

Health and Behavior Assessment / Intervention (HBAI) EVALUATION AND MANAGEMENT (E&M) CODES

Health Behavior and Assessment Intervention (HBAI) is a clinical service led by a clinical psychologist that is covered by the Medicare Part B program, Medicare Advantage plans, some Medicaid plans, and most commercial insurers. HBAI services are rendered to an individual or in group settings, using a structured group intervention under the direct supervision of a licensed clinical psychologist.

Some Medicare Advantage plans and commercial insurers allow HBAI services to be rendered by a licensed social worker. This requirement is subject to the social work scope of practice requirements in the state where services are being rendered.

In addition, Medicare and some other payers allow HBAI services to be performed by a qualified physician or non-physician provider (i.e., nurse practitioner, or physician assistant). When HBAI services are delivered under this model of supervision, the evaluation and management (E&M) codes are used for billing.

A chronic disease self-management education (CDSME) program can be included as a component of the HBAI group intervention when the qualified clinician deems it medically necessary, the Medicare beneficiary consents to the intervention, and all requirements for implementing HBAI as described in the [HBAI Information Resource](#) are met.

Billing Requirements for E&M Codes: Multiple payers, including Medicare, allow HBAI services to be performed by a qualified licensed physician or non-physician provider. Check with the provider relations division of the Medicare Advantage plan or commercial insurer that you are interested in working with to determine their requirements.

E&M coding requirements are based on complexity and/or time. The appropriate E&M code is determined by the judgment of the clinician regarding the complexity of the intervention and/or time devoted to addressing issues for the beneficiary. CMS provides the following reference when E&M coding is used for counseling services:

“In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other or outpatient setting, floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M services.”

The CMS E&M coding reference can be found at the following link:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf>

The time ruling referenced above would apply when the qualified provider meets with participants to: 1) conduct the initial person-centered assessment, 2) offer counseling during the course of the CDSME program (generally before or after a group session), or 3) offer follow-up counseling after the program ends to assess the progress that was made as a result of the intervention and discuss ongoing management of the disease. In each of these instances, all or a majority of the provider's time would be spent on counseling and/or care coordination.

When time is used for the E&M coding, the time applies only to the time performed by the licensed clinician in supporting the delivery of the education. Supervision of the lay leaders does not count towards this time requirement.

Note - Physicians are reimbursed at 100% of the Medicare physician fee schedule. However, nurse practitioners or physician assistants are reimbursed at 85% of the established rate.

Table 1: List of E&M CPT® Codes*, Typical Time in Minutes, and Rates for Billing CDSME

CPT® Code*	Time	Rate**
99201 (New Patient)	10 Minutes	\$45.36
99202 (New Patient)	20 Minutes	\$76.32
99203 (New Patient)	30 Minutes	\$109.80
99204 (New Patient)	45 Minutes	\$167.40
99205 (New Patient)	60 Minutes	\$210.60
99211 (Established Patient)	5 Minutes	\$21.96
99212 (Established Patient)	10 Minutes	\$44.64
99213 (Established Patient)	15 Minutes	\$74.16
99214 (Established Patient)	25 Minutes	\$109.44
99215 (Established Patient)	40 Minutes	\$147.60

* The Common Procedural Terminology (CPT) codes are a set of medical billing codes developed and owned by the American Medical Association. CPT® is a registered trademark of the American Medical Association. All rights are reserved.

**Rates shown here reflect the National Payment Amount. Rates vary based on the Metropolitan Statistical Area (MSA). Specific rates can be found by referencing the requisite Medicare Administrative Contractor (MAC). Medicare payment rates generally change annually, and sometimes more frequently than annually. Therefore, the rates listed are current at the time of release of this document. You should contact your Medicare Administrative Contractor to determine the current rates. Rates vary based on the location that services are rendered.

The New Patient codes are used to bill the initial encounter with a beneficiary, and the Established Patient codes are used for all subsequent encounters.

