



National Government Services Medicare Part B 2024 Preventive Services Virtual Conference December 9<sup>th</sup> to 11<sup>th</sup>

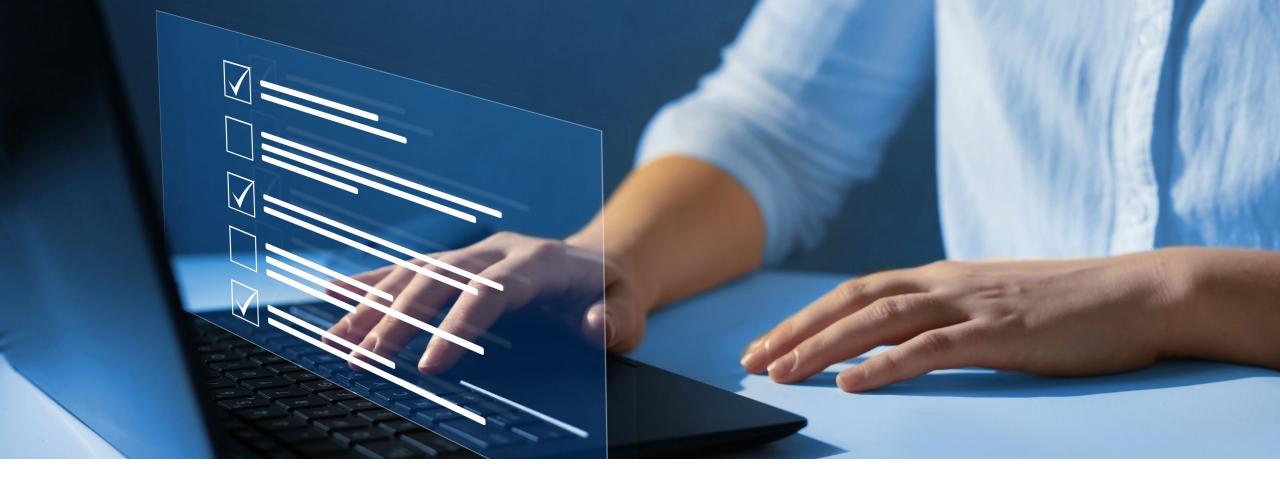
Intensive Behavioral Therapy for Obesity and Screening for Depression and Alcohol Misuse Screening

12/9/2024







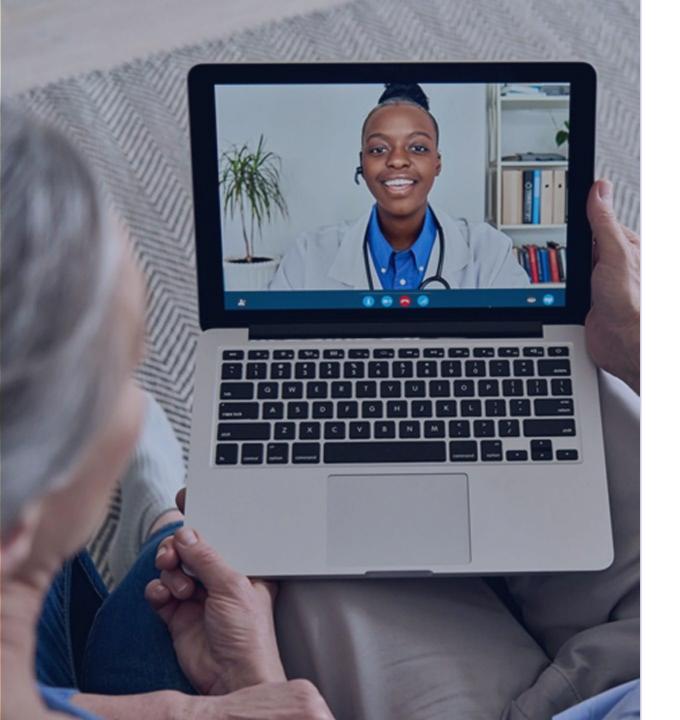


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#### Objective

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





## Today's Presenters



Provider Outreach and Education Consultants

- Gail Toussaint
- Michelle Coleman, CPC







#### Agenda

- Intensive Behavioral Therapy
   Obesity
- Screening for Depression
- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse







# 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

#### Agree

 Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior





## 5-A Framework/Approach

#### 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

#### 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)





- Maximum of 22 IBT for obesity sessions can be covered in 12month 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

