AMERICAN PSYCHOLOGICAL ASSOCIATION
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Commonly asked questions on the changes to the Health Behavior Assessment and Intervention (HBAI, formerly H&B) codes effective January 1, 2020.

How does the new health behavior code for assessment or re-assessment (CPT® code 96156) compare to the psychiatric diagnostic evaluation code (90791) in terms of value?

When the new health behavior code set was created and the work values proposed, the values were based on how practitioners reported providing health behavior services through their completion of an American Medical Association/Specialty Society Relative Value Scale Update Committee RUC survey. Practitioners reported spending an average of 45 minutes to complete a health behavior assessment. Although the diagnostic interview is also an untimed code, its value is based on taking an average of 60 minutes to complete. This service time difference (45 vs. 60 minutes) drives the discrepancy in value between the new health behavior assessment code and the diagnostic interview code.

How do the new codes for health behavior intervention (96158, 96159, 96167, 96168, 96170, 96171) compare to the psychotherapy codes (90832, 90834, 90837, 90846, 90847) in terms of value?

Based on utilization data from Medicare, health behavior intervention services are generally completed in 30-minute sessions, so the intervention codes were developed with a base code of 30 minutes. Base codes are valued on the pre-, intra-, and post-service times. Because the add on codes only contain value for intra-service time (face-to-face time with the patient), the add on codes have less proportional value than the base code. When you compare the work value of 30 minutes of health behavior intervention with the work value of 30 minutes of psychotherapy, they are similar. As you provide longer periods of intervention and use add on codes the difference emerges.

Example: Work Value for Differing Times of Individual Health Behavior Intervention Services (96158, +96159) Compared to Individual Psychotherapy Services (90832, 90834, 90837)

Service wRVU by Time	Health Behavior Intervention	Psychotherapy
30 minutes	**1.45**	**1.50**
45 minutes	**1.95** (1.45 + 0.5)	**2.00**
60 minutes	**2.45** (1.45 + 0.5 + 0.5)	**3.00**

Do psychologists need to be credentialed on a "mental" and "medical" side to bill Health Behavior Assessment and Intervention (HBAI) codes for some insurance carriers?

We recommend that psychologists be credentialed on both sides—medical and mental health. Individual payers do have different requirements.

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Can I use psychiatric diagnostic evaluation code and then HBAI for follow up visits?

Yes—even if the initial encounter was a 90791, you can later switch to the health behavior intervention code. The intervention service should be coded based on the primary focus of the intervention and primary diagnoses.

So, I don't need to complete a health behavior assessment prior to starting health behavior intervention services?

A separate health behavior assessment is not always necessary to move forward with a health behavior intervention, however, an identified HBAI diagnosis is needed. This diagnosis could be based on physician referral, review of the patient's medical chart, or a previous psychiatric diagnostic evaluation (90791).

What codes can be used for pre-surgical psychological evaluations (e.g., bariatric, spine, transplant)? From my understanding, 90791 and 96156 can both be combined with the testing codes (e.g., 96136, 96130).

Yes, either 90791 or 96156 can be used with the testing codes. The code you use will depend on the primary focus of the evaluation and the different areas assessed during the evaluation.

How do you bill health behavior assessment or reassessment (96156) and psychological/neuropsychological testing and scoring (96136, 96138, 96146) and/or evaluation services (96130, 96132) with the same patient?

If the testing services are provided on a different date of service, simply bill the corresponding codes. If both types of service are provided on the same day, however, a National Correct Coding Initiative edit requires the submission of an appropriate modifier and corresponding documentation. Choosing the appropriate modifier depends on how the assessment or reassessment service and the testing services were provided to the same patient on the same date of service.

- For health behavior assessment or reassessment services and testing services that are performed during **separate encounters** on the same date of service, **Modifier XE** should be used. For example, if a patient has an initial assessment or reassessment encounter with the psychologist and then leaves the office, possibly to get lunch, but returns to the office later that day for a second encounter of testing services, Modifier XE would be appended to the base code for the second encounter of testing services. Modifier XE is used to identify a service that is distinct because it occurred during a separate encounter on the same date of service.
    - The submission of Modifier XE appended to a procedure code indicates that documentation is available in the patient's records that will support the medical necessity of the psychologist performing separate, distinct and non-overlapping test administration and scoring and/or evaluation services during separate encounters on the same date of service as the health behavior assessment or reassessment service.
- For health behavior assessment or reassessment services and testing services that are performed during the **same encounter** on the same date of service, **Modifier 59** should be used. For example, if the psychologist performs a health behavior assessment or reassessment immediately followed by administering and scoring a test battery and testing evaluation services

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(i.e., the patient does not leave the office), Modifier 59 would be appended to the base code for the test administration and scoring and/or evaluation service.

- Modifier 59 is used to identify procedures/services, other than evaluation and management (E/M) services, which are not normally reported together but are appropriate under certain circumstances and where Modifier XE would not be appropriate. Documentation must support the medical necessity of the psychologist performing separate, distinct and nonoverlapping test administration and scoring and/or evaluation services during the same encounter on the same date of service as the health behavior assessment or reassessment service.

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