AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES, INC.

Health Behavior Assessment and Intervention CPT Codes for Psychologists

APA Services, Inc. initially began developing health behavior services in 1998 to satisfy the need for psychological assessment and intervention services for patients who presented with a known or established medical illness. As a result, CPT® codes 96150–96155 were implemented in 2002 and health behavior services began to be more widely provided. At that time, the American Medical Association (AMA) provided guidance for proper use of the new codes, stating that the new codes may be reported by psychologists. The guidance further clarifies that "These codes are not intended to be used by physicians. Instead, physicians performing these services may identify their efforts by choosing the evaluation and management (E/M) codes appropriate to the type and level of service being provided, using the key components (ie, history, examination, medical decision-making) to identify the level of service provided or, when counseling/coordination of care represent 50% or more of the total time spent for the visit, then time is used for choosing the appropriate E/M code.[1]

Approximately 20 years later, the APA was once again the specialty association to work directly with the American Medical Association's (AMA) CPT Editorial Panel and Relative Value Update Committee (RUC) to revise and revalue the family of health behavior assessment and intervention services to modernize the code set. The Health Behavior Assessment & Intervention (HBAI) codes were developed by psychologists and psychologists were the only providers surveyed in the RUC process to determine the value of the codes.

What are Health Behavior Assessment and Intervention (HBAI) services?

Health Behavior services are psychological assessments and interventions that help patients manage physical health problems. These services can be provided in person, through telehealth, and by audio-only appointments.

The patient's primary diagnosis is physical in nature, and the focus of the assessment and intervention is on factors complicating medical conditions and treatments.

Health behavior assessment includes evaluation of the patient's responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment.

Health behavior interventions are provided individually, to a group, or to the family, with or without the patient present, and includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions.

CLINICAL BENEFITS

There is substantial evidence demonstrating the impact health behavior services can have on the management of patients' physical health problems:

- Access to behavioral health services during medical visits improves treatment adherence.[2]
- Health behavior assessment can identify risk factors for surgery and predict surgical outcomes. [3-6]
- Health behavior interventions around surgery positively benefit quality-of-life outcomes.[7, 8]
- Health behavior interventions are safe and cost-effective.[9, 10]

HBAI services improve treatment outcomes and are considered standard care and/or are included care recommendations for treatment of common physical health issues including but not limited to:

Chronic Pain

- Health behavior assessment prior to surgical interventions can assess for the most useful predictors of poor outcome: presurgical somatization, depression, anxiety, and poor coping,[4] all psychological risk factors that can be successfully addressed by health behavior interventions targeting modification of these variables.
- Given the connection between chronic pain and the opioid epidemic, the FDA specifically recommends assessing the psychological attributes of a patient when determining how to make changes in patient opioid regimens. Health behavior assessment allows for screening of risk factors that may adversely impact successful tapers. Furthermore, multidisciplinary early intervention programs that have a psychological component decrease health care and medication use and reduce self-reported pain.[11]

Cardiovascular Disease

- Behavioral counseling interventions to improve diet and physical activity in people with cardiovascular risk factors is associated with improvements in blood pressure; lipids; adiposity; blood glucose; and intake of saturated fat, fruits and vegetables, fiber, and sodium.[11]
- Patients with at least one cardiovascular risk factor have had a 20 percent lower risk of cardiovascular disease events with behavioral counseling interventions.[12]

Diabetes

- Health behavior interventions improve motivation and compliance with diet, exercise weight management, and medication adherence in diabetes management.[13]
- Addressing the health behavior needs of patients with diabetes and psychosocial complications overcomes the psychological barrier associated with adherence and self-care, while achieving long-term benefits in terms of better health outcomes and glycemic control.[14]

Obesity

- Nearly 1 in 5 children in the United States had obesity in 2015–16,[15] and current clinical guidelines recommend family-based multicomponent behavioral interventions to treat overweight and obesity in children ages 2 to 18.[7] Successful health behavior interventions draw heavily from the science of behavior change to teach parents, older children and adolescents a variety of strategies, including goal setting, problem-solving, monitoring behavior and modeling positive behaviors.[7]
- As the prevalence of obesity among U.S. adults is around 40 percent,[15] health behavior interventions are critical to change the behaviors that determine energy balance, eating, and exercise to allow for long-term body weight change.