Workflow Process for Delivering HBAI Services When CDSME Is the Selected Group Intervention and Supervision Is Performed by a Physician, Nurse Practitioner, or Physician Assistant

Below is an example of a workflow process with the appropriate E&M coding to use when a physician, nurse practitioner, or physician assistant performs the supervision for a CDSME class offered as a component of the HBAI group intervention. Note - This is one example of a workflow process developed for training purposes. In a practice setting, each organization must determine its specific business model, while assuring that the needs of the population it serves are met. Additionally, the clinician must exercise professional judgment about the services that are delivered and the codes that are billed, and each CDSME class participant must provide advance consent for the services.

Weekly Workflow Process Example

Week 1 (Prior to the CDSME Class): Individual Assessment with the Appropriate Licensed Clinician: Each new participant will undergo a 1:1 in person assessment with the licensed clinician to determine perceived psychosocial barriers to managing the chronic disease. The assessment will include information about the individual's relevant medical history; age; cultural influences; cognitive and emotional factors; health beliefs, attitudes, and behaviors; disease self-management knowledge, skills and practices; readiness to learn, health literacy level, physical/functional limitations; social and environmental factors; and financial status.

An assessment tool can be used to capture information that is part of the intake process. The completed assessment tool should be reviewed by the appropriate licensed clinician. The assessment tool is subject to modification as part of the ongoing quality improvement efforts.

During this assessment, educational goal(s) and learning objectives, and the plan for educational content and method/s will be developed collaboratively between the participant and clinician. This plan will include, where appropriate, ongoing assessment with the appropriate licensed clinician and/or referral to the chronic disease self-management education (CDSME) program.

A key feature of the CDSME programs, originally developed at Stanford University, is to support the participant with developing goal setting capability. The development of appropriate health maintenance goals and tracking the attainment of these goals is an essential skill to improving disease self-management skills. Weekly progress of the participant's improvement in attaining well-defined goals must be documented in the education record. The appropriate documentation should include elements such as the weekly action plan goal, attainment of the defined goal, barriers to goal attainment, and refinement of action plan goals for the subsequent week.

During the initial assessment, any additional needs that are identified by the participant, in collaboration with the licensed clinician, will be addressed outside of the CDSME individually,

but will be an integral part of the entire chronic disease self-management education process. This plan will also include a personalized follow-up plan for ongoing self-management support, which will be developed collaboratively by the participant and clinician.

The participant's outcomes and goals and the plan for ongoing self-management support will be communicated and documented. These outcomes and goals may be distinct and in addition to the goal or "action plan" participants develop in the CDSME program as discussed below. The follow-up plan for ongoing self-management support will focus on long-term self-management that occurs after the CDSME class ends.

In an effort to provide an ongoing evaluation of the participant's attainment of educational goals, the licensed clinician will continue discussions with each individual during the eight-week intervention (six CDSME sessions, plus an initial assessment prior to the start of the CDSME class and a follow-up session at the conclusion of the CDSME class) twice in an effort to measure attainment of participant-defined goals and outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the educational intervention. The assessment and any follow-up documentation will be provided by the licensed clinician to the primary care provider or referring provider, and the licensed clinician will be available to discuss the assessment and plan with the provider.

The licensed clinician and group leaders will further engage in regular communication with one another during the six-week CDSME intervention to ensure that the participant's plan is appropriate and to address any challenges, questions, lack of information, or other support the participant may need from either the licensed clinician, primary care provider, or other members of the participant's care team. The licensed clinician will document regularly all communication with group leaders.

Week 1 Encounter Coding:

E&M - Standard E&M coding requirements apply

Weeks 2, 3, 4, 5, 6 and 7 (Sessions 1 - 6 of CDSME): The clinician is responsible for providing direct supervision and oversight for group encounters. In addition, the licensed clinician will monitor the goal setting and goal attainment of each participant based on their documented action plan participation. The licensed clinician may meet with participants individually, outside of the group CDSME, if indicated. In this example, the clinician will meet with each person individually three times during Weeks 2 - 7 (Sessions 1 - 6 of CDSME). Each billable individual and/or group encounter should be documented in the participant record. The documentation should include the barrier being addressed, goal setting, evaluation of goal attainment, and planned interventions to address perceived barriers.

