HABI AND (**Also referred to as HBAI)**
BHI CODES
WHAT DO THEY MEAN FOR MY PRACTICE
NOVEMBER 13TH

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AGENDA

Session Objectives

Define the HBAI Codes:

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

Overview of the BHI code 99484 and compare its requirements to those of the CoCM codes.

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

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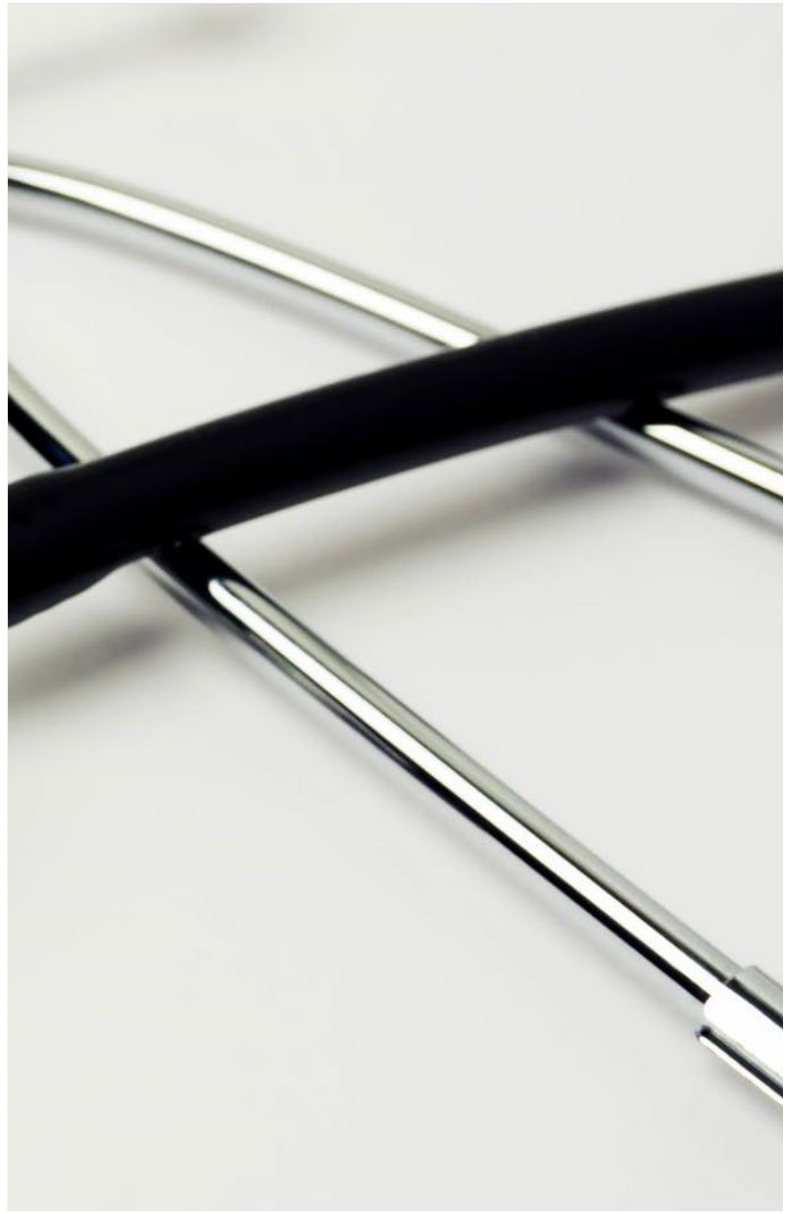
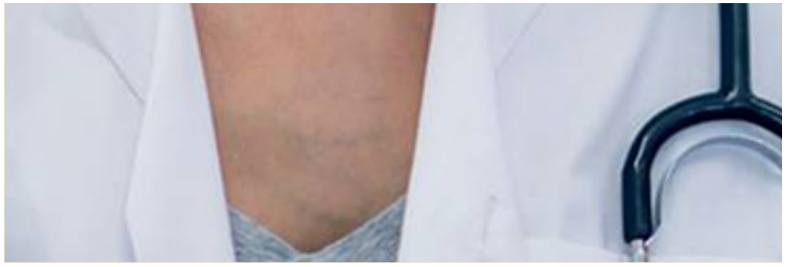


"THE UNDERLYING PRINCIPLE OF BEHAVIORAL HEALTH INTEGRATION IS THAT PHYSICAL, BEHAVIORAL, AND SOCIAL HEALTH ARE ***INEXTRICABLY INTERTWINED***.