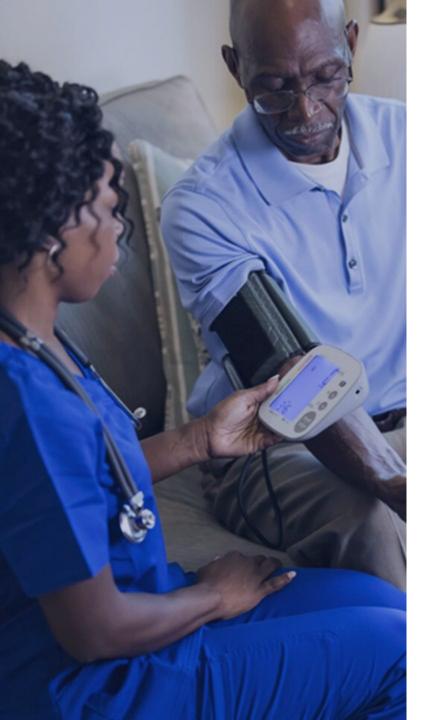


# Coding

- 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	Description	ICD-10	Description
Z68.30	BMI 30.0-30.9, adult	Z68.38	BMI 38.0-38.9, adult
Z68.31	BMI 31.0-31.9, adult	Z68.39	BMI 39.0-39.9, adult
Z68.32	BMI 32.0-32.9, adult	Z68.41	BMI 40.0-44.9, adult
Z68.33	BMI 33.0-33.9, adult	Z68.42	BMI 45.0-49.9, adult
Z68.34	BMI 34.0-34.9, adult	Z68.43	BMI50.0-59.9, adult
Z68.35	BMI 35.0-35.9, adult	Z68.44	BMI 60.0-69.9, adult
Z68.36	BMI 36.0-36.9, adult	Z68.45	BMI 70.0 and over, adult
Z68.37	BMI 37.0-37.9, adult		





## Diagnosis Coding

- Additional ICD-10 codes may apply
- See the <u>CMS ICD-10 web page</u> 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

- 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)
  - The <u>American Psychological Association (APA) website</u> contains a list of various assessment tools



- 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





- 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, 5–15 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



# Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

- Medicare benefit to reduce alcohol misuse
  - Two parts to benefit
    - Annual screening (all beneficiaries)
    - Behavioral counseling intervention (when criteria met)
  - Must be rendered by qualified primary care physician or practitioner in primary care setting
  - No specific alcohol misuse screening tool required
    - Discretion of practitioner



# Commonly Used Alcohol Misuse Screening Questionnaires

- For adults
  - AUDIT (Alcohol Use Disorders Identification Test)
  - CAGE (Cut down, Annoyed, Guilt, Eye-opener)
  - MAST (Michigan Alcohol Screening Test)
  - AUDIT-C (AUDIT-Consumption)
- For pregnant women
  - T-ACE (Tolerance Annoyed, Cut down, Eye-opener)
  - TWEAK (Tolerance, Worried, Eye-opener, Amnesia, K/Cut down)



# USPSTF Recommendation Statement Definitions

- Alcohol misuse covers full spectrum of unhealthy drinking behaviors (risky through dependence)
  - Risky or hazardous drinking, defined for general adult population as
    - > Seven drinks per week or > three drinks per occasion for women,
    - > 14 drinks per week or > four drinks per occasion for men
  - Harmful drinking
    - Physical, social or psychological harm from alcohol use, but does not meet criteria for dependence





### Alcohol Dependence

- Defined as at least three of the following
  - Tolerance
  - Withdrawal symptoms
  - Impaired control
  - Preoccupations with acquisition and/or use
  - Persistent desire or unsuccessful efforts to quit
  - Sustained social, occupational or recreational disability
  - Continuous use despite adverse consequences





# Applicable Part B Specialty Types

- General practice
- Family practice
- Internal medicine
- Obstetrics/gynecology
- Pediatric medicine
- Geriatric medicine

- Certified nurse midwife
- Nurse practitioner
- Certified clinical nurse specialist
- Physician assistant



### Primary Care Settings

- Telehealth (2 or 10)
- Physician's office (11)
- Off campus outpatient hospital (19)
- Outpatient hospital (22)
- Independent clinic (49)
- State or local public health clinic (71)
- FQHC (50)
- RHC (72)



## Nonprimary Care Settings

- Ambulatory surgical center
- Emergency department
- Hospice
- Independent diagnostic testing facility
- Inpatient hospital
- Inpatient rehabilitation facility
- Skilled nursing facility





