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National Government Services

Preventive Services: Intensive Behavioral Therapy for Obesity and Screening for Depression

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenters

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Objectives

- After this session, attendees will be able to
  - Discuss the coverage guidelines for these preventive services
  - Properly bill Medicare for these services
  - Avoid common claim denials
  - Know where to go for more information

Agenda

- Intensive behavioral therapy for obesity
- Screening for depression

Intensive Behavioral Therapy for Obesity

Medicare Definition

- Intensive behavioral therapy
  - Screening for obesity in adults
    - Measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed in kg/m2)
  - Dietary (nutritional) assessment
  - Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise
    - Should be consistent with 5-A framework highlighted by USPSTF

5-A Framework/Approach

- Assess
  - Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods
- Advise
  - Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits

5-A Framework/Approach

- Agree
  - Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior
- Assist
  - Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate

5-A Framework/Approach

- Arrange
  - Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment

Guidelines

- Can be covered when performed by primary care providers to eligible beneficiaries
  - Beneficiaries who screen positive for obesity with BMI ≥ 30 kg/m2
- Patient must be competent and alert at time counseling provided
- Must be performed in primary care setting – POS 11, 19, 22, 49 and 71

Who Can Perform

- Physician with primary specialty designation of
  - Family practice (08)
  - General practice (01)
  - Geriatric medicine (38)
  - Internal medicine (11)
  - Obstetrics/gynecology (16)
  - Pediatric medicine (37)
- Qualified nonphysician practitioner
  - Certified clinical nurse specialist (89)
  - Nurse practitioner (50)
  - Physician assistant (97)

Coverage

- Maximum of 22 IBT for obesity sessions can be covered in 12-month period
  - One face-to-face visit every week for first month
  - One face-to-face visit every other week for months two–six
  - One face-to-face visit every month for months seven–twelve
    - Only if beneficiary achieved weight reduction of at least 6.6 pounds (3 kg) during first six months of counseling

Coding

- HCPCS Code: G0447
  - Description: Face-to-face behavioral counseling for obesity, 15 minutes
- HCPCS Code: G0473
  - Description: Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes

Diagnosis Coding

ICD-10-CM	Description
Z68.30	Body Mass Index 30.0–30.9, adult
Z68.31	Body Mass Index 31.0–31.9, adult
Z68.32	Body Mass Index 32.0–32.9, adult
Z68.33	Body Mass Index 33.0–33.9, adult
Z68.34	Body Mass Index 34.0–34.9, adult
Z68.35	Body Mass Index 35.0–35.9, adult
Z68.36	Body Mass Index 36.0–36.9, adult
Z68.37	Body Mass Index 37.0–37.9, adult

Diagnosis Coding

ICD-10-CM	Description
Z68.38	Body Mass Index 38.0–38.9, adult
Z68.39	Body Mass Index 39.0–39.9, adult
Z68.41	Body Mass Index 40.0–44.9, adult
Z68.42	Body Mass Index 45.0–49.9, adult
Z68.43	Body Mass Index 50.0–59.9, adult
Z68.44	Body Mass Index 60.0–69.9, adult
Z68.45	Body Mass Index 70.0 and over, adult

Diagnosis Coding

- Additional ICD-10 codes may apply
- See the CMS ICD-10 web page for individual CRs and the specific ICD-10-CM codes Medicare covers for this service

Documentation Requirements

- Medical records must document all coverage requirements
  - Including determination of weight loss at six-month visit

Cost Sharing and Payment

- Neither coinsurance nor Medicare Part B deductible applied to this benefit
- Service paid under MPFS
  - Nonparticipating provider reduction and limiting charge provisions apply

Common Claim Errors

- Beneficiary received more than 22 IBT for obesity sessions previous 12 months
- Beneficiary received IBT for obesity outside of primary care setting

Screening for Depression in Adults

Coverage

- Medicare covers annual screening for adults for depression
  - At least 11 months must have passed since last screening for depression
- Benefit does not require specific screening tool
  - At the clinician's discretion (No CMS specific recommendation)
    - Most commonly used instrument for depression – Patient Health Questionnaire (PHQ-9)

Coverage

- Does not include
  - Treatment options for depression or any diseases, complications or chronic conditions resulting from depression
  - Therapeutic interventions such as pharmacotherapy, combination therapy (counseling and medications)
  - Other interventions for depression
  - Self-help materials
  - Telephone calls
  - Web-based counseling

Coverage

- Must be performed in primary care setting with staff-assisted depression care supports
  - Minimum level supports – clinical staff in primary care office who can
    - Advise physician of screening results
    - Facilitate and coordinate referrals to mental health treatment

Primary Care Setting Defined

- Covered places of service
  - Office – 11
  - Off Campus- outpatient hospital – 19
  - Outpatient hospital – 22
  - Independent clinic – 49
  - State or local public health clinic – 71
- Also covered as Medicare telehealth service
- Not covered
  - Ambulatory surgical center
  - Emergency department
  - Hospice
  - IDTF
  - Inpatient hospital
  - Inpatient rehabilitation facility
  - Skilled nursing facility

Coding

- Procedure code
  - G0444: Annual depression screening, 15 minutes
    - Only one unit is payable per benefit period (11 full months must pass since last screening)
- Diagnosis code
  - No specific diagnosis code required when billing for this benefit
- Cannot be billed on same day as IPPE or first AWV
  - Can be billed with subsequent AWV (G0439)

Documentation Requirements

- Medical records must document all coverage requirements
  - What risk factor(s) is the patient exhibiting?
  - Describe the type of loss if any, they are experiencing i.e. job status/financial difficulty, death of friends and loved ones, etc.
  - Be certain to include the tool used and the findings
  - Record the time spent for the screening (includes patient taking the assessment)

Cost Sharing and Payment

- Neither coinsurance nor Medicare Part B deductible applied to this benefit
- Service paid under MPFS
  - Nonparticipating provider reduction and limiting charge provisions apply

Common Claim Errors

- Patient received more than one screening for depression in last 12 months
  - RARC N362 – "The number of days or units of service exceeds our acceptable maximum."
- Patient received screening for depression outside of primary care setting
  - RARC N428 – "Not covered when performed in this place of service."
- Patient received screening for depression on same day as IPPE or first AWV

Resources

- CMS IOM Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4, Section 210.9
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 18, Section 190
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual,* Chapter 18, Section 200

Resources

- MLN® Educational Tool: *Medicare Preventive Services*
- Medicare Preventive Services General Information

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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