



Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the [Practice Innovation Program website](https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices).

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices>



HABI Codes (Also referred to as HBAI)

What do they mean for my practice
2/18/2026

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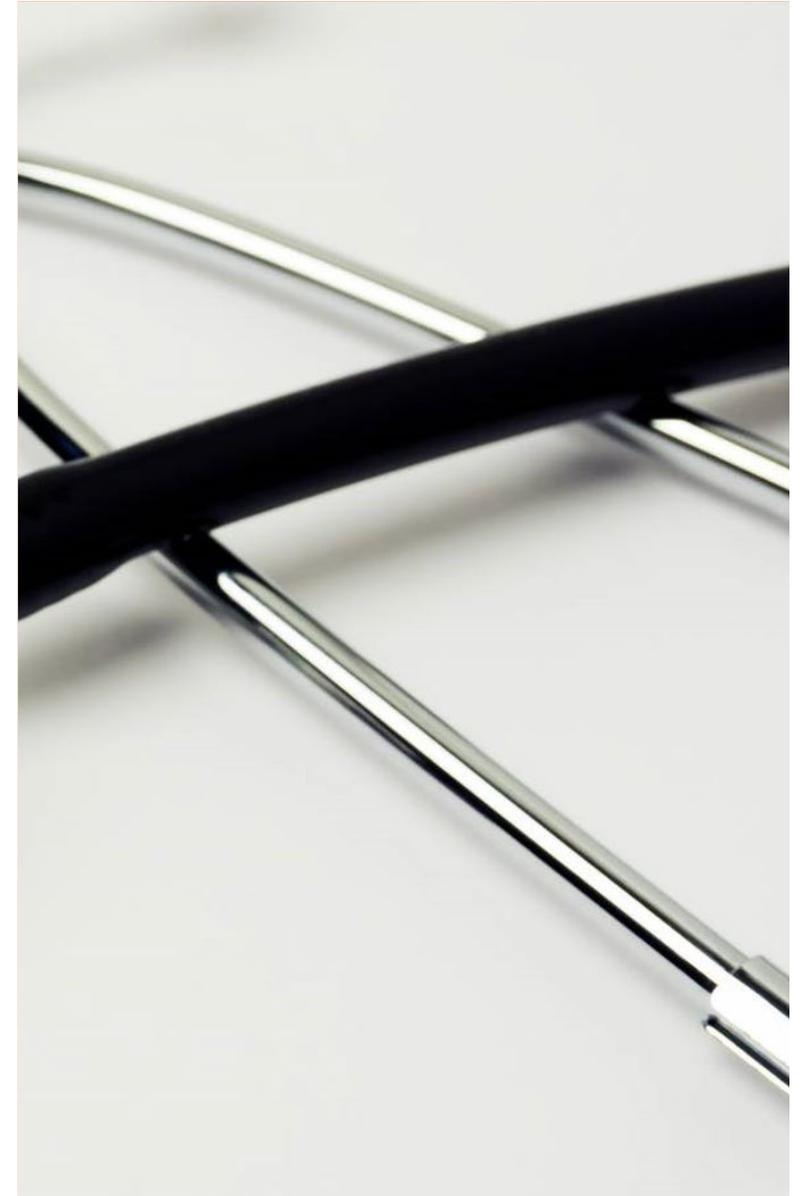
Agenda

Session Objectives

Define the Eleven HBAI Codes:

