

2018 Obesity Counseling Reimbursement Fact Sheet

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Intensive Behavioral Therapy (IBT) for Obesity¹

Effective for claims with dates of service November 29, 2011, and later, The Center for Medicare and Medicaid Services (CMS) released a decision memo stating "the evidence is adequate to conclude that intensive behavioral therapy for obesity, defined as a body mass index (BMI) ≥ 30 kg/m², is reasonable and necessary for the prevention or early detection of illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B and is recommended with a grade of A or B by the U.S. Preventive Services Task Force (USPSTF)."

Intensive behavioral therapy for obesity consists of the following:

1. Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed in kg/m²);
2. Dietary (nutritional) assessment; and
3. Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

Primary Care Physician

To be reimbursed, the intensive behavioral intervention counseling must be provided by one of the following provider specialty types:

General Practice
Family Practice
Internal Medicine
Obstetrics/Gynecology
Pediatric Medicine
Geriatric Medicine
Nurse Practitioner
Certified Clinical Nurse Specialist
Physician Assistant

This counseling is not the same as the pre-operative psychiatric evaluation Bariatric surgery candidates must undergo. In addition, Medicare may cover behavioral counseling for obesity services when billed by one of the provider specialty types listed above and furnished by auxiliary personnel under the conditions specified under CMS regulation 42 CFR Section 410.26(b) - Conditions for services and supplies incident to a physician's professional service, or 42 CFR Section 410.27 - Conditions for outpatient hospital services and supplