Intensive Behavioral Therapy for Obesity Guidelines

Beginning November 29, 2011, Medicare will cover intensive behavioral counseling for patients that suffer from obesity. Defined as body mass index (BMI) of 30 kilograms per meter squared for the prevention or early detection of illness or disability. IBT for obesity consists of the following:

- Screening for obesity in adults using measurement of BMI which is calculated by dividing weight in kilograms by square height in meters.
- Dietary (nutritional) assessments:
- Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

Medicare covers a maximum of 22 IBT for obesity sessions in a 12 month period. Medicare beneficiaries who meet the previously mentioned criteria are eligible for:

- One face-to-face visit every week for the first month.
- One face-to-face visit every other week for months 2-6: and
- One face-to-face visit every month for months 7-12, if the beneficiary meets the 3 kg (6.6 pounds) weight loss requirement during the first 6 months.

At the 6 month visit a reassessment of obesity and determination of the amount of weight loss must be performed. To be eligible for additional face-to-face visits occurring once a month for an additional 6 months, beneficiaries must have achieved a reduction in weight of at least 3 kg (6.6 pounds) over the course of the first 6 months of intensive therapy.

This determination must be documented in the physician’s office records for applicable beneficiaries consistent with usual practice. For beneficiaries who do not achieve a weight loss of 3 kg (6.6 pounds) during the first 6 months of intensive therapy, a reassessment of their readiness to change and BMI is appropriate after an additional 6 month period.

Medicare provides coverage of IBT for obesity (BMI > 30 kgms per meter squared) for Medicare beneficiaries:

- Who are competent and alert at the time that counseling is provided: and
- Whose counseling is furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting.
Each IBT for obesity must be consistent with the 5A's approach by the USPSTF. This approach includes:

- **Assess**: Ask about or assess behavioral health risk(s) and factors affecting choice of behavior change goals or methods.
- **Advise**: Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
- **Agree**: Collaboratively select appropriate treatment goals and methods based on the beneficiary’s interest in and willingness to change the behavior.
- **Assist**: Using behavior change techniques (self help and/or counseling), aid the beneficiary in achieving agreed-upon goals by acquiring the skills, confidence, and social or environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate: and
- **Arrange**: Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance or support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

**Documentation:**

Medical records must document all coverage requirements, including the determination or weight loss at the 6 month visit.

**Primary Care Setting:**

For the purpose of this benefit, a primary care setting is defined as one which there is a provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs. Developing a sustained partnership with patients and practicing in the context of family and community. The following are considered primary care settings under this definition:

- Independent clinic
- Outpatient Hospital
- Physicians office, or
- State or Local Public health clinic

The following are not considered primary care settings under this definition.

- Ambulatory surgical centers
- Emergency departments
- Hospices
- Independent diagnostic testing facilities
- Inpatient hospital settings
- Inpatient rehabilitation facilities, and
• Skilled nursing facilities.

**Physician Types**

For the benefit of IBT services, the following Physicians are considered Primary Care Providers:

• Family Practice
• General Practice
• Geriatric Medicine
• Internal Medicine
• OB-GYN
• Pediatric Medicine

Also the following Practitioners may provide IBT services.

• Certified Clinical Nurse Specialist
• Nurse Practitioner
• Physician Assistant

**Frequency**

Medicare covers a maximum of 22 IBT for obesity sessions in a 12 month period. For beneficiaries that do not achieve a weight loss of at least 3 kg (6.6 pounds) during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6 month period.

A Medicare beneficiary may receive the entire 22 IBT visits for a year. In for the beneficiary to eligible an additional 22 visits, must be a 30 day break. **EXAMPLE:** A beneficiary gets the first IBT for obesity session in January 2012 and gets all 22 sessions. The count restarts in February 2013. There must be a 30 day break in sessions.
Covered Diagnosis codes

