Title	Description
Policy Name:	**Health Behavior Assessment and Intervention**
Policy Number:	BRM-2023-06
Code/Rule Reference:	OAC 4123-6-32, 4123-6-33; 4123-6-08; 4123-6-37.2; 4123-6-35; R.C. 4121.441; 4123.66
Effective Date:	06/01/2023
Origin:	Medical Policy
Supersedes:	All medical policies, directives and memos regarding Health Behavior Assessment and Intervention that predate the effective date of this policy
History:	Revised 4/28/2023; 1/1/2021; 1/1/2020; 07/01/2019; New 04/01/2018
Review date:	01/01/2028

I. POLICY PURPOSE: GENERAL OVERVIEW

The purpose of this policy is to ensure that the Bureau of Workers' Compensation (BWC) provides direction for the appropriate identification, provision of, and billing of health behavior assessment and intervention (HBAI) services available to eligible injured workers who may benefit from an assessment that focuses on identifying behavioral barriers impeding the injured workers' recovery which may be addressed through intervention services.

HBAI services are billed as defined in the American Medical Association Common Procedural Terminology (CPT) manual. These services focus not on mental health but on biopsychosocial factors important to physical health problems and treatments. A physical diagnosis (not psychological diagnosis) is required as the diagnosis treated and billed for under the HBAI service codes. Those conditions treated by HBAI do not qualify as mental health conditions. HBAI is limited to coaching and counseling for behavioral barriers that are negatively impacting an injured worker's healing from a physical injury. These services are clearly distinguished in the CPT manual from psychological counseling and medical or chiropractic visits for physical conditions, which are billed under different codes. Use of HBAI services to diagnose or treat a psychological condition will not be reimbursed.

Although behavioral barriers may be present in mental health conditions, and mental health conditions may negatively impact physical recovery, they are two distinct and separate phenomena, and it is essential in HBAI to distinguish them. Emotional reactions are intrinsic to any injury, and in fact can be present in health or disease. These commonly include perceptions and expectations for recovery or disability, fear of re-injury, catastrophic thinking, and perceived injustice. The majority of injured workers recover fully without dedicated attention to these emotions. However, in some circumstances, they lead to behaviors which can negatively impact healing of the physical injury, and so require additional coaching and counseling to achieve the goals of recovery.
Mental health conditions are distinctly diagnosed conditions, as individually defined in the International Classification of Diseases (ICD) manual, and often require medical management. Treatment of mental health conditions are not included in HBAI services and are treated under separate psychological counseling and medical treatment codes as indicated above.

II. APPLICABILITY

This policy is in direct support of OAC 4123-6-33 and applies to all actions relevant to the request, approval and reimbursement of Health Behavior Assessment and Intervention Services within the Ohio Workers' Compensation System.

III. DEFINITIONS

Health Behavior Assessment: This is a procedure used to identify the behavioral, emotional, cognitive, and social factors important to the prevention, treatment, and/or management of physical health problems. The focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments.

Health Behavior Intervention: These services are focused on improving the patient's health and well-being by utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems. These services do not represent preventive medicine counseling and risk factor reduction interventions. Services are limited to counseling and coaching.

Behavioral Barriers: Any identified factor that prevents the injured worker from adhering to treatment protocols or causes the injured worker to act in a manner which undermines the medical management and/or healing of an injured worker's allowed physical injuries, or that prevents the injured worker from effectively participating in the healing of the injured worker's allowed physical injury.

Examples of these barriers may be negative perceptions and expectations for recovery or disability which cause the injured worker to withhold important feedback needed by the physician in determining necessary medical treatment, or fear of re-injury which leads to the injured worker not adhering to a prescribed therapeutic treatment regime.

Initial Course of Treatment: A generally accepted standard clinical approach to addressing a physical injury. The clinical approach may vary depending on the nature of the physical injury, and will generally result from the informed medical opinion gained from an examination and/or other appropriate clinical evaluations

Coaching: A service provided to the injured worker to help facilitate the injured worker's understanding of the impact of behavioral barriers and to establish action-oriented goals to help modify behavioral barriers to improve healing and function of the injured worker's allowed work injury.

Counseling: A service provided to the injured worker to facilitate the injured worker's understanding of the impact of behavioral barriers and to provide actionable guidance to help modify behavioral barriers to improve healing and function of the injured worker's allowed work injury.