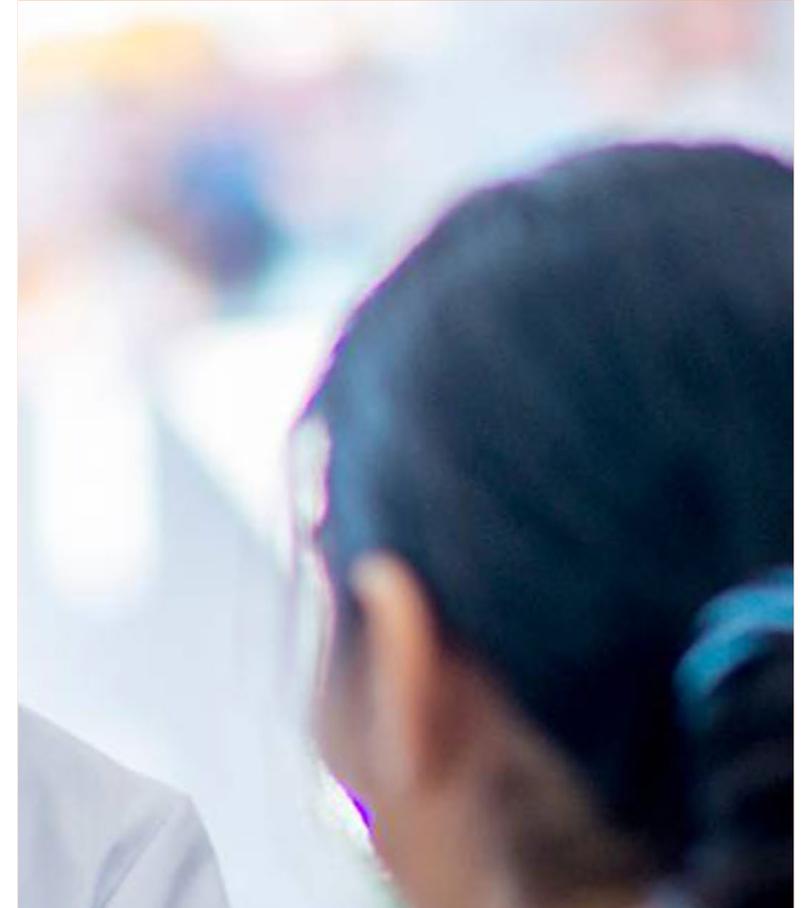
Billing Rules: Examine the regulations and **guidelines** related to **billing for services** provided under HBAI codes.

Practice Workflow: Establish an effective **workflow and documentation** within your practice to incorporate the new codes.



“The underlying principle of behavioral health integration is that physical, behavioral, and social health are ***inextricably intertwined***.”

If the practice is going to be successful with integrated BH then they must *at some point* embed the services and understand the connection”.



From AMA Integrating PC /BH : [How to assemble the best team to integrate mental health care](#) | American Medical Association (ama-assn.org)

HABI CODES

Also referred to as HBAI

96156,
96158,96159,96164,96165,
96167,96168,96170,96171

NOTE: You need a physical
diagnosis code to Bill
HABI/HBAI



Health Behavior Assessment and Intervention Codes (HABI Codes) also referred to as HBAI

- A component of the Integrated Care Sustainability Policy includes allowance of Primary Care Medical Providers (PCMPs) to bill Health Behavior Assessment and Intervention (HBAI) codes and be reimbursed Fee-For-Service (FFS) or through a Managed Care Organization
- HBAI codes focus on assessment and interventions to address behavioral health issues in a medical setting. **HBAI services can be used to help assess and intervene in the psychological and behavioral factors affecting a member's functioning Health.** Source HCPF *July 1, 2025*

HOW DO I CHOOSE WHICH CODES (HABI) OR PSYCHOTHERAPY CODES - FOR WHICH PATIENTS

Feature	Health Behavior Assessment and Intervention (HABI)	Psychiatric Services (e.g., Psychotherapy)
Primary Diagnosis	Physical health condition (e.g., diabetes, cancer, chronic pain, obesity, heart disease).	Mental health condition or psychiatric diagnosis (e.g., Major Depressive Disorder, Anxiety Disorder, Schizophrenia).
Focus of Service	Focuses on psychological/behavioral factors that complicate the medical condition or its management. Aims to improve coping with physical health problems and treatment adherence.	Focuses on treating the underlying mental health illness, symptom reduction for psychiatric symptoms, and overall mental health improvement.
Goal	To improve the patient's physical health status and well-being.	To ameliorate the psychiatric illness or symptoms.
Coding Restriction	Cannot be reported in conjunction with psychiatric codes on the same date of service . If both are applicable, report the predominant service performed.	Cannot be reported in conjunction with HABI codes on the same date of service .

Thanks to Christy Graham for creating this comparison

Health Behavior Assessment and Intervention Codes

Code	Service Description	Time	Provider Types
96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making).	N/A MUE: 1 unit	Billing Providers: 05, 16, 25, 26, 32, 41, 45, 51
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	Service Providers: Licensed behavioral health providers
96159	ADD ON to 96158 Health behavior intervention, individual, face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 4 units	Common Notes: These visits will not require a diagnosis covered by the capitated behavioral health benefit. PCMPs should use the most appropriate diagnosis that supports medical necessity.
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
96165	ADD ON to 96164 Health behavior intervention, group (2 or more patients), face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 6 units	

96156

Description

- Event based code billed as a single unit regardless of the time spent
- No specific overall annual limit to use this code reasonable intervals every 3–6-month Reassessment must be supported by documentation showing a change in patient’s condition or treatment response.
- **Medical necessity;** use of this code MUST clearly link the assessment to a primary physical health diagnosis.
- Corrett DX codes **no unspecified codes** for medical condition such as asthma unspecified use Mild persistent moderate persistent severe ,

Key restrictions:

- Used only by qualified provider BH Clinical SW Psychologist
 - No same day Psych services- can not be billed with 90785-90899 or adaptive services 97151-97158
 - Can not bill HABI and COCM in same month
 - Reimbursement HCPF fee schedule \$80.35 CMS non facility Commercial between \$95-\$105.00
-
- Sources CMS and AAPC



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96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
96168	ADD ON to 96167 Health behavior intervention, family (with the patient present), face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 6 units	
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
96171	ADD ON to 96170 Health behavior intervention, family (without the patient present), face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 2 units	

What Qualifies as a Medical Dx for HABI HBAI

For billing purposes, the primary diagnosis code must be an **ICD-10-CM code** for a physical health issue.

Common examples include:

- **Chronic Diseases:** Diabetes, hypertension, or heart disease.
- **Acute Conditions:** Recovery from a physical injury or post-bariatric surgery complications.
- **Symptom Management:** Chronic pain, migraines, or insomnia.
- **Serious Illness:** Breast cancer or other conditions requiring aggressive treatment like chemotherapy.

Key Requirements for the Diagnosis

Physical Origin: The patient must have an underlying physical illness injury.

Impact Factor: There must be documented evidence that behavioral, cognitive, or social factors (like poor treatment adherence) are affecting the management of that physical condition.

No Primary Psychiatric Focus: These services are reported for patients whose difficulties do **not** meet the criteria for a primary psychiatric diagnosis (like major depressive disorder), as those would be billed under different psychotherapy codes.

Assigned by a Physician: For Medicare and many other payers, the ICD diagnosis not a mental health-specific DSM diagnosis.

HABI Billing rules

Reimbursement

HBAI services are provided by a licensed behavioral health provider in collaboration with a medical provider. Services may be provided in person and/or through telehealth. **NOTE:** Follow HCPF Telehealth policies Practices may submit claims for reimbursement of HBAI codes for FFS reimbursement if they are contracted with a RAE or MCO as a PCMP.

The **billing provider on the claim must be the PCMP billing as one of the following primary care provider types:**

- 05 - Physician
- 16 - Clinic (primary care)
- 25 - Non-physician practitioner group
- 26 - Osteopath
- 32 - Federally Qualified Health Center (FQHC)
- 41 - Family/Pediatric Nurse Practitioner
- 45 - Rural Health Clinic (RHC)
- 51 - School Health Services

HCPF publication July 1 2025

HABI Billing rules

- The rendering provider on the claim must be Medicaid-enrolled and oversee treatment. The rendering provider must be enrolled as one of the following types:
 - 37 - Licensed Psychologist (PhD, PsyD, EdD)
 - 38 - Licensed Behavioral Health Clinician
- Post-masters level providers working towards clinical licensure may provide the HABI service, however, the rendering provider on the claim must be listed as the licensed



Practice Workflow: Share how you use HBAI

Workflow

- A 65-year-old male with osteoarthritis, chronic back pain, and medication-related somnolence is referred for health behavior assessment to ***determine the psychological factors requiring intervention as part of the patient's overall treatment plan.***
- **Description of Procedure (96156)**
- BHP meets with patient to assess adjustment to the medical illness or injury; psychological, motivational, and interpersonal factors affecting medical management; outlook; coping strategies; treatment compliance; and health risk behaviors.
(AAPC)

Clinical Example (96158)

A 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services to improve patient treatment compliance and engagement in self-management.

Description of Procedure (96158)

BHP actively promotes the patient's compliance and full participation in medical treatment by engaging the patient in jointly reviewing treatment progress, outlook, understanding of the medical condition(s), and attitudes toward treatment goals and care team members. Employ psychological and behavioral treatment approaches to address health risk behaviors and factors impeding adjustment to, management of, and recovery from the patient's medical condition. BHP documentation includes description of patient's status in addition to services provided and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

Clinical Example (96159)

A 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services to improve patient treatment compliance and engagement in self-management.

Patient requires an additional 15 minutes of health behavior services beyond the first 30 minutes.

Description of Procedure (96159)

BHP actively promotes the patient's compliance and full participation in medical treatment by engaging the patient in jointly reviewing treatment progress, outlook, understanding of the medical condition(s), and attitudes toward treatment goals and care team members. Employ psychological and behavioral treatment approaches to address health risk behaviors and factors impeding adjustment to, management of, and recovery from the patient's medical condition.

Healthy Steps

- How are HBAI Codes Related to Healthy-Steps-Aligned Services
- BH Specialists may provide consultation and brief interventions to children and caregivers when the child is experiencing a physical health problem with a physical health diagnosis. If the Specialist is a licensed BH provider and the consultation or brief intervention is helping to address psychological and/or psychosocial factors related to the patient's physical health condition, the Specialist may be able to leverage HBAI codes.

Clinical Vignette:

Katalin, a 6-month-old baby girl, was recently seen for her well-child visit **and diagnosed with a feeding disorder by her primary care provider (PCP) due to poor weight gain and reports from mom about stressful and limited feeding, including lack of introduction to cereal/pureed food as recommended at the previous visit. The PCP requested a consult with the BHS Specialist who is a licensed BH provider.**

BHS discussed mom's feelings of isolation since coming to this country and how different her experience giving birth to Katalin had been than with her older children. During the visit, the BHS Specialist observed that both mom and baby showed distress during feeding. Katalin cried, coughed, and arched her back while mom appeared overwhelmed and voiced feelings of frustration. After the consult, the BHS Specialist and PCP discussed their observations and developed a treatment plan with mom which included interventions provided by the BHS Specialist, as well as more frequent visits/weight checks with the PCP to determine the need for further evaluation by subspecialists (e.g., gastroenterology, speech therapy/occupational therapy). Visits with BHS Specialist focused on addressing psychosocial stressors. Goals included decreasing mom's social isolation/facilitating increased connection with and support from the DRC community, as well as interventions to promote positive feeding interactions, transition to pureed and solid foods, and strengthening parent-child interactions outside of feeding time.

Clinical Example (96170)

The family of a 9-year-old boy, who was diagnosed with type 1 diabetes two years ago, is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his glucose levels.

