercise regimen are also employed.

Clinical Example (96153)

A 45-year-old female is referred for smoking cessation secondary to chronic bronchitis, with a strong family history of emphysema. She smokes two packs per day. The health and behavior assessment reveals that the patient uses smoking as a primary way of coping with stress. Social influences contributing to her continued smoking include several friends and family members who also smoke. The patient has made multiple previous attempts to quit "on her own." When treatment options are reviewed, she is receptive to the recommendation of an eight-session group cessation program.

Description of Procedure (96153)

The program components include educational information (e.g., health risks, nicotine addiction), cognitive-behavioral treatment (e.g., self-monitoring, relaxation training, and behavioral substitution), and social support (e.g., group discussion, social skills training). Participants taper intake over four weeks to a quit date and then attend three more sessions for relapse prevention. Each group session lasts 1.5 hours.

Clinical Example (96154)

The patient is a 9-year-old girl, diagnosed with insulin-dependent diabetes two years ago. Her mother reports great difficulty with morning and evening insulin injections and blood glucose testing. The patient whines and cries, delaying the procedures for 30 minutes or more. She refuses to give her own injections or conduct her own blood glucose tests, claiming they "hurt." Her mother spends many minutes pleading for her cooperation. The patient's father refuses to participate, saying he is "afraid" of needles. Both parents have not been able to go to a movie or dinner alone, because they do not know of no one who can care for the child. The patient's 10-year-old sister claims she never has any time with her mother, since her mother is always occupied with her sister's illness. The patient and her sister have a very poor relationship and are always quarreling. The patient's parents frequently argue; her mother complains that she gets no help from her husband, and the father complains that his wife has no time for anyone else.

Description of Procedure (96154)

A family-based approach is used to address the multiple components of the patient's behavior problems. Relaxation and exposure techniques are used to address the father of injections, which he has been inadvertently modeling for his daughter. The patient is taught relaxation and distraction techniques to reduce the tension she experiences with finger sticks and injections. Both parents are taught to shape the child's behavior, praise and rewarding successful diabetes management behaviors, and ignoring delay tactics. Her parents are also taught judicious use of time-out and response cost procedures. Family roles and responsibilities are clarified. Clear communication, conflict-resolution, and problem-solving skills are taught. Family members practice applying these skills to a variety of problems so that they will know how to successfully address new problems that may arise in the future.

Clinical Example (96155)

The patient is a 42-year-old male diagnosed with cancer of the pancreas. He is currently undergoing both aggressive chemotherapy and radiation treatments. However, his prognosis is guarded. At present, he is not in the endstage disease process and therefore does not qualify for hospice care. The patient is seen initially to address issues of pain management via imagery, breathing exercises, and other therapeutic interventions to address quality of life issues, treatment options, and death and dying issues.

Description of Procedure (96155)

Due to the medical protocol and the patient's inability to travel to additional sessions between hospitalizations, a plan is developed for extending treatment at home via the patient's wife, who is his primary home caregiver. The patient's wife is seen by the healthcare provider to train the wife in how to assist the patient in objectively monitoring his pain and in applying exercises learned via his treatment sessions to manage pain. Issues of the patient's quality of life, as well as death and dying concerns, are also addressed with assistance given to the wife as to how to make appropriate home interventions between sessions. Effective communication techniques with her husband's physician and other members of his treatment team regarding his treatment protocols are facilitated.

Excerpt Source: CPT Changes 2002: an Insider's View