

Wellness Wednesday: Intensive Behavioral Therapy for Obesity

7/27/2022



Today's Presenters

- Jhadi Grace
 - Provider Outreach and Education Consultant
- Andrea Freibauer
 - Provider Outreach and Education Consultant

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
- This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Provide an overview of Medicare preventive service: IBT for obesity
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so that claim denials can be avoided

Agenda

- Overview of Medicare's Preventive Services Program
- IBT for obesity
- Wrap Up
 - Resources and References
 - Questions

Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection and lifestyle modifications that support the health of Medicare beneficiaries
- Medicare pays for many preventive benefits, including educating Medicare beneficiaries about potentially life-saving services and screenings

MLN Educational Tool: Preventative Services



mln
 EDUCATIONAL TOOL
 KNOWLEDGE • RESOURCES • TRAINING

Print

T Telehealth Eligible Service

Medicare Preventive Services

× Select a Service

FAQs

Resources

Alcohol Misuse Screening & Counseling ^T	Annual Wellness Visit ^T	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use ^T
Depression Screening ^T	Diabetes Screening	Diabetes Self-Management Training ^T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administ ^T
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease ^T	IBT for Obesity ^T	Initial Preventive Physical Exam	Lung Cancer Screening ^T	Mammography Screening
Medical Nutrition Therapy ^T	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services ^T	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs ^T
Screening Pelvic Exams	Ultrasound AAA Screening					

Feedback

Deductible and Coinsurance Waived for Certain Preventive Services

- For DOS on/after 1/1/2011
 - Medicare deductible and coinsurance waived for preventive services included in this presentation
 - [CR 7012, "Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare"](#)

Did You Know

- A beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services.

Centers for Disease Control and Prevention

- One of major operating components of DHHS
- Nation 's premier health promotion, prevention and preparedness agency
 - Supports state, local, federal health departments
 - Implements measures to decrease leading causes of death
 - Reforms health policies

IBT for Obesity

Benefits of IBT for Obesity

- Decreases risk for mortality and morbidity
- Promotes modest sustained weight loss
 - When combined with behavioral interventions
- Avoids obesity-related diseases
 - CVD
 - Musculoskeletal conditions
 - Diabetes
- Stresses importance of making informed food choices and developing sound eating and physical activity habits

Background

- CDC reported that obesity rates in the US increased dramatically over the past 30 years
- Per CR 7641, Medicare covers IBT for obesity
 - Effective for DOS on or after 11/29/2011

Components of IBT for Obesity

- Measurement of BMI
 - $\text{Kg} \div \text{square height in meters (m}^2\text{)}$
- Dietary assessment
- Behavioral counseling and therapy to promote sustained weight loss

5 'A' Approach for IBT

- Assess behavioral health risks
- Advise about behavior changes
- Agree with appropriate treatment goals and methods
- Assist in achieving goals
- Arrange ongoing support, adjustment to treatment plan

Who Is Covered

- BMI ≥ 30 kg/m²
- Beneficiary must be competent and alert at time of counseling
- Provided in primary care setting

Primary Care Settings

- Physician's offices
- Outpatient hospital
- Independent clinic
- State or local public health clinic
- Does not apply to
 - Inpatient hospital settings
 - SNF
 - IRF
 - Hospice

Who Can Perform

- Primary care physician
- Primary care practitioner
 - NP
 - CNS
 - PA

Frequency of Coverage

- One face-to-face IBT visit per week
 - First month
- One face-to-face IBT visit every other week
 - Months 2–6
- At six month IBT visit
 - Reassess obesity, determine weight loss
- If beneficiary meets 3 kg weight loss requirement, one face-to-face IBT visit every month
 - Months 7–12
- Maximum of 22 sessions in 12-month period

Frequency of Coverage

- If beneficiary does not meet 3 kg weight loss requirement at six month IBT visit
 - Reassessment of readiness to change and BMI appropriate after additional six month period

Documentation

- Document all coverage requirements met
- Reassessment of obesity, determination of weight loss at six-month IBT visit

Claim Billing Requirements

- Report applicable TOB
 - 13X – Hospital outpatient
 - 85X – CAH
 - 71X – RHC
 - 77X – FQHC
- Report appropriate diagnosis code (see next slides)

ICD-10 Diagnosis Coding

Code	Description	Code	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	BMI 50.0–59.9, 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 and over, adult
Z68.37	BMI 37.0–37.9, adult		