Description of Procedure (96170)

Conduct face-to-face interaction with family members without the patient present. Facilitate family communication and provide education about the patient's illness or injury and resistance to change. Engage and mobilize family support and problem-solving regarding treatment adherence. Clarify family roles and caregiver responsibilities. QHP documents in the medical record includes a description of the patient's status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

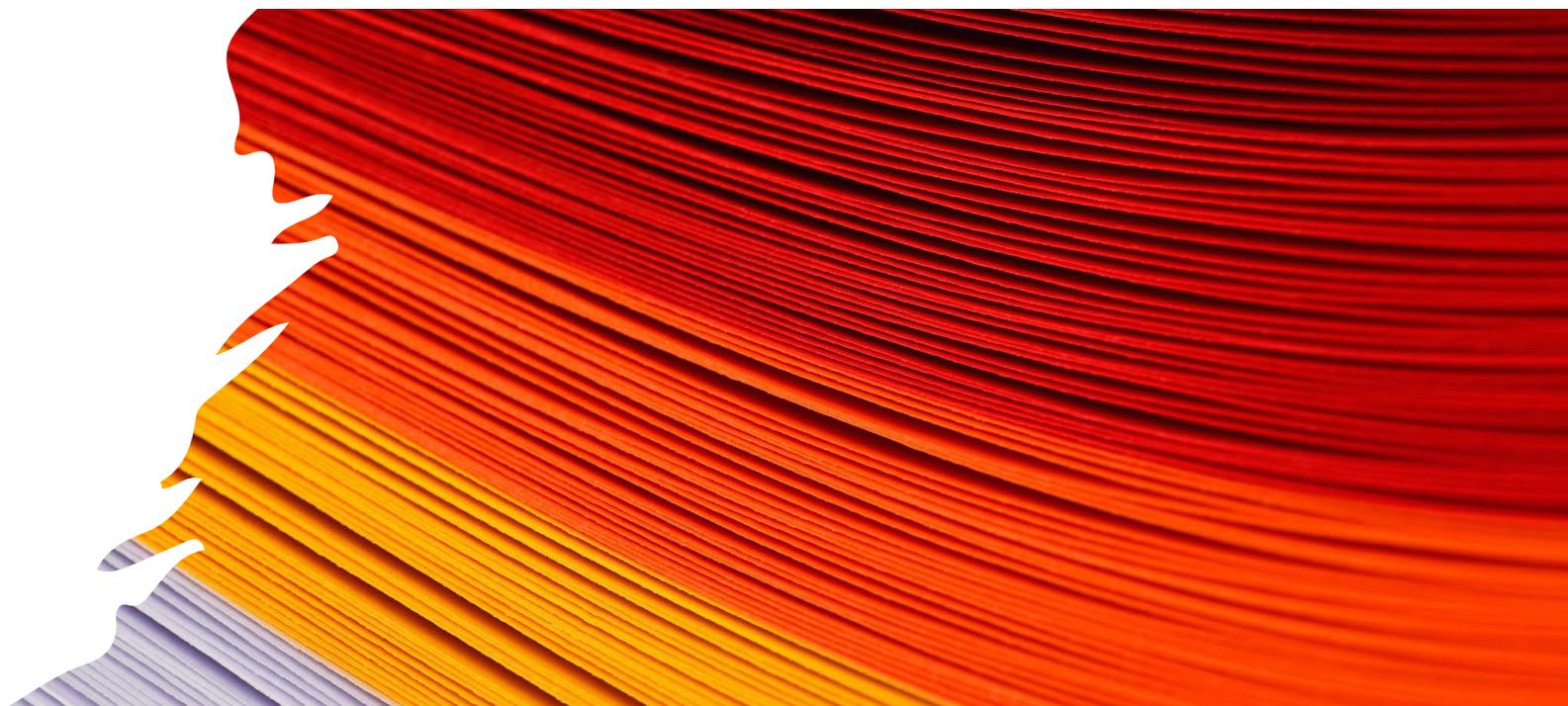
Clinical Example (96171)

The family of a 9-year-old boy, who was diagnosed with type 1 diabetes two years ago, is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his glucose levels. The family requires an additional 15 minutes of family health behavior services beyond the first 30 minutes