Ohio Administrative Code (OAC) Rule Based Treatment Guideline: Clinical evidence based guidelines recommended by BWC and BWC medical advisory committees and adopted by Ohio Administrative Code rule, designed to facilitate quality care and limit inappropriate utilization of care services. The OAC Rule Based Treatment Guidelines are different from the HPP Medical Treatment Guidelines (currently ODG).

Psychological Clearance: The psychological evaluation of an injured worker to assess the injured worker ability and readiness to successfully undergo the related medical procedure being requested for the injured worker.*

**It should be noted that the term psychological evaluation is used when talking about psychological clearance. Therefore, when the term psychological evaluation is used, and the psychological clearance definition is met, psychological evaluation will mean psychological clearance.*

IV. POLICY

A. Injured Worker Eligibility Criteria

An injured worker shall be eligible for consideration of health behavior assessment and intervention services if:

1) The injured worker has the capacity to understand and respond meaningfully during the face-to-face encounter.
   a) When requesting each HBAI service the physician of record (POR) must indicate that the injured worker meets this requirement.
   b) An injured worker would not have the capacity to understand and respond meaningfully during the face-to-face encounter because of factors including but not limited to:
      i) Dementia;
      ii) Delirium;
      iii) Severe and profound cognitive impairment;
      iv) Persistent vegetative state or no discernible consciousness;
      v) Impaired mental status; and
2) The injured worker meets the eligibility criteria in section IV.A.2) a) or IV.A.2) b) of this policy:
   a) The injured worker's POR determines:
      i) The injured worker is not progressing with their injury after the initial course of treatment, and
      ii) The injured workers' healing appears to be delayed due to behavioral barriers; or
   b) The injured worker is being evaluated by the POR, treating physician or operating surgeon in accordance with an established OAC Rule Based Treatment Guideline.

B. Prior Authorization Request and Documentation for Health Behavior Assessment or Re-assessment Services

1) Requests for Health Behavior Assessment (HBA) or re-assessment services shall only be submitted by the POR on a *Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease* (C-9) form or equivalent.
2) Requests for health behavior assessment shall include:
   a) Documentation of the physical injury and treatment:
      i) Onset and history of the initial diagnosis of the physical injury or occupational disease resulting in the allowed condition(s) in the claim;
      ii) Summary overview of the injured worker's treatment and diagnostic studies to date, and applicable results;
   b) A statement documenting the injured worker's ability to understand and respond meaningfully during the assessment;
   c) The POR's clear rationale for the assessment, as demonstrated by:

i) Documentation of the behavior barriers that the POR believes exists; along with,
ii) A statement explaining how the injured worker's healing or recovery progress from the allowed condition(s) is impeded by the identified behavioral barriers;

d) A statement that the injured worker has not received a health behavior assessment in the prior twelve months.

3) Re-assessment may be considered reasonable and necessary when there has been a sufficient change in the injured workers' status warranting re-evaluation.
   a) The POR must provide clear rationale for why a re-assessment is required as demonstrated by information provided by the POR including:
      i) The date of the most recently performed health behavior assessment;
      ii) The results of the prior health behavior assessment, including documentation of the behavioral barriers identified;
      iii) Relevant reference to and outcomes of health behavior interventions received by the injured worker;
      iv) New and changed circumstances in the injured worker's physical status requiring re-assessment.
   b) The re-assessment must be directly related to the initial assessment, and can only occur once in a 12 month period.

C. HBA and Psychological Clearance or Psychological Evaluation

1) A health behavior assessment and a psychological clearance cannot be substituted for each other.
2) When OAC Rule Based Treatment Guidelines require a health behavior assessment prior to a surgery or procedure where psychological clearance may also be a part of the standard of care and accepted treatment protocols, the psychological services may not.
   a) be requested prior to the health behavior assessment **or**
   b) in lieu of a health behavior assessment
3) When conservative care requires a health behavior assessment, reimbursement for a psychological clearance will not be approved until
   a) the health behavior assessment has been completed, and
   b) recommended health behavior intervention services are rendered.
4) Unless medically necessary, a request for a health behavior assessment or health behavior re-assessment should not be combined with a request for a psychological evaluation.

D. Prior Authorization Request and Documentation for Health Behavior Intervention Services

1) Requests for health behavior intervention services shall only be submitted by the POR on a *Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease* (C-9) form or equivalent.
2) When a request for health behavior intervention services is received the medical necessity and appropriateness of the request will be evaluated against the following information:
    a) The most recent assessment report providing the basis for the request of intervention services;
    b) Recommendation(s) for specific goals, frequency and duration of proposed intervention services;
    c) Medical documentation which provides a clear rationale for the health behavior intervention, including an assessment of how the injured worker may benefit from the intervention.
    d) Documentation of the injured worker's ability to understand and respond in a meaningful way to intervention services.
3) Limitation on providers of intervention services:
    a) Intervention services may not be provided by the same provider who performed the health behavior assessment of the injured worker;
    b) Intervention services can be provided by a provider who is a member of the same group practice of a provider who has performed the health behavior assessment of the injured worker.
4) Prior to the POR's intervention services request being authorized, a completed health behavior assessment report must be submitted and accessible to the MCO for a determination of medical necessity and appropriateness.
5) Health behavior intervention services are limited to coaching and counseling services that address behavioral barriers identified and/or validated in the assessment.

E. Provider Eligibility

1) Health behavior assessment, reassessment or intervention services may be performed by any provider:
    1) Whose professional scope of practice is defined under state law includes health and behavior services; or
    2) Where state law:
        i) Permits professional certification in place of state licensure; and
        ii) The certification scope includes health and behavior services training.
2) Providers may include:
    a) Doctor of Osteopathic Medicine or Surgery (D.O.)

b) Doctor of Medicine (M.D.)
c) Doctor of Chiropractic (D.C.)
d) Certified Nurse Practitioner (CNP)
e) Clinical Nurse Specialist (CNS)
f) Certified Rehabilitation Counselor (CRC)
g) Occupational Therapist (OT)
h) Physician Assistant (PA)
i) Psychologist (Ph.D. or PsyD)
j) Licensed Social Worker or Licensed Independent Social Worker
k) Licensed Professional Counselor or Licensed Professional Clinical Counselor

F. Provider Documentation after rendering an Assessment, Re-assessment, or Intervention

1) For any provider completing a health behavior assessment or re-assessment, a report of findings must be submitted to the POR and MCO, that shall include at a minimum the following information, as appropriate:
   a) History of the work-related injury or occupational disease resulting in the allowed condition(s) in the claim, including the date of the physical injury;
   b) Overview of the injured worker's treatment and diagnostic studies to date, and the results;
   c) Identification and/or validation of existence of behavioral barriers or documentation to negate the existence of behavioral barriers;
   d) A statement signifying whether the injured worker's healing or recovery progress from the allowed condition(s) is or continues to be impeded by the identified behavioral barriers;
   e) Recommendation(s) for specific goals and duration or recommended changes to goals and durations of proposed intervention services;
   f) The results of one or more currently accepted health-focused questionnaire or risk screening tools. Those tools may include but are not limited to:
      i) Keele STarT Back Screening Tool (SBST);
      ii) Screener and Opioid Assessment for Patients with Pain (SOAPP);
      iii) World Health Organization Disability Assessment Schedule 2.0 (WHODAS);
      iv) Fear Avoidance Belief Questionnaire (FABQ);
      v) Linton Tool;
      vi) Functional Recovery Questionnaire (FRQ).
   g) Length of time of assessment, including start and stop time.

2) To assist in the determination of appropriateness of reimbursement for intervention services performed, providers of intervention services must submit medical documentation which includes, at a minimum:
   a) An overview of the intervention performed, including a reflection of the goals of the intervention services;
   b) Documentation of the injured worker's progress or lack of progress towards the goals of the intervention services for each visit;
   c) Description of the injured worker's engagement in his or her treatment; and
   d) The time in and time out and duration of health behavior intervention services.

G. Not Covered Intervention Services:

1) Preventive medicine counseling and risk factor reduction interventions are determined to not be reasonably related to, or medically necessary for, treatment of a work-related injury, and therefore are not reimbursable.
2) Because the focus and goals of Health Behavior Intervention Services are directed to treating an injured worker's physical injury, coaching and counseling services focused on personal, social, recreational, and general support are not reimbursable Health Behavior Intervention Services. Examples are:
   a) Family psychotherapy or mediation;
   b) Personal, social, recreational, and general support services;
   c) Maintain the patients or family's existing health and overall well being;
   d) Individual social activities;
   e) Teaching social interaction skills;
   f) Socialization in a group setting;
   g) General conversation;
   h) Vocational or religious advice;
   i) Tobacco or caffeine withdrawal support;
   j) Teaching the patient simple self-care;
   k) Exercise programs;
   l) Weight loss management;
   m) Maintenance of behavioral logs;
   n) Updating or educating family about the injured worker's condition;
   o) Educating non-immediate family members, non-primary care-givers, non-guardians, the non-health care proxy, and other members of the treatment team, e.g., health aides, nurses, physical or occupational