Line Item Billing Requirements

- Report appropriate revenue code
- Report HCPCS code
 - G0447 (Face-to-face behavioral counseling for obesity, 15 min), **or**
 - G0473 (Face-to-face behavioral counseling for obesity, group [2–10], 30 min)
 - TOB 13X or 85X only

Additional Information for RHC and FQHC

- IBT for obesity does not generate a stand-alone billable encounter
 - Payment included in all-inclusive encounter rate/PPS payment
 - Report HCPCS G0447 on additional line with nonbillable revenue code and associated charges
- RHCs and FQHCs do not qualify for group sessions
 - Do not report HCPCS G0473

Payment

Facility	Payment
Hospital outpatient	OPPS
RHC	AIR
FQHC	PPS
CAH Method I & II	101% reasonable cost for TC
CAH Method II	Additional 115% MPFS nonfacility rate for PC

Beneficiary Cost-Sharing

- Deductible waived
- Coinsurance/copayment waived
- Affordable Care Act Section 4104

Why Claims are Denied

- Beneficiary received more than 22 sessions in 12-month period
- IBT performed outside primary care setting

Common Working File: Behavioral Services

CWF PART A INQUIRY REPLY						PAGE 13 OF 16
BEHAVIORAL SERVICES						
IP-REC	CN 0000000000	NM XXXXXX	IT X	DB 00000000	SX X	INT 13201
ALCOHOL ABUSE:	(G0442)	NEXT ELIG PROF:	10/14/2011		REM	
ALCOHOL SCREENING:	(G0443)	NEXT ELIG PROF:	SVCNOELG	00		
ADULT DEPRESSION:	(G0444)	NEXT ELIG TECH:	10/14/2011			
		NEXT ELIG PROF:	10/14/2011			
IBT FOR CVD:	(G0446)	NEXT ELIG TECH:	11/08/2011			
		NEXT ELIG PROF:	11/08/2011			
					REM	
OBESITY:	(G0447)	NEXT ELIG TECH:	11/29/2011	22		
		NEXT ELIG PROF:	11/29/2011	22		
OBESITY:	(G0473)	NEXT ELIG TECH:	01/01/2015	22		
		NEXT ELIG PROF:	01/01/2015	22		

What You Should Do Now

- Share this presentation with other internal staff members
- Talk to your patients about the importance of taking advantage of Medicare preventive services
- Update system with correct coding information
- Update any internal procedure to include verifying the patient's eligibility to receive preventive services to avoid costly, time-consuming claim errors

References and Resources

CMS References

- [Internet-Only Manuals \(IOMs\)](#)
- [National Coverage Determinations](#)
- [Preventive Services web page](#)
- [Change Requests](#)
- [MLN Matters Articles](#)
- [MLN Products & Multimedia](#)

CMS Resources

- CMS IOM Publications
 - 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1
 - Section 210.12 – Intensive Behavioral Therapy for Obesity
 - 100-04, *Medicare Claims Processing Manual*, Chapter 18
 - Section 200 – Intensive Behavioral Therapy for Obesity

CMS Resources

- CR/MM 7641: [Intensive Behavioral Therapy for Obesity](#)
- CR/MM 8874: [Preventive and Screening Services Update – Intensive Behavioral Therapy for Obesity, Screening Digital Tomosynthesis Mammography, and Anesthesia Associated with Screening Colonoscopy](#)

What is the HIPAA Eligibility Transaction System (HETS)?

- HETS provides Medicare beneficiary eligibility
 - Prepare accurate claims
 - Determine beneficiary liability
 - Check eligibility for specific services
 - Available 24/7
- Medicare Help Desk
 - mcare@cms.hhs.gov
 - 1-866-324-7315

HETS Replacing CWF Eligibility Transactions

- CMS began revoking direct access to CWF eligibility transactions HIQA, HIQH, ELGA, ELGH effective 2/1/2020
 - Large vendors, clearinghouses
- MAC contacts providers with direct access to CWF and HETS
 - CMS will discontinue direct access to CWF transactions once notified by MAC
- MAC contacts providers without access to HETS to discuss alternative ways to access beneficiary eligibility
 - CMS will not discontinue direct access until there is a solution and transition
- CMS is not discontinuing access through FISS DDE
- CMS expects to remove all direct access to CWF eligibility transactions HIQA, HIQH, ELGA, ELGH by December 2021

Additional HETS Resources

- [HETS Desktop \(HDT\) Identity Management \(IDM\) System User Guide](#)
- [HIPAA Eligibility Transaction System \(HETS\) Health Care Eligibility Benefit Inquiry and Response \(270/271\) 5010 Companion Guide](#)

Thank You!

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

