

# Medicare Part B Preventive Services: Intensive Behavioral Therapy for Obesity and Depression Screening

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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

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### IBT for Obesity

Gail Toussaint

### Screening for Depression

Michelle Coleman

# 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/m<sup>2</sup>)
  - 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  $\geq 30$  kg/m<sup>2</sup>
- 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	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	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 70.0 and over, adult
Z68.37	BMI 37.0-37.9, 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)
  - The [American Psychological Association \(APA\) website](#) contains a list of various assessment tools

# 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, 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 AWW

# 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<sup>®</sup> Educational Tool: [Medicare Preventive Services](#)
- [Medicare Preventive Services General Information](#)

# Questions?

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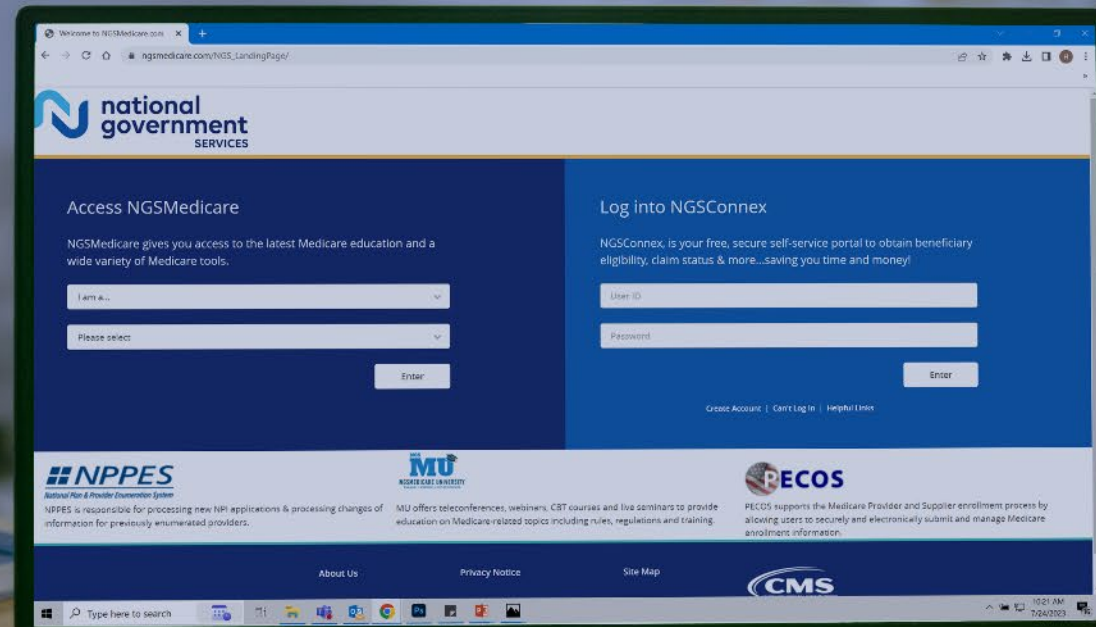
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