Medical Necessity Criteria for Health and Behavior Codes

How to Use this Document
Blue Cross Blue Shield of Massachusetts has developed this document to provide you with the clinical criteria used to determine coverage for Health and Behavior Codes. Please be sure to check member benefits and eligibility before rendering services.

Description
Health and Behavior assessment codes are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.

Health and Behavior intervention procedures are used to address the bio-psychosocial factors important to physical health problems and treatments. The focus is to improve the member’s health and well-being through behavioral, cognitive, social and/or psycho-physiological procedures directly affecting the patient’s physiological functioning, disease status, and health and well-being.

Coverage Guidelines
Member’s behavioral health status must be re-assessed and submitted to BCBSMA every three months to rule out the development of a behavioral health diagnosis related to their current medical condition.

## Coding Information

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Clinical Criteria</th>
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| **96150 Initial Health and Behavioral Assessment** | The member has an underlying primary physical illness (diagnosis or symptoms) or injury  
The member is not requesting Health and Behavior services for a pre-existing or currently diagnosed mental illness  
There is a documented concern that a bio-psychosocial factor may be significantly affecting the treatment or medical management of the illness or injury  
There is a documented need (from the Primary Care Physician) for psychosocial support in order to successfully manage the member’s physical illness or injury* |
| **96151 Health and Behavior Re-Assessment** | The member has an underlying primary physical illness (diagnosis or symptoms) or injury  
The member is not requesting Health and Behavior services for a pre-existing or currently diagnosed mental illness  
There has been a sufficient change in mental status warranting re-evaluation of the member’s capacity to understand and respond meaningfully to the face-to-face encounter* |
| **96152 Health and Behavior Intervention—Individual** | The member has an underlying primary physical illness (diagnosis or symptoms) or injury  
The member is not requesting Health and Behavior services for a pre-existing or currently diagnosed mental illness  
The member is alert, oriented and has the capacity to understand and respond meaningfully during the face-to-face encounter  
Specific psychosocial intervention(s) and member outcome goal(s) have been clearly identified  
The intervention is necessary to address one or more of the following:  
1. Non-Compliance with treatment  
2. Non-Compliance with bio-psychosocial factors associated with a newly diagnosed physical illness or injury  
3. Exacerbation of an established physical illness or injury, health promoting behaviors, health-related risk taking behaviors, and overall adjustment to medical illness or injury* |
| **96153 Health and Behavior Intervention—Group** |  |

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4.Ibid.
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<th>CPT Code</th>
<th>Clinical Criteria</th>
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<tbody>
<tr>
<td>96154</td>
<td>All of the following criteria must be met:</td>
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<td>The family representative* directly participates in the care of the member</td>
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<td>The psychosocial intervention is necessary to address the bio-psychosocial factors that affect the</td>
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<td>compliance with the plan of care, symptom management, health promoting behaviors, health-related</td>
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<td>risk-taking behaviors, or overall adjustment to medical illness or injury.</td>
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<tr>
<td>96155</td>
<td>All of the following criteria must be met:</td>
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<td>The member is withdrawn or is a minor</td>
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<td>The intervention service is provided to a family without the member present</td>
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<td></td>
<td>The specific psychosocial intervention requires the family representative to disclose the</td>
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<td>psychological barriers to the management of the member’s physical illness or injury</td>
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<tr>
<td></td>
<td>The family representative directly participates in the care of the member</td>
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**How to Submit an Authorization Request**

We recommend submitting authorization requests electronically. For more information, please refer to the Utilization Management section of our Blue Books, available by logging on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider).

**Document History**

Review Date: June 13, 2014, June 15, 2015, June 17, 2016  
Last Review Date: May 30, 2017

* For the purposes of this policy, “family representative” is defined as: any immediate family member, any primary caregiver who provides care on a voluntary, uncompensated, regular sustained basis or legal guardian.

5Ibid.  
6Ibid.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don’t speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).