Chronic Digestive/Gastrointestinal Disorders

- Health behavior interventions aim to tackle the environmental and psychological processes that aggravate chronic digestive symptoms. Learning processes can be used to help patients gain control and reduce symptoms of functional gastrointestinal disorders.[16]

Epilepsy

- Individuals with epilepsy have a lower health-related quality of life than healthy individuals and individuals with other chronic diseases.[17] Evidence supports that psychological therapies should be considered in the treatment of individuals with epilepsy to improve health-related quality of life and comorbidities.[18]

Cystic Fibrosis

- Given the progressive nature of cystic fibrosis, and its complex and time-consuming treatments, individuals with cystic fibrosis and their family members often need help to cope better and to deal with their thoughts and feelings. Health behavior interventions can help patients and caregivers to manage the demands of the prescribed treatment schedules and cope with infection control guidelines that recommend the isolation from others with the same disease, which can lead to a lack of peer support and to potential social isolation.[19]

FINANCIAL BENEFITS

Just six (6) risk factors contribute to over a third of all health care costs: tobacco use, poor diet, substance abuse, high Body Mass Index (BMI), high systolic blood pressure, and high resting glucose levels.[20]

These factors and the most prominent contributors to premature death listed above all have clear behavioral

determinants that can be effectively addressed by HBAI services and offer substantial cost savings. For example, research demonstrates:

- A cost offset of 20 to 40 percent for primary care patients who receive behavioral health services.[21]
- Savings of $105 billion in annual avoidable health care costs with increased treatment adherence due to access to behavioral health services during medical visits.[22]
- An annual cost of $500 billion in the United States due to loss of productivity and medical expenses associated with chronic pain.[23]
- An estimated 42% reduction in total cost for chronic pain treatment by multidisciplinary early intervention programs that have a psychological component when compared to individuals who received no health behavior intervention.[11]
- Savings of approximately $859 million in one year for Colorado's worker compensation system for treating injury and chronic pain when medical and psychological treatment were integrated.[25]
- Dramatic reductions in pressure ulcers for spinal cord injury patients utilizing behavioral/learning strategies resulting in hospital saving of up to $7,625,632.[26]
- Significantly lower total health care costs for diabetes treatment that includes health behavior interventions.[27]
- The direct costs connected with obesity and obesity-related diseases in the 10 cities with the highest obesity rates tops $50 million per 100,000 residents. If obesity rates were cut down to the national average, the combined savings to these communities would be $500 million in health care costs each year.[28]
- Chronic digestive disorders cost the health care system billions of dollars and are associated with substantial disease burden. These burdens are impacted by both symptom/disease severity and the ability of patients to successfully cope with their symptoms.[29]
- Hospitalizations for cystic fibrosis result in significant economic burden, with mean hospital stay costs of $26,249.23 for children and $21,600.91 for adults per stay. A targeted approach in different age groups could reduce hospital admission rates and the overall economic burden of cystic fibrosis.[30]

Payment

- The vast majority of commercial payors reimburse psychologists for the HBAI codes, including the largest commercial national payors — Aetna, Anthem, Cigna, and Humana.
- Medicare has reimbursed psychologists for HBAI services since the initial development of the code set in 2002.
- Approximately 30 state Medicaid programs now reimburse psychologists for the HBAI services.
- The Medicare Non-Facility Pay Rates reflected in the table on the next page, shows Medicare reimbursement without adjustments for locality/ region typically done by the Medicare Administrative Contractor (MAC). The Medicare Non-Facility payment can be used as an initial benchmark for setting reimbursement rates; however, for annual Medicare payment rates specific to your state/locality, please refer to your MAC's fee schedule available on their website.

HEALTH BEHAVIOR ASSESSMENT AND INTERVENTION SERVICES

2025 CPT® Codes, Descriptors, Relative Value Units (RVUs) & Medicare Reimbursement Rates

CPT® Codes and Descriptors Effective January 1, 2025

CPT CODE #	DESCRIPTOR	WRVU	TOTAL NON-FACILITY RVUS	MEDICARE NON-FACILITY PAY RATE*
HEALTH BEHAVIOR ASSESSMENT SERVICES				
ASSESSMENT, OR RE-ASSESSMENT				
96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	2.30	3.06	$98.98
HEALTH BEHAVIOR INTERVENTION SERVICES				
INDIVIDUAL INTERVENTION				
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	1.59	2.10	$67.93
+96159	each additional 15 minutes (List separately in addition to code for primary procedure)	0.55	0.70	$23.29
GROUP INTERVENTION				
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	0.23	0.32	10.35
+96165	each additional 15 minutes (List separately in addition to code for primary procedure)	0.11	0.15	$4.85

CPT CODE	DESCRIPTOR	WRVU	TOTAL NON-FACILITY RVUS	MEDICARE NON-FACILITY PAY RATE*
HEALTH BEHAVIOR INTERVENTION SERVICES				
FAMILY INTERVENTION *WITH* PATIENT PRESENT				
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	1.70	2.23	$72.13
+96168	each additional 15 minutes (List separately in addition to code for primary procedure)	0.60	0.80	$25.88
FAMILY INTERVENTION *WITHOUT* PATIENT PRESENT				
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	1.50	2.32	$75.04
+96171	each additional 15 minutes (List separately in addition to code for primary procedure)	0.54	0.84	$27.17

+ Indicates an Add-On Code to be reported with primary service/base code

***** Payment rate can vary slightly from state to state due to geographic practice cost index (GPCI) which is established for every Medicare payment locality.

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Copies of the CPT manual can be ordered from the AMA https://commerce.ama-assn.org/store/ or by calling, (800) 621-83

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