Week 2 - 7 Encounter Coding for Individual Sessions

E&M - Standard E&M coding requirements

Group Interventions Weeks 2 - 7: The CDSME class is the base curriculum for the HBAI service. This group intervention is targeted to participants that require assistance to improve disease self-management capability and to improve goal setting and goal attainment evaluation skills. During this six-week workshop, participants will be provided with an array of tools to improve their ability to self-manage their conditions. The CDSME class is the primary intervention, to fulfill the participant's need for improved disease self-management skills, but will not be the only intervention and will be coupled with the individualized education plan developed collaboratively based on the initial assessment. The CDSME class is provided by group leaders, under the direct supervision of the licensed clinician and includes discussion of all relevant disease self-management education benchmarks, including but not limited to the following:

- Understanding self-management and chronic diseases
- Mind body connection / Distraction
- Getting a good night's sleep
- Making an action plan
- Feedback / Problem solving
- Dealing with difficult emotions
- Physical activity and exercise
- Preventing falls and improving balance
- Making decisions
- Pain and fatigue management
- Endurance and exercise
- Relaxation / body scan
- Better breathing
- Healthy eating
- Communication skills
- Making healthy food choices
- Medication usage
- Making informed treatment decisions
- Dealing with depression
- Positive thinking
- Working with your healthcare professional
- Weight management
- Looking back and planning for the future

The program also requires participants to continue to set individualized weekly goals or "action plans" and to provide follow-up for each action plan achieved. For action plans not achieved, participant engages in problem solving activities with the group to brainstorm potential solutions. The weekly goals or "action plans", for each participant, should be documented in the education record along with information about the attainment or lack of attainment of the established goals. The licensed clinician should review the weekly progress of each participant and meet individually with participants, outside of the CDSME workshop, if indicated.

During weeks 2 - 7, the licensed clinician remains available to both the group Leaders and the participant to measure attainment of patient-defined goals and patient outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the educational intervention. The primary goal is an improvement in the participant's self-management behaviors.

During this time period, the success of the CDSME intervention in meeting the participant's defined goals is measured by the participant's ability to set weekly measurable goals and report back on attainment of these weekly goals in a group setting, with peer involvement. Documentation of the attainment of this goal will be class attendance and participation in the weekly goal setting process with the peer group.

Other goals outside of improved self-management behaviors will be addressed as part of the individualized plan and will occur outside of the CDSME group intervention but remain part of the entire HBAI intervention and will be directed by the licensed clinician, in collaboration with the participant. Documentation of class participation, weekly goal setting, and individualized assessment will be maintained in the participant's chart.

Weeks 2 - 7 Encounter Coding:

E&M - Standard E&M coding requirements

Week 8 (Post CDSME Class): At the end of the CDSME intervention, the participant will develop a follow-up plan in a collaborative manner with the licensed clinician. There will be a multi-disciplinary approach to completing this process. The multi-disciplinary team works with the participant to develop realistic, individualized goals and an ongoing evaluation plan. Generally, the follow-up plan is completed as an individual encounter.

The multi-disciplinary team consists of, at a minimum, the following:

- the licensed clinician,
- the group leaders delivering the disease self-management classes, and
- the participant's primary care provider.

Week 8 Encounter Coding:

E&M - Standard E&M coding requirements

Table 2: Potential Billing Using E&M Codes (Established Physician Fee Schedule Rate) Based On Above Weekly Workflow Example

Service	CPT code	Rate
Week 1 - Initial Assessment	99214 (25 Min.)	\$109. 44
Week 2 - CDSME (Session 1)	99212 (15 Min.)	\$44. 64
Week 4 - CDSME (Session 3)	99211 (5 Min.)	\$21. 96
Week 7 - CDSME (Session 6)	99212 (15 Min.)	\$44. 64
Week 8 - CDSME Post Intervention Assessment	99214 (25 Min.)	\$109. 44
CDSME Reimbursement Subtotal Per Person		\$330. 12
CDSME Reimbursement Subtotal for 12 Participants		\$3,961. 44

Note - If the clinician is on site when the CDSME class is offered and available during the CDSME class sessions, some amount of time could be billed for each of the six sessions. The charge would generally be based on a lower-level complexity “Established Patient” code, e.g., 99211 or 99212, based on the judgment of the clinician.

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