# Coverage – Behavioral Counseling Interventions

- Covered when patient screened positive for alcohol misuse but not alcohol dependence
- Up to four, brief, face-to-face behavioral counseling interventions covered per year
- Patient must be competent and alert during counseling
- Counseling furnished by qualified primary care physician or other primary care practitioner in primary care setting





## Billing

- HCPCS codes
  - G0442: Annual Alcohol Misuse Screening, 5–15 minutes
  - G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- Diagnosis code
  - <u>Medicare Coverage General Information ICD-10</u>
    - for individual CRs and coding translations for ICD-10



## Billing

- Both screening and counseling can be covered on same DOS
  - Except in RHCs and FQHCs
- No more than one G0443 service can be paid for per DOS
- No payment for additional time spent in screening or counseling



## Cost-Sharing and Reimbursement

- Cost-sharing
  - Deductible waived
  - Coinsurance waived
- Reimbursement
  - MPFS
    - Our website > Fee Schedule Lookup
  - Nonparticipating providers
    - Nonparticipating reduction applies
    - Limiting charge provision applies



#### Common Claim Denial Reasons

- Covered alcohol misuse screening in last 12 months
- Received behavioral counseling interventions to reduce alcohol misuse but no claims history in previous 12 months of alcohol misuse screening
- More than four covered behavioral counseling interventions to reduce alcohol misuse visits in last 12 months
- More than one behavioral counseling intervention to reduce alcohol misuse visit on the same date of service





#### Common Claim Denial Reasons

- Received screening and behavioral counseling interventions to reduce alcohol misuse from someone who is not a qualified primary care physician or other primary care practitioner
- Received screening and behavioral counseling interventions to reduce alcohol misuse outside of primary care setting





#### **FAQs**

- An AWV (G0438), subsequent AWV (G0439) or IPPE (G0402) can be performed on the same day as an alcohol misuse screening (G0442)
- A separately identifiable E/M visit (with modifier 25) can be billed on the same day
  - Must be documented that the reason for the visit was unrelated to the alcohol misuse screening
- Can be performed via telehealth



#### 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

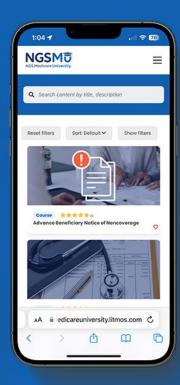
- MLN® Educational Tool: <u>Medicare Preventive Services</u>
- Medicare Preventive Services General Information











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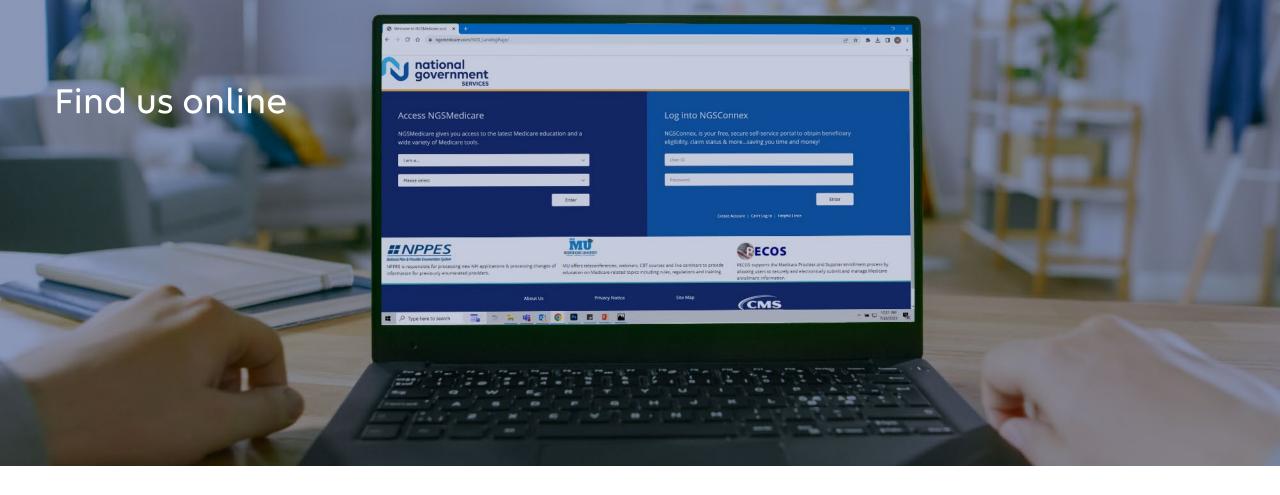














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Online resources, event calendar, LCD/NCD, and tools



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# Questions?

Thank you!