



April 16, 2021

Web Announcement 2473

Attention Provider Type 14 (Behavioral Health Outpatient Treatment):

**Update Regarding Claims for Behavior Assessment/Intervention
Procedure Codes**

Claims submitted by provider type (PT) 14 (Behavioral Health Outpatient Treatment) with dates of service on or after January 1, 2020, through March 15, 2021, may have been denied in error as the impacted codes were not linked to PT 14 in the Medicaid Management Information System (MMIS). Effective March 15, 2021, the codes listed below will adjudicate correctly when billed by PT 14 specialties 300 (Qualified Mental Health Professional (QMHP)), 305 (Licensed Clinical Social Worker), 306 (Licensed Marriage and Family Therapist) and 307 (Clinical Professional Counselor).

Impacted procedure codes:

Procedure Code	Procedure Code Description
96156	Health behavior assessment/reassessment
96158	Health behavior intervention, individual, face-to-face, initial 30 minutes
96159	Health behavior intervention, individual, face-to-face, each additional 15 minutes
96164	Health behavior intervention, group (2 or more patients), face-to-face, initial 30 minutes
96165	Health behavior intervention, group (2 or more patients), face-to-face, each additional 15 minutes
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
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

Claims submitted by PT 14 specialties 300, 305, 306 and 307 for the above procedure codes with dates of service on or after January 1, 2020, through March 15, 2021, that denied in error will be automatically reprocessed. A future remittance advice will report the results of the reprocessed claims.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.