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Behavior Health Assessment and Intervention for Oncology Patients

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As the public health emergency continues, recognition of the importance of mental health and health behavioral services is ever more present. For anyone who has worked in the oncology setting, this understanding is not new.

A cancer diagnosis invokes fear, anxiety, uncertainty, and confusion in patients, their families, caregivers, and friends. Responses vary, depending on the type of cancer, age, socio-economic status of the patient or their family, and how a patient can and does cope

with difficult life situations. Fear or concern of cancer recurrence can be just as impactful as the initial diagnosis on patients and their support system.

Patients having difficulty accepting their diagnosis, those fearful of how they will pay for treatment (even with insurance), and/or those feeling depressed or anxious about the effectiveness of treatment can experience sub-optimal outcomes due to appointments or follow-ups that go unscheduled, missed treatments, and/or non-compliance with medications. The literature finds that

patients with a healthy support system in place or those who receive health behavioral services tend to do better and experience better outcomes.

A 2019 article published in *BMC Psychiatry* found that the incidence of psychological disorders in patients with cancer is very high, somewhere between 30 and 60 percent.¹ The most encountered problems were depressive symptoms associated with anxiety, adjustment disorder, depressive moods, or major depression. However, of those patients less than 10 percent are referred to health behavior services.¹

Coding and Billing for Health Behavior Services

The idea of billing for health behavior services began in 1998 by the American Medical Association (AMA). In 2002 these services were expanded to allow for more widely available billable services, including the addition of Current Procedural Terminology (CPT®) codes (96150-96155) for Health Behavior Sciences. The introduction of these codes made health behavior services available to more patients and, more important, recognized the impact that physical illness may have on patients who have not been diagnosed with a mental illness but who have some other primary illness. The AMA explained the 2002 addition and intention of these by stating:²

“Many services performed by psychologists and other non-physician (i.e., non-MD/DO) practitioners are performed to enhance a patients overall health. This includes but is not limited to a number of types of psychotherapy



services, as well as other mental health procedures intended to treat designated, diagnosed mental illness. Sometimes, however, these services are offered to a patient who presents with established illnesses or symptoms who are not diagnosed with mental illnesses. Instead of treating a particular illness, these services are intended to assess and address certain factors related to the patient's physical health. These factors can include modification in a patient's behavior towards prevention, treatment, or management of the physical health problem, or other factors that do not directly treat a diagnosed illness but affect recovery or its progression."

Effective in 2020, the AMA deleted the six codes that had been available since 2002 and replaced them with nine new codes (96156-96171). According to the AMA 2020 CPT manual, the intention of the new health behavior assessment and intervention codes "...describe assessments and interventions to improve the patient's health and well-being utilizing psychological and/or psychosocial interventions designed to ameliorate specific disease-related problems."³

The AMA goes on to further define a health behavior assessment and health behavior intervention as follows:³

- **A health behavior assessment** "includes evaluation of the patient's responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment. Assessment is conducted through health-focused clinical interviews, observation, and clinical decision making."
- **A health behavior intervention** "includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. These interventions may be provided individually, to a group (two or more patients), and/or to the family, with or without the patient present."

Below is the list of behavior health assessment and intervention CPT codes added in 2020 that are still current in 2021. Note: Codes denoted with a "+" are add-on codes and must be reported with the primary service on the same claim.

- **96156.** Health behavior assessment or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making).
- **96158.** Health behavior intervention, individual, face-to-face; initial 30 minutes.
- **+96159.** Health behavior intervention, individual, face-to-face; each additional 15 minutes. (List separately in addition to code for primary service.)
- **96164.** Health behavior intervention, group (two or more patients), face-to-face; initial 30 minutes.
- **+96165.** Health behavior intervention, group (two or more patients), face-to-face; each additional 15 minutes. (List separately in addition to code for primary service.)
- **96167.** Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes.
- **+96168.** Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes. (List separately in addition to code for primary service.)
- **96170.** Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes.
- **+96171.** Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes. (List separately in addition to code for primary service.)

According to the American Psychological Association Services, Inc., components of the health behavior assessment reported with CPT 96156 will vary and may include but are not limited to:⁴

- Relevant medical history
- Adjustment to the medical illness or injury

- Psychological and environmental factors affecting management of the medical condition
- Health beliefs, perceptions, and outlook
- Understanding of treatment plan, benefits, and risks of procedures
- Healthcare decision-making skills
- Coping strategies, patient strengths
- Motivation and self-efficacy beliefs
- Treatment adherence and expectations
- Daily activities, level of behavioral activation, and functional impairment
- Sleep, diet, physical activity, and other health risk behaviors
- Mental health and substance use (including tobacco and alcohol use)—current and past
- Social support, family, and interpersonal relations
- Academic and vocational histories
- Mood
- Quality of life.

Medical documentation should include clear rationale supporting why the assessment was performed, the frequency and duration goals of the intervention(s), and the patient's compliance with the medical treatment plan.

Although these codes are not defined as to which specific physical illnesses they may be used for, they do include some required billing elements, which should be evident and supported in the medical documentation:

1. There must be a health-focused clinical interview of the patient by the qualified healthcare professional (QHP). This includes face-to-face interviews with the patient. If the interviews or assessment is not completed on a single date of service, the billing date is the date documented as the completed date of the assessment.
2. There must be behavioral observations by the qualified healthcare professional on how the patient responded throughout the clinical interview.
3. There must be clinical decision making documented by the qualified healthcare professional. This includes the incorporation of data, interviews, discussions with

other QHPs about the patient, as well as the information gathered during the interview with the patient.


Payer Requirements and Considerations

Payer coverage varies. Some payers may not cover services that are not provided directly to the patient; others may have limited coverage for group work. In addition, there are further limitations to coverage or support for who can report the behavior health assessment and intervention codes and the quantity or maximum amount of time per date of service for interventions. The patient must have a suspected or established underlying physical illness, such as cancer. There must also be some indication of

psychological and/or psychosocial factors significantly impacting or affecting the treatment and management of the physical illness. Lastly, the patient must have the cognitive capacity to understand and respond during the face-to-face interview with the QHP.

It is important to note that the behavioral health assessment and intervention CPT codes (**96156-96171**) are *not* billable with evaluation and management (E/M) codes on the same date of service *by the same* provider. If a QHP performs behavior health assessments and/or interventions and another provider who can bill for E/M services provides an E/M service on the same date to the same patient, both services can be billed. For the add-on CPT codes, which

have a time threshold of at least 15 minutes, a minimum of 8 minutes must be spent with the patient, family, or group to support use of these codes. For the codes with a 30-minute threshold, a minimum of 16 minutes must be spent with the patient, family, or group.

In the era of precision medicine and patient-centered care, it is no longer enough just to treat the physical illness. Instead, providers must embrace a balanced and comprehensive approach to patient care to help ensure the best possible outcomes. This means incorporating a multidisciplinary team approach to treat the whole patient, including behavior health assessments and interventions that address the mind, body, and spirit. 

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References

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