therapists, home health aides, personal care attendants and co-workers about the injured worker's care plan;

p) Treatment planning with staff;
q) Education of diabetic patients and their family members;
r) Medical nutrition therapy;
s) Maintaining the injured worker's or family's existing health and overall well-being;
t) Provision of support services, not requiring the skills of a mental health provider;
u) Provision of personal, social, recreational, and general support services;
v) Stress management;
w) Craft skill training;
x) Cooking classes;
y) Comfort care services;
z) Social activities;
aa) Consciousness raising;
bb) General educational activities;
cc) Sensory stimulation;
dd) Games;
ee) Grooming skills or services;
ff) Monitoring activities of daily living;
gg) Teaching self-care;
hh) Memory enhancement training;
ii) Case management;
jj) Activity principally for diversion.

H. Billing and Reimbursement

1) The following providers must use the appropriate Evaluation and Management (E&M) CPT® codes for reimbursement for health behavior assessment and intervention services:
   a) Doctor of Medicine,
   b) Doctor of Osteopathic Medicine or Surgery,
   c) Doctor of Chiropractic,
   d) Certified Nurse Practitioner,
   e) Clinical Nurse Specialist,
   f) Physician Assistants.

2) The following providers must use health and behavior CPT® codes for reimbursement for health behavior assessment and intervention services:
   a) Psychologist,
   b) Licensed Social Worker,
   c) Licensed Independent Social Worker,
   d) Licensed Professional Counselor,
   e) Licensed Professional Clinical Counselor,
   f) Certified Rehabilitation Counselor,
   g) Occupational Therapist.
3) Reimbursement shall be made only when the health and behavior CPT® code is billed with a diagnosis for the physical injury allowed in the claim.
4) Reimbursement is subject to the following frequency limitations:
   a) One health behavior assessment per twelve-month period, except as otherwise provided pursuant to OAC 4123-6-32, *Payment for Lumbar Fusion*;
   b) One reassessment per twelve-month period may be approved for an injured worker, to evaluate progress after receiving health behavior intervention services;
   c) Six hours of health behavior intervention services every twelve months. Additional intervention services may be approved during the year, if the POR provides documentation that the additional services are medically necessary.
   d) The twelve-month period is calculated starting from the approval date of the prior authorization C-9 request for the health behavior assessment, reassessment, or intervention services.

I. Addendum: HBAI Clinical Examples

1) Consider the situation in which an injured worker returns to her physician of record (POR) for reevaluation of her knee injury at an interval at which the provider would have expected full recovery. At the time of the visit, the knee looks red, feels warm, and is swollen. Because of these physical signs, the POR would order medically necessary and appropriate diagnostic studies to direct further treatment for the knee. Consider an alternative scenario where the injured worker arrives back for follow up with the knee looking as though it is healing properly, however is stiff with decreased range of motion, and is causing the injured worker to walk with a lurch. There is poor eye contact, a request for more pain medicine, a history of some missed therapy visits, and reports from the family that the injured worker is not walking as much as was

prescribed "because she is afraid she'll hurt it again." It is in this second scenario that the POR should be concerned that these signs point to behavioral barriers to the injured worker's physical recovery, specifically activity avoidance due to fear of re-injury. In this situation, referral for HBAI assessment is appropriate to address the behavioral barriers to physical healing, especially considering the alternatives of further unnecessary testing, possibly unnecessary procedures, more ineffective physical therapy in which the patient is not engaged, or perpetuation and/or escalation of opioid pain medication.

2) An injured worker is under the care of an ophthalmologist for treatment of a corneal (eye) abrasion. An ointment is prescribed. The injured worker returns to the provider after one week with red, irritated eyes. After additional questioning, the provider discovers that the ointment is causing burning and itching, and the injured worker has been rubbing his eyes. The provider gives coaching and counseling for the injured worker to avoid the behavior of eye rubbing, as part of the normal course of the visit.