Documentation



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Documentation

- Documenting "HABI" (Health and Behavior) codes typically involves detailing the assessment and intervention, including any **specific standardized instrument used**, the **reason for administration**, the **raw score or results**, and clinical notes of assessment summarizing the patient's **diagnosis, symptoms, functional status, and treatment plan**. Documentation should also include the **time spent** on the service and the **method of treatment**.
- The codes capture services related to physical health, such as patient adherence to medical treatment; symptom management; health-promoting behaviors; health-related risky behaviors; and adjustment to physical illness.
<https://www.apaservices.org/practice/reimbursement/health-codes/health-behavior>

Documentation BH

For the initial assessment (**CPT code 96156**), the progress notes must include at a minimum the following elements: o Onset and history of initial diagnosis of physical illness,

- Clear rationale for assessment,
 - Assessment outcome including mental status and ability to understand or respond meaningfully, and
 - Goals and expected duration of specific psychological intervention(s), if recommended.
 - For re-assessment (CPT code 96156), detailed progress notes must include the following elements: Date of change in mental or physical status q3-6 months
- Clear rationale for re-assessment,

For the intervention service (**CPT codes 96158 - 96171**), progress notes must include, at a minimum, the following elements:

- Evidence the patient can understand and respond
- Clearly define BH Intervention planned
- Clearly stated goals
- Documentation that the intervention planned is expected to improve medical plan
- Rationale for frequency and duration of services



For all behavioral health billing and coding questions, please use the hcpf_bhcoding@state.co.us email address

For providers who are having challenges with claims, denials, conflicting guidance between MCEs, or other concerns, please submit your experience on this [Provider Escalation Request Form](#).

For more information contact:
hcpf_integratedcare@state.co.us

Thank you

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QUESTIONS

**NEXT SESSION DEEP DIVE
INTO COCM AND BHI CODE**



Resources

- American Psychological Association. (2019). *Health Behavior Assessment and Intervention CPT Codes for Psychologists*.
<https://www.apaservices.org/practice/reimbursement/health-codes/2022-health-behavior-assessment-codes-factsheet.pdf>
- American Psychological Association. (2020). *New codes and better reimbursement*.
<https://www.apa.org/monitor/2020/01/news-codes-reimbursement>
- Centers for Medicare & Medicaid Services. (2020). *Billing and Coding: Health and Behavior Assessment/Intervention*.
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57754&ver=7&#:~:text=Health%20and%20behavioral%20assessment%20procedures,management%20of%20physical%20health%20problems>

Resources

- Common questions about the Health Behavior Assessment and Intervention (HBAI) code changes, which became effective January 1, 2020, the billing requirement for a primary physical diagnosis (not a mental health diagnosis), and restrictions on billing other codes on the same day., all the core principles of the 2020 change remain.
- <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52434>

Resources

- Additional BHI Coding Resources
- [Bringing Behavioral Health Into Your Practice Through a Psychiatric Collaborative Care Program *FPM* Article Integrating Behavioral Health Into Primary Care |](#)
- [*FPM* Article Innovative Care Delivery: Behavioral Health Integration and Home-based Primary Care *FPM* Article Family Medicine Practice Hack: Behavioral Health Integration](#)[AAFP BHI Learning Forum](#)
- [Free CMEAMA BHI Compendium](#)[AIMS Center: Advancing Integrated Mental Health Solutions](#)[Substance Abuse and Mental Health Services Administration](#)
- [Medicare Learning Network Booklet: Behavioral Health Integration Services](#)



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Email: easyconsultation@cuanschutz.edu

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Psychiatric Consultation:

- Access line for peer-to-peer consultation; medically complex, geriatric & SUD expertise
- Additional focus on nursing home support
- E-consults; asynchronous contact

Education:

- ECHOs and other educational forums
- Website/Toolkits for resources

Referral & Support:

- Curated mental health resources and resources for other community supports

Events on the Horizon

3/18/2026, 12:00-1:00

**Coding and Billing to Support Integrated Behavioral Health
Part 2**

Pam Ballou-Nelson

Join Zoom Meeting

<https://ucdenver.zoom.us/j/95370239124>

Scan to complete evaluation



https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_e2uPSVRptGKd3X8

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THANK YOU!