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)



UPDATES

Use of virtual BHM, use of outside vendor for BHM:	Met with HCPF 11/3 Yes BHM can be virtual and yes you can use a vendor for the BHM CoCM and BHI (HCPF) **For virtual components practices need to be in compliance with the Departments Telemedicine policy.**
BHM requirements: CoCM and BHI	Yes, BHM must be credentialed staff for Colorado Medicaid no so for Medicare and commercial just trained to do the duties required. All BHM that bill BH codes must be credentialed. (HCPF)
Patient types for CoCM, BHI and HABI codes *	**General BHI code 99484** Patients may, but don't need to have, comorbid, chronic, or other medical conditions that the billing practitioner manages. **HABI codes:** Health and Behavior Assessment and Intervention (HABI) codes are used for patients with co-occurring medical physical conditions when the services address the psychological, behavioral, or emotional impact of the physical illness. These codes are appropriate when a patient's physical health problem is the primary diagnosis and the intervention is needed to manage factors affecting that physical condition, such as treatment adherence or adjustment to illness. **CoCM Codes: CoCM Patient condition:** The patient must have a mental health or substance use disorder that requires management through a collaborative care model. The physical condition can exist alongside the behavioral health condition, but the services billed through CoCM are for the behavioral health aspect of care. The codes are for patients with behavioral health conditions that need more complex care, even if they also have physical health conditions.

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 (HBAI)**	**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 HBAI 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 **Service Providers:** Licensed behavioral health providers **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.
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
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	
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	

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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	

HABI BILLING RULES

Restrictions

- A HBAI code and a Collaborative Care Management (CoCM) code cannot be billed together for the same member in the same month.
- HBAI code and a psychotherapy code cannot be billed together on the same date of service.

Billing

- Practices must be contracted with a Regional Accountable Entity (RAE) or MCO as a PCMP to bill HBAI codes.
- PCMPs should use the most appropriate diagnosis when billing HBAI codes, however, a behavioral health diagnosis is not required.

Source HCPF *July 1, 2025*

HABI BILLING RULES **BILLING**

- ***Evaluation and management services codes (including counseling risk factor reduction and behavior change intervention [99401-99412]) should not be reported on the same day as health behavior assessment and intervention codes 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 by the same provider.***

- Source Codify AAPC 2025

- Health behavior assessment and intervention services (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171) ***can occur and be reported on the same date of service as evaluation and management services (inc***luding counseling risk factor reduction and behavior change intervention [99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412]), as **long as the health behavior assessment and intervention service is reported by a physician or other qualified health care professional and the evaluation and management service is performed by a physician or other qualified health care professional who may report evaluation and management services.**

- **No 25-modifier required for Medicaid**

HABI BILLING RULES

- Codes 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 describe services offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the psychological and/or psychosocial factors related to the patient's health status. These services do not represent preventive medicine counseling and risk factor reduction interventions.

- For patients that require psychiatric services (90785-90899), adaptive behavior services (97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T) as well as health behavior assessment and intervention (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171), report the predominant service performed. Do not report 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 in conjunction with 90785-90899 on the same date.

