



UM-CDG-084 Health and Behavioral Assessment
Intervention

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address health and behavioral assessment/intervention. These services are designed to address the psychological, emotional, cognitive, and behavioral factors that affect physical health conditions and treatment adherence. Utilization management ensures that these interventions are evidence-based, clinically appropriate, and delivered in a manner to support optimal patient outcomes.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan considers health and behavioral assessment, initial and reassessment, and intervention services as medically necessary when the following criteria are met:

1. The member has an underlying physical illness or injury, and
2. There are indications that biopsychosocial factors may be significantly affecting the treatment or medical management of an illness or injury, and
3. The member is alert, oriented, and has the capacity to understand and to respond meaningfully during the face-to-face encounter, and
4. The member has no documented need for psychological evaluation or intervention to successfully manage their physical illness and activities of daily living (ADLs), and
5. The assessment is not duplicative of other provider assessments.

In addition, for a reassessment to be considered reasonable and necessary, there must be documentation that there has been a sufficient change in the mental or medical status warranting re-evaluation of the patient's capacity to understand and cooperate with the medical interventions necessary to their health and well-being.

Health and Behavioral Intervention with the family and member present is considered reasonable and necessary for the patient if the family representative directly participates in the overall care of the member.

SECUR Health Plan will consider the following as not medically necessary for the member who:

1. Does not have an underlying physical illness or injury, or
2. For whom there is no documented indication that a biopsychosocial factor may be significantly affecting the treatment, or medical management of an illness or injury (i.e., screening medical patient for psychological problems), or
3. Does not have the capacity to understand and to respond meaningfully during the face-to-face encounter, because of:
4. Dementia that has produced a severe enough cognitive defect for the psychological intervention to be ineffective
 - Delirium
 - Severe and profound mental retardation
 - Persistent vegetative state/no discernible consciousness
 - Impaired mental status such as disorientation to person, time, place, purpose; inability to recall current season, location of own room, names and faces; inability to recall being in a nursing home or skilled nursing facility; or does not require psychological support to successfully manage their physical illness through identification of the barriers to the management of physical disease and ADLs.

Examples of health and behavioral intervention services that are not covered and are not considered medically necessary include:

- To provide family psychotherapy or mediation
- To maintain the patient's or family's existing health and overall well-being
- To provide personal, social, recreational, and general support services. Although such services may be valuable adjuncts to care, they are not medically necessary psychological interventions.
- Individual social activities
- Teaching social interaction skills
- Socialization in a group setting
- Vocational or religious advice
- Tobacco or caffeine withdrawal support
- Teaching the patient simple self-care
- Weight loss management
- Maintenance of behavioral logs

SECUR Health Plan requires the following in terms of supporting documentation for these requests:

For the initial assessment, documentation in the medical record must include evidence to support that the assessment is reasonable and necessary, and must include, at a minimum, the following elements:

- Date of initial diagnosis of physical illness, and
- Clear rationale for why assessment is required, and
- Assessment outcome including mental status and ability to understand and respond meaningfully, and
- Goals and expected duration of specific psychological intervention(s), if recommended.

For reassessment, detailed progress notes to support medical necessity must include the following elements:

- Date of change in mental or physical status
- Sufficient rationale for why reassessment is required, and
- A clear indication of any precipitating events that necessitate reassessment.

For the intervention service, evidence to support medical necessity must include, at a minimum, the following elements:

- Evidence that the patient has the capacity to understand and to respond meaningfully
- Clearly defined psychological intervention planned
- The goals of the psychological intervention
- The expectation that the psychological intervention will improve compliance with the medical treatment plan
- The response to the intervention, and
- Rationale for frequency and duration of services

Initial assessment should not exceed 1 hour in duration (4 units).

Reassessment should not exceed 1 hour in duration (4 units).

References:

1. American Medical Association. Coding consultation: Questions and answers. *CPT Assistant*. 2004;14(2):11.
2. Local Coverage Determination (LCD) L37638, Health and Behavioral Assessment/Intervention, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37638&ver=31>