V85.30 – Body Mass Index 30.0 – 30.9 Adult
V85.31 - Body Mass Index 31.0 - 31.9 Adult
V85.32 - Body Mass Index 32.0 – 32.9 Adult
V85.33 - Body Mass Index 33.0 – 33.9 Adult
V85.34 - Body Mass Index 34.0 – 34.9 Adult
V85.35 - Body Mass Index 35.0 – 35.9 Adult
V85.36 - Body Mass Index 36.0 – 36.9 Adult
V85.37 – Body Mass Index 37.0 - 37.9 Adult
V85.38 - Body Mass Index 38.0 – 38.9 Adult
V85.39 – Body Mass Index 39.0 – 39.9 Adult
V85.40 - Body Mass Index 40.0 – 44.9 Adult
V85.41 – Body Mass Index 45.0 - 49.9 Adult
V85.42 - Body Mass Index 50.0 - 59.9 Adult
V85.43 - Body Mass Index 60.0 - 69.9 Adult
V85.45 - Body Mass Index 70 and over, Adult

Billable CPT Codes

Billable codes (Medicare)

G0447 - Behavioral counseling obesity (stand alone code)
G0444 - Depression screening (annual)
G0396 - Alcohol / Drugs
G0438 - Initial wellness visit (once in a lifetime)
G0439 - Annual Wellness (billed yearly)
G0436 - Smoking Cessation 3-10 minutes (Max 2 attempts – 8 sessions a year)
G0437 - Smoking Cessation greater than 10 minutes (Max 2 attempts – 8 sessions per year)

Billable code (Insurance)

99401 - Preventive medicine counseling individual (separate procedure) 15 minutes
99402 - Preventive medicine counseling individual (separate procedure) 30 minutes
99403 - Preventive medicine counseling individual (separate procedure) 45 minutes
97802 - Medical nutrition therapy individual initial (billable once every 3 years only for patients with diabetes & renal disease)
97803 - Medical nutrition therapy reassessment (diabetes & renal disease)
Additional hours may be requested by the Physician if diagnosis changes.
Medical Necessity

Obesity is a serious, chronic disease that if left untreated can result in serious effects on the body. These can include heart disease, type II diabetes, high blood pressure, sleep apnea. In women, being overweight contributes to an increased risk of a variety of cancers, such as breast, uterine, colon and gallbladder. In men, colon and prostate cancers.

The physician must realize that documentation is key. height, weight, BMI, lifestyle, co-morbidities’. The stronger your documentation it, the less likely you will run into an audit. Medical necessity for running in office testing requires the same as documentation goes. Analytical testing done in office can provide possible health anomalies that can be billed as well. It will be up to the Physician to charge the patient for analytical testing that reflect no other health anomalies are shown.

Billing protocols

When billing for these CPT codes, a provider can bill with an E&M code (i.e. 99213) as long as it is billed with a modifier “25” and the patients regular diagnosis such as diabetes, etc. When billing G0447 obesity code with an E&M code, and modifier “59” should be affixed to this code to reflect that is a distinct procedural service. Also this code should be billed with one of the covered diagnosis codes shown above.

It is also important to understand that additional CPT codes can be billed. If the patient drinks (drinking causes weight gain) then G0396 can be added and billed. As well as G0436 / G0437 Smoking cessation can be billed as long as you are working with the patient on this issue.

Nutritional products such as food replacements are normally not payable by Medicare or Insurance.

For Example:

99213 - 25  Expanded office visit  $74.92
G0447 - 59  IBT  $25.35
G0396 - 59  Alcohol intervention  $37.16
G0436 - 59  Smoking  $14.61
G0444 - 59  Depression Screen (Annual screen)  $18.84

Realize that you will not be using all the above codes on every patient on every patient. Use only the codes that apply to the patient.
Increasing Revenue

A physician can increase revenue for the practice in many simple ways. A physician that participates in general practice as well as counseling for obesity can do the following:

1) A patient is seen in the practice and in review of systems it is determined that the patient is obese and that the BMI is over 30. The patient may have hidden health issues.
2) In office testing may be conducted (i.e RM-3A). This testing is billable if it shows that the patient has elevated readings to indicate patient may have other health issues/risks.
3) The physician can be following and treating the patient for the health issues as well as treating the obesity counseling.

*The above check list of CPT codes and corresponding ICD-9 codes are suggested according to intended uses of the Renua Medical products. The practitioner is responsible for the compliance of the use of the CPT and ICD-9 codes according to the procedures of the AMA and Medicare. Renua Medical shall not be liable for any liability from the suggested CPT and ICD-9 codes in case of practitioners audit. Also be advised that the reflected Medicare allowable shown reflects an average reimbursement rate. Please check the National Medicare reimbursement chart for your states particular reimbursement.