HABI BILLING RULES

- Do not report 96158, 96164, 96167, 96170 for less than 16 minutes of service.
- **For health behavior assessment and intervention services 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 performed by a physician or other qualified health care professional who may report evaluation and management services, see Evaluation and Management or Preventive Medicine Services codes)**

- **Do Not report**
- **96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 in conjunction with 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)**

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.
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 HBAI service, however, the rendering provider on the claim must be listed as the licensed

DOCUMENTATION

- Documenting "HABI" (Health and Behavior) codes typically involves detailing the assessment and intervention, including the **specific standardized instrument used**, the **reason for administration**, the **raw score or results**, and clinical notes 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
- 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

BHI CODES

General BHI (CPT code 99484) Shares common required service elements with CoCM, but has fewer requirements:

BHI FROM MLN MEDICARE APRIL 2025

You may also use CPT code 99484 to report models of care that don't involve a psychiatric consultant, or behavioral health care manager, although these personnel may deliver General BHI services. CMS expects to refine this code over time, as more information becomes available about other BHI care models in use.

General BHI Service Parts

- Initial assessment, including administering applicable validated clinical rating scales
- Systematic assessment and monitoring, using applicable validated clinical rating scales General BHI Care Team Members • Treating (Billing) Practitioner – A physician or non-physician practitioner, such as a PA, NP, CNS, or CNM, typically in primary care but may be in another specialty, like cardiology, oncology, or psychiatry.
- The primary care team's joint care planning with the patient, with care plan revision for patients whose condition isn't improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with an appointed care team member • Patient – A member of the care team. • Potential Clinical Staff – The billing practitioner delivers the service in full or uses qualified clinical staff to deliver services using a team-based approach. Clinical staff includes contractors who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant.

Tip: We allow psychiatric consultants and other care team members to offer certain services remotely under BHI codes

BHI FROM MEDICARE 2025 NOT PART OF MEDICAID

- **New for CY 2025** To make behavioral health care more accessible, we added new codes in the CY 2025 Medicare Physician Fee Schedule (MPFS) Final Rule. These updates focus on helping patients at risk of suicide and improving follow-up care after a crisis. ***Safety Planning & Crisis Care Updates We encourage providers to use safety planning for patients at risk of suicide. To support this effort, we introduced new billing codes***: • G0560 – Safety planning interventions for patients with suicidal ideation or overdose risk • Billed in 20-minute increments when the billing practitioner performs the service • Applies in various settings to ensure accessible crisis care • G0544 – Post-crisis follow-up care • Requires specific protocols for telephonic follow-up after emergency department discharge • Covers up to 4 follow-up calls per month as part of bundled crisis care services

GENERAL BHI CODE 99484

- **Current Procedural Terminology (CPT) code 99484:** care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month
- Patients who have not been seen within one year before the start of BHI services must have an initiating visit. An initiating visit can include the annual wellness visit, Welcome to Medicare, transitional care management, or other qualifying evaluation and management service.
- BHI and CoCM cannot be billed in the same month for the same patient.
- BHI OR CoCM can be billed in the same month as chronic care management or transitional care management services. However, the time and activities used to meet the criteria for another service cannot be counted toward BHI or CoCM.
- Shares common required service elements with CoCM, but has fewer requirements:
- https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/behavioral-health-integration-coding.html#:~:text=Behavioral%20health%20integration%20(BHI)%20services,across%20the%20health%20care%20system.

BHI BILLING

Licensed behavioral health providers who are qualified to bill traditional psychiatric evaluation and therapy codes for Medicare recipients may bill for additional psychiatric services in the same month that patients receive BHI care management services. However, time reported for psychotherapy services may not be included in the time applied to COCM Codes billing BHI codes 99492, 99493, 99494, or BHI CODE 99484.

The rendering provider on the claim must be Medicaid-enrolled and oversee treatment. Post-masters level providers working towards clinical licensure may provide the BHI service, however, the rendering provider on the claim must be listed as the licensed clinician that is enrolled in Medicaid that is either providing or supervising the integrated care service.

