

## 2024 Updates

# Medicare Reimbursement for Evidence-Based Health Promotion Programs

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# Welcome!

- All participants have entered the webinar in listen-only mode.
- Use the chat for any questions. We'll be sure to address questions at the end of the webinar.
- Today's webinar is being recorded. The slides and recording will be available within a few days on NCOA Connect (<https://connect.ncoa.org/>).
- **Live captioning** of this event is available for your use. If you would like to enable captions, look at the bottom of the screen and select "Live transcription" and "show subtitles."

# Thanks to Our Funder!



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# Impact of CY2024 Changes to the Medicare Physician Fee Schedule on Evidence-Based Programs



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# Agenda

- Overview of Changes in the CY2024 Physician Fee Schedule
- Health Behavior Assessment Intervention
- DSMT/MNT
- CHI/PIN
- Case Study Examples
- Questions

# Overview of Changes in the CY2024 Physician Fee Schedule



# Key Changes

- Health Behavior Assessment and Intervention (HBAI).
  - Expanded ability of Clinical Social Workers, Marriage & Family Therapists (MFTs), and Mental Health Counselors (MHCs) in addition to Clinical Psychologists (CPs) to provide HBAI.
- Continued access to DSMT, MNT, and HBAI via Telehealth that extends into the home of a beneficiary.
- Creation of HCPCS codes to reimburse for labor to address health-related social needs (HRSNs).
- Creation of HCPCS codes for health navigation services for persons with serious, high-risk conditions.

# Health Behavior Assessment and Intervention Services





# What is HBAI



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- HBAI is a Medicare Part B benefit established to address the behavioral, cognitive, emotional and psychosocial factors that affect the treatment or management of one or more physical health conditions.

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# Examples of issues that are addressed by HBAI

- Barriers to adherence to clinical treatment regimen
- Symptom management
- Risk-taking behaviors
- Cultural factors
- Lifestyle behaviors
- Limitations in implementing health-management related problem-solving techniques
- Coping with a chronic illness

# Methods of Providing HBAI Services

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- Individual Assessment
- Person Centered Plan
- Expected Outcomes
- Individual and/or Group Interventions

# HBAI Individual Assessment/Reassessment

- Assessment required to determine real or perceived barriers to chronic disease self-management.
- Determine if there is a mental illness that is the barrier to disease self-management.
- \*HBAI is not a mental health benefit.

# HBAI Person-Centered Plan

- Assessment and plan must be completed by the licensed provider (CP, CSW, MFT, or MHC)
- Plan should include support to address behavioral, cognitive, emotional, or psychosocial factors that affect the treatment or management or one or more physical health conditions.
- Recommendation for group intervention if appropriate.

# Group Recommendation

- The qualified practitioner will determine if HBAI group intervention is appropriate during the individual assessment.
- The qualified practitioner must provide direct supervision of the group intervention and monitor each participant's progress towards attaining their mutually agreed upon goals that were established in the person-centered intervention plan.
- The qualified practitioner can have assistance from health coaches to implement the group but direct supervision must be maintained for the duration of the group intervention.

# Examples of Group Interventions that could be applied

- Chronic Disease Self-Management Program (CDSMP)
- Chronic Pain Self-Management Program (CPSMP)
- Cancer: Thriving and Surviving Program (CTSP)
- Positive Self-Management Program (PSMP)

# Beneficiary Eligibility

- Medicare Part B or Medicare Advantage/SNP (with approval)
- Must have an underlying physical illness or injury
- Must be a behavioral, cognitive, emotional, or psychosocial barrier that is interfering with the treatment or management of the physical health condition(s).
- Referral with confirmation of the physical health diagnosis.



# Billing

- Only face-to-face time is billable.
- Each of the HBAI codes is billed in 15-minute increments.
- The Initial Health and Behavior Assessment (code 96150) should not exceed one hour (four units of 15 minutes each).
- HBAI services must be provided based on medical necessity.

# CSW Direct Supervision of Support Staff Requirement

- A CSW or other qualified practitioner must render HBAI services.
  - Only the CSW or qualified practitioner can conduct the assessment, develop the person-centered plan, and monitor progress towards attaining treatment goals.
- The CSW or qualified practitioner can use auxiliary staff to help deliver group interventions, but the CSW or qualified practitioner must be physically present for the duration of the interventions that was delivered with support staff.
- Support staff can be trained lay leaders or the CSW can be a trained leader for CDSME programs.

# Documentation Requirements

- Individual Assessment, Person-Centered Intervention Plan, expected outcomes
- Group Interventions
  - Instruction given
  - Goal setting
  - Progress towards attaining goals
  - Interventions provided to reinforce goals
  - Participant response

# HBAI Codes and Medicare National Rate

Code	Description	National Rate
96156	HBAI assessment/reassment	\$98.86
96158	HBAI intervention individual (1 <sup>st</sup> 30 min.)	\$66.91
96159	HBAI intervention indiv each 15 min additional	\$22.64
96164	HBAI group 1 <sup>st</sup> 30 min	\$10.32
96165	HBAI group each ea additional 15 min	\$4.66

# Limit on HBAI Services

- HBAI services must be provided based on medical necessity.
- Despite documented medical necessity, a Medicare Administrative Contractor (MAC) may impose an annual limit on the number of HBAI services that a beneficiary may receive.
- Currently, there is not national Medicare policy that exerts an annual HBAI service limit per beneficiary. Therefore, you should check with your MAC to determine if they impose an annual limit on the number of HBAI services that a beneficiary can receive.

# Financial Model (Individual)

Code	Description	National Rate
96156	HBAI assessment/reassessment	\$98.86
96158	HBAI intervention individual (1 <sup>st</sup> 30 min.)	\$66.91
96164	HBAI group 1 <sup>st</sup> 30 min	\$10.32
96165	HBAI group each ea additional 15 min	\$4.66

- Interventions = Initial Assessment, Person-Centered Planning, Group
- 2.5 hour group = 96156 + [8x(96165)]
- Group Reimbursement = \$10.32 + [8x(4.66)] = \$47.66 for 6 weeks = \$285.96
- Total Reimbursement = \$98.86 + \$66.91 + \$285.96 = \$451.73
- Group of 12 = 12 x \$451.73 = \$5,420.76 for a CDSME group with 12 participants
- 85% = \$4,607.65

# Telehealth Application to HBAI, DSMT, and MNT



# CY2024 Expanded Telehealth Flexibility

- An originating site is the location where a patient gets physician or practitioner medical services through telehealth.
- Through December 31, 2024, all patients can get telehealth wherever they're located. They don't need to be at an originating site, and there aren't any geographic restrictions.
- A distant site is the location where a physician or practitioner provides telehealth.
- HBAI, DSMT, and MNT are each on the approved telehealth service list.



# Telehealth Requirements

- For most non-behavioral or mental telehealth, you must use 2-way, interactive, audio-video technology.
- Section 4113 of the Consolidated Appropriations Act, 2023 allows you to use audio-only telehealth for some non-behavioral or mental telehealth through December 31, 2024.
- Starting January 1, 2024, use:
  - POS 02-Telehealth to indicate you provided the billed service as a professional telehealth service when the originating site is other than the patient's home
  - POS 10-Telehealth for services when the patient is in their home



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Thank you



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# Q&A

- Enter your questions into the chat.
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- We appreciate feedback! Remember to complete your post-event survey. You can find it on the same page where you launched the webinar.