



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

PAYERS GUIDE

Implementing Caregiver Behavior Management Training CPT® Codes

NEW CAREGIVER BEHAVIOR MANAGEMENT TRAINING CPT® CODES GO INTO EFFECT JANUARY 1, 2023.

Work with your claims system to turn on codes 96202 and 96203 and ensure psychologists will be reimbursed for these EFFICIENT, ECONOMICAL, and EFFECTIVE services.

What are Caregiver Behavior Management Training services?

Caregiver Behavior Management Training (CBMT) services are a new base/add-on code pair that reflects behavioral modification/management training provided to multiple-family groups of parent(s)/guardian(s)/caregiver(s) of a patient with a mental or physical health diagnosis (without the patient present).

The purpose of the group-based behavioral management/modification training services is to teach the parent(s)/guardian(s)/caregiver(s) interventions that they can independently use to effectively manage the identified patient's illness(s)/disease(s). Behavioral training associated with this service requires the clinical expertise of at least one psychologist or qualified health care professional (QHP) who is well versed in evidence-based behavior modification/management procedures and strategies.

These group-based services are typically delivered in-person; however, using telemedicine can remove barriers to treatment attendance that are commonly found in multisession training programs (McGrath et al., 2011), as well as reduce travel demands and attrition rates, extend the reach of specialty care experts, and increase patient and parent/caregiver access to treatment (Spear et al., 2007).

Codes 96202, 96203 are used to report the total duration of face-to-face time spent by the psychologist or QHP providing the group-based behavioral management/modification training services. Code 96202 is used to report the first 60 minutes of service, and the add-on code, 96203, is used to report each additional 15-minute increment of service required to complete the service.

96202 Multiple-family group behavior management/modification training for guardians/caregivers of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; initial 60 minutes

96203 Multiple-family group behavior management/modification training for guardians/caregivers of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; each additional 15 minutes (List separately in addition to code for primary service)

NOTE: These services do not represent preventive medicine counseling and risk factor reduction interventions (codes 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412).

Caregiver Behavior Management Services are Efficient, Economical, and Effective

Efficient Care

Multiple-family group behavior management/modification training is provided to parent(s)/guardian(s)/caregivers of multiple patients simultaneously. So, more patients are helped by fewer providers over less time when compared to individual or family therapy treatment sessions. For example, providing a 60-minute group caregiver behavior management service for five patients over 12 sessions would result in 720 minutes of direct patient care, compared to treating five patients with family therapy for 12 sessions, which would result in 3,600 minutes of direct patient care. **This efficiency improves access to care.**

Economical Care

The cost of conducting group parent/guardian/caregiver interventions is less than providing these services to each individual family. Five patients completing 12 sessions of multiple-family group behavior management/modification training is substantially less costly than five patients completing 12 sessions of family therapy (90847) or family health behavior intervention (96167, 96168) services. **This model of care results in cost savings.**

Additional Cost Reductions Examples

Reduced pharmacy costs for Attention-Deficit/Hyperactivity Disorder (ADHD)

Empirical literature recommends starting with behavioral treatment before initiating medication for ADHD (Coles et al., 2020). This research supports prior recommendations (e.g., Pelham et al., 2016) showing the benefits on treatment outcomes and financial costs of starting group-based behavioral treatment before prescribing medication for ADHD. For those with prescriptions for ADHD medication, lower doses of medication can achieve comparable benefits. As pharmacy costs are one of the major expenses of ADHD, behavioral treatment could save on average \$700 per case (Page et al., 2016). Behavioral treatment is thus an effective treatment and a good cost containment strategy.

Mitigating Obesity Costs

According to the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), obesity costs the U.S. health care system \$147 billion a year (CDC/NCCDPHP, 2020). Effective interventions for children with obesity help reduce morbidity and mortality in adulthood, as well as the economic costs associated with treating obesity-related diseases. Behavioral modification/management treatment emphasizing health-related behavioral change using parent(s)/guardian(s)/caregiver(s) as the modality of change has been shown to be an effective intervention for the management of pediatric obesity (Goldfield et al., 2001).

Offset Treatment Cost of Older Adults

Given the increasing population of adults over 65 years old and escalating healthcare costs, the financial benefit of widespread access to behavioral modification/management training could more than offset the treatment cost (Sansoni et al., 2013). The use of behavioral modification/management services also delays the time for nursing home placements for people with dementia (Mittelman et al., 2006; Gaugler, Reese, & Mittelman, 2013; Mittelman et al., 1993; Mittelman et al., 1996).

Effective Care

A large body of research proves the effectiveness of direct interventions with the parent(s)/guardian(s)/caregiver(s) of children and adolescents who have been diagnosed with a mental health (e.g., attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, autism spectrum disorders (ASD), and developmental disabilities) or physical health (e.g., obesity, dementia, diabetes, and gastrointestinal disorders) condition. Although the child is the “identified patient,” the “parent/caregiver only” sessions are conducted to increase parents’/caregivers’ knowledge and ability to manage the identified patient’s condition(s) and improve the identified patient’s health and well-being more effectively. **This model of care is effective at improving patient outcomes.**

Efficacy Examples

ADHD Example

One example is the treatment of children and adolescents with ADHD. The Centers for Disease Control and Prevention (CDC) recommends that ADHD treatment of all children ages 12 years old and younger should include behavioral therapy, and for children younger than 6 years of age, behavior therapy should be the first line of treatment, prior to pharmacological intervention. Further, the CDC (2020) states “the type of behavior therapy that is most effective for this age is parent training in behavior management, meaning that therapists work with parents and teach them the skills needed to help their child better manage their ADHD.”

Pediatric Obesity Example

The U.S. Preventive Services Task Force (USPSTF; 2017) has reviewed the evidence on obesity in children and adolescents and the benefits and harms of weight management interventions—a total of 45 trials (n = 7099) of behavioral interventions for obesity. Based on their findings, they recommend that clinicians offer or refer children and adolescents 6 years and older to comprehensive, intensive behavioral interventions to promote improvements in weight status. Comprehensive, intensive behavioral interventions (26 contact hours) in children with obesity and adolescents can result in improvements in weight status for up to 12 months. Although the interventions across studies varied, one component common across all effective behavioral interventions was the participation of the identified patient’s parent(s)/guardian(s)/caregiver(s). Components of the most effective interventions included sessions targeting both children and their parents. Such sessions helped parents and children engage in stimulus control and assisted participants in identifying goals, self-monitoring, and problem-solving to accomplish their selected goals.

Dementia Example

Caregiver Behavior Management Training services do not only benefit the pediatric patient population. A significant amount of evidence also exists describing evidence-based intervention programs for caregivers of adult patients. These programs aim to enhance the caregiver’s ability to effectively manage behavior problems and deteriorations in functions of an adult patient with a physical or mental health condition.

One example is caregivers who provide help to older adults with dementia. Caregiver training interventions for patients with dementia focus on addressing specific behaviors the patient exhibits. Such interventions typically involve modifying patient and/or caregiver cognitions, behaviors, environments, or the precipitating events that contribute to problematic behaviors. Treatment goals of nonpharmacologic behavioral approaches include prevention, management, reduction, or elimination of behavioral occurrences (frequency, severity) and/or prevention of adverse consequences (harm to caregiver or patient) (Gitlin, Kales, Lyketsos, 2012).

Sources

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