General Behavioral Health Integration Codes

Code	Service Description	Time	Provider Types
99484	Care management services for behavioral health conditions involve at least 20 minutes of clinical staff time per calendar month under a physician or other qualified health care professional's direction. The services must include: • Initial assessment or follow-up monitoring, including using applicable validated rating scales. • Behavioral health care planning about behavioral or psychiatric health problems, including revision for patients not progressing or whose status changes. • Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation. • Continuity of care with an appointed care team member.	Min. 20 minutes per month	**Billing Providers:** 05, 16, 25, 26, 32, 39, 45, 61 **Service Providers:** Licensed behavioral health providers **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

HCPF July 1 2025

Appropriate DX code that supports medical necessity

			that supports medical necessity.
G0323	Care management services for behavioral health conditions cover at least 20 minutes of clinical psychologist or clinical social worker time per calendar month, including: • Initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning for behavioral or psychiatric health problems, with revision for patients who aren't progressing or whose status changes. • Facilitating and coordinating treatment, such as psychotherapy; coordination with and referral to physicians and practitioners who Medicare authorizes to prescribe medications and furnish Evaluation and Management (E/M) services; counseling or psychiatric consultation; and continuity of care with an appointed care team member.	Min. 20 minutes per month	

For more information contact:

hcpf_integratedcare@state.co.us

Tip: Psychiatric diagnostic evaluation, CPT code 90791, serves as the initiating visit for G0323. From MLN April 2025

- **G0323 is a specific billing code for clinical social workers and psychologists that was created to parallel the services covered under 99484.**

- **HCPCS Code G0323 (General BHI Billing for Licensed Independent Social Workers & Clinical Psychologists)**

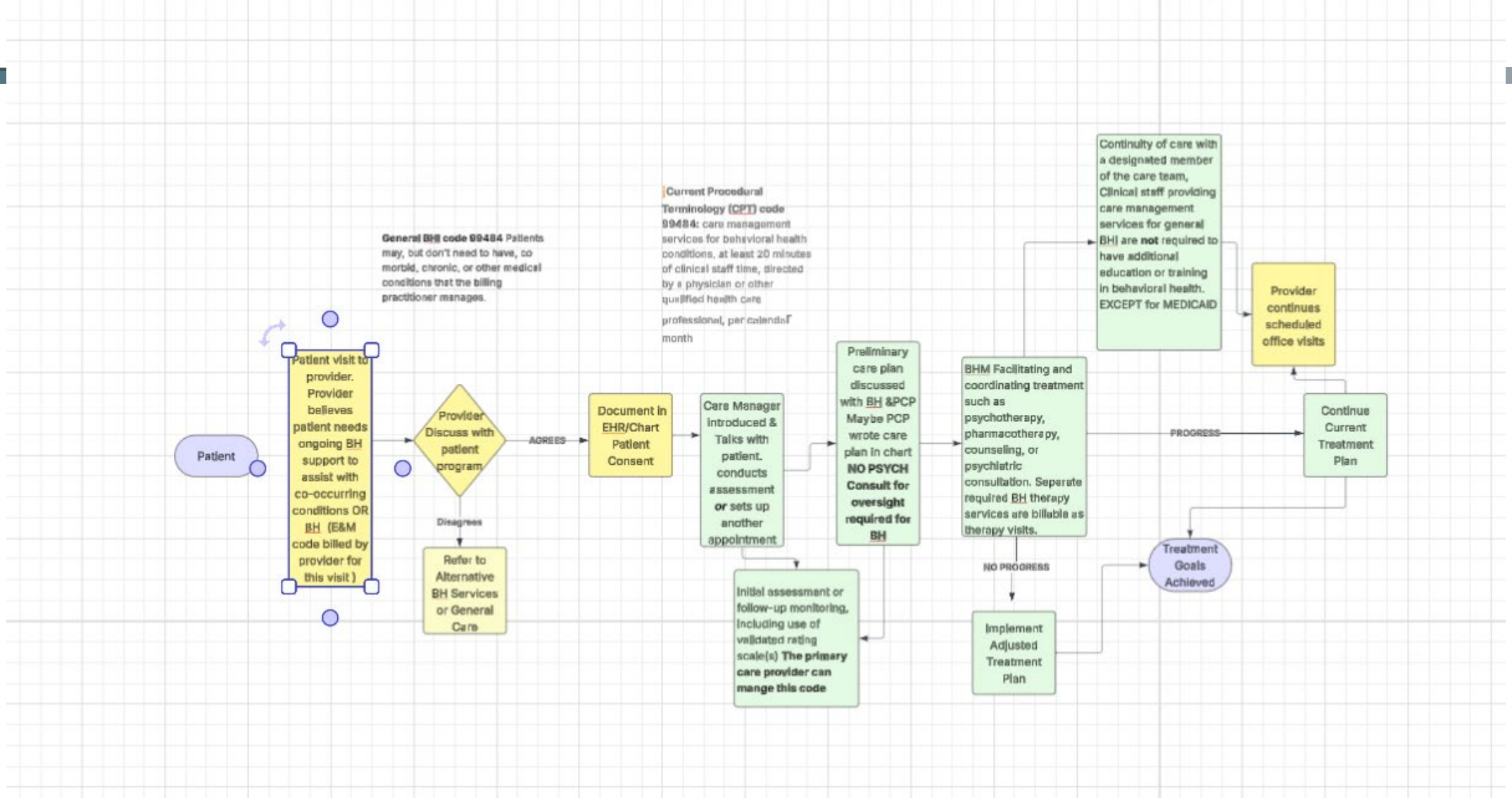
- Code G0323 was introduced in 2023 to expand the types of healthcare professionals who could administer reimbursable BHI care management services. This code has the same conditions as CPT code 99484, but the care can be supervised by clinical social workers and clinical psychologists in addition to licensed providers. The hope is that code G0232 encourages broader participation in and implementation of BHI programs.

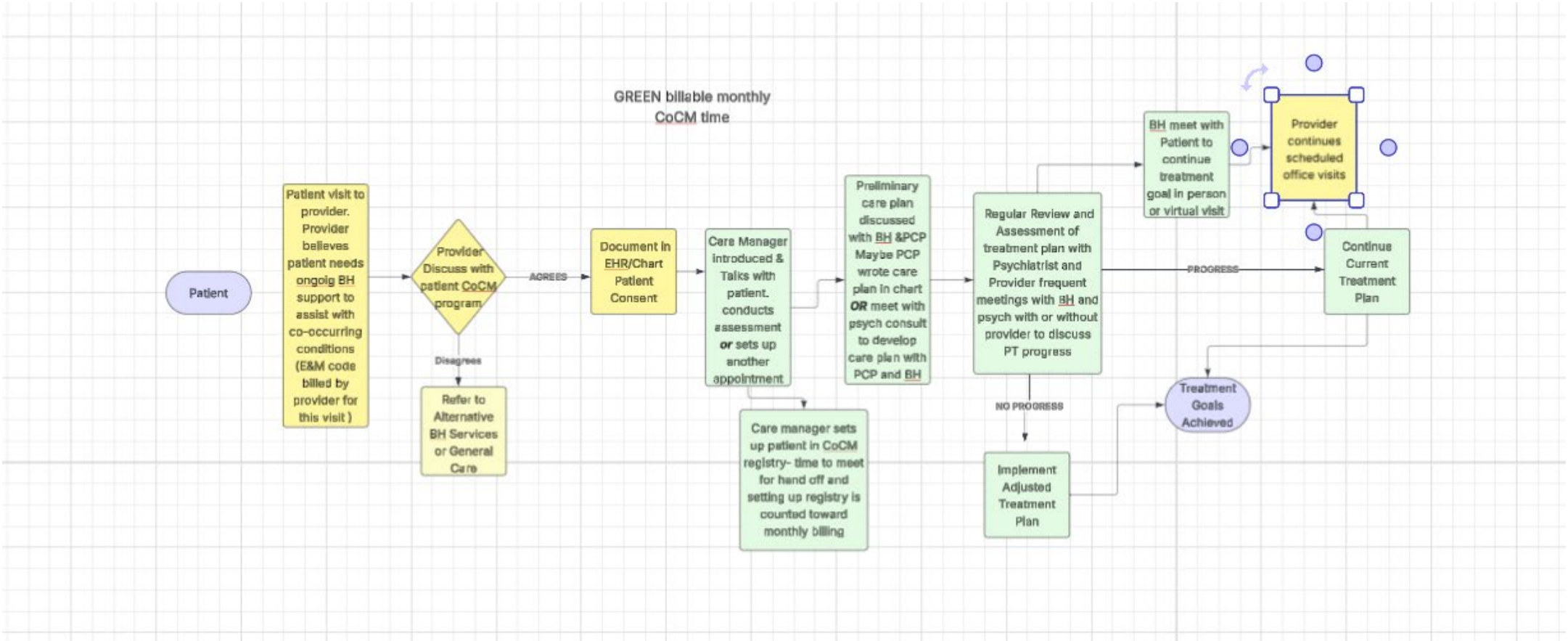
- CMS emphasizes that an overseeing provider should be central to the BHI care plan's creation, monitoring, and periodic adjustments. However, other behavioral healthcare professionals can supervise or distribute monthly care to patients and bill their services under code G0323.

BHI BILLING

Restrictions

A general BHI code and a Collaborative Care Management (CoCM) code cannot be billed together for the same member in the same month. A BHI code and a Health Behavior Assessment and Intervention (HBAI) code cannot be billed together for the same member in the same month.


General BHI code 99484 Patients may, but don't need to have, co morbid, chronic, or other medical conditions that the billing practitioner manages.
Current Procedural Terminology (CPT) code 99484: care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month
Patient
Patient visit to provider. Provider believes patient needs ongoing BH support to assist with co-occurring conditions OR BH (E&M code billed by provider for this visit)
Provider Discuss with patient program
AGREES
Disagrees
Refer to Alternative BH Services or General Care
Document in EHR/Chart Patient Consent
Care Manager introduced & Talks with patient. conducts assessment or sets up another appointment
Initial assessment or follow-up monitoring, including use of validated rating scale(s) The primary care provider can mange this code
Preliminary care plan discussed with BH &PCP Maybe PCP wrote care plan in chart NO PSYCH Consult for oversight required for BH
BHM Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation. Separate required BH therapy services are billable as therapy visits.
NO PROGRESS
Implement Adjusted Treatment Plan
PROGRESS
Continue Current Treatment Plan
Treatment Goals Achieved
Continuity of care with a designated member of the care team, Clinical staff providing care management services for general BHI are not required to have additional education or training in behavioral health. EXCEPT for MEDICAID
Provider continues scheduled office visits


GREEN billable monthly CoCM time
Patient
Patient visit to provider. Provider believes patient needs ongoig BH support to assist with co-occurring conditions (E&M code billed by provider for this visit)
Provider Discuss with patient CoCM program
AGREES
Disagrees
Refer to Alternative BH Services or General Care
Document in EHR/Chart Patient Consent
Care Manager introduced & Talks with patient. conducts assessment or sets up another appointment
Care manager sets up patient in CoCM registry- time to meet for hand off and setting up registry is counted toward monthly billing
Preliminary care plan discussed with BH &PCP Maybe PCP wrote care plan in chart OR meet with psych consult to develop care plan with PCP and BH
Regular Review and Assessment of treatment plan with Psychiatrist and Provider frequent meetings with BH and psych with or without provider to discuss PT progress
PROGRESS
NO PROGRESS
BH meet with Patient to continue treatment goal in person or virtual visit
Provider continues scheduled office visits
Continue Current Treatment Plan
Implement Adjusted Treatment Plan
Treatment Goals Achieved

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

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 IntegrationAAFP BHI Learning Forum
- Free CMEAMA BHI CompendiumAIMS Center: Advancing Integrated Mental Health SolutionsSubstance Abuse and Mental Health Services Administration
- Medicare Learning Network Booklet: Behavioral Health Integration Services