3) An injured worker was giving a presentation to her team and a group of prospective clients. As she pulled down the projection screen, it came loose from the wall striking her on the head, and knocking her to the floor. She was diagnosed with contusion to the head and left hip, and cervical strain. She was prescribed chiropractic care and physical therapy. She complained of continued neck pain and headache after an initial course of treatment. Tight muscles and decreased range of motion was observed by her POR, however she also confided that she was very embarrassed by the incident, and felt ashamed to go back and face her coworkers and clients, afraid they would think she was clumsy and inept. Her physical therapist noted that she did not appear fully engaged in her exercise program. Because of these behaviors, her POR requested HBAI, with intervention focused on cognitive and behavioral retraining.

4) An injured worker presents to the office complaining of moderate to severe low back pain after lifting a 50-pound drum off a skid at work. He describes the pain as a sharp, stabbing sensation bilaterally across his low back. He was seen at the ER where he was instructed to use ice and pain medication, and stay off for three days. He was instructed that if the pain persisted after three

days that he was to consult his family physician or follow-up at the hospital's Occupational Medicine department. At the follow up appointment, he had decreased range of motion and tests reproducing the pain along the lumbar spine. He was diagnosed with Acute Lumbar Sprain. The injured worker stated that he had trouble with his daily activities, especially walking short distances, getting up and down out of a seated position, and disturbed sleep. Simple household tasks such as light cleaning and doing the dishes were difficult to perform or complete since the injury. He stated he has never had anything like this before and feels helpless since getting hurt at work. He stated that he wants to get back to work, but not too soon in case he would re-injure his back and make things worse. Physical therapy and medication were prescribed, as well as a walking program. At follow up, evaluation for return to work was planned. However, this initial course of conservative medical care produced minimal improvement in pain control or function. Below are details of the initial care, and then some medical decision-making options:

Scenario #1	**Scenario #2**
3x/week for 4 weeks PT – Est. Cost: $1200.00 L/S X-ray – Est. Cost: $65.26	3x/week for 4 weeks PT – Est. Cost: $1200.00 L/S X-ray – Est. Cost: $65.26
One month supply of Pain Meds: Est. $800.00	One month supply of Pain Meds– Est. $800.00
Established Patient Exam (Re-eval): Est. $100.00	Established Patient Exam (Re-eval): Est. $100.00
At 4 weeks, POR could: 1. Extend PT additional time 2. POR could increase pain meds 3. Request additional diagnostic testing 4. Request consultation with a specialist	At 4 weeks, POR could: 1. Extend PT additional time 2. POR could increase pain meds 3. Request additional diagnostic testing 4. Request consultation with a specialist
Decision Time- Minimal Improvement @ 4wks **Injured worker reports high pain levels and says he cannot perform ADL's** **Objective signs noted by POR indicate better than reported results by injured worker; however, POR determines to take a different approach with this case**	**Decision Time-Minimal Improvement @ 4 wks. Injured worker reports high pain levels and he cannot perform ADL's** **Injured worker has missed a few PT appointments because he feared re-injury and it hurt worse at times**

given the history, subjective, and objective findings injured worker has missed a few PT appointments because he feared re-injury and it hurt worse at times	**Objective signs noted by POR indicate better than reported results by injured worker, but determines to move forward with generally accepted medical approaches**
Behavioral Barriers identified: • **Feeling of helplessness as noted by injured worker** • **Missed a few PT appts.** • **Not stretching at home** • **Fear of re-injury** • **Can't perform ADL's – too much pain**	
HBAI OPTION: HBA requested – Est. Cost: $122.36 Identified Coping and/or Behavior Barriers – Intervention Services requested – Est. Cost: $449.44 HBA Reassessment at 6 weeks: $87.33	**CONTINUED MEDICAL CARE:** Order MRI: Est. cost: $298.77 Additional PT 2-3x/wk for 4 weeks – Est. cost $1000.00 Additional supply of Pain Meds - $Est. 800.00
POR develops strategy after barriers have been identified, confirmed, and addressed (i.e. helping him cope with his "fear of re-injury") – Injured worker returns to work light duty for two weeks with recommended PT 1xwk for 6 weeks (Est. cost- $600.00) as transition back to work – Injured worker back to work FD at 4 weeks from transition of LD – Injured worker continues to utilize home exercise and coping skills strategy – Pain medications are discontinued and injured worker is back to work.	Injured worker reports no better POR recommends Pain Management Specialist Consult –Est. cost $200.00 Pain specialist recommends Injections – Est. cost $800.00 for (2) – Total: $1000.00 ***Injured worker still not back to work. Spine surgery consultation requested.***
Estimate in Total Care Costs $3424.39 (savings in TT not included)	**Estimate in Total Care Costs** $5464.03 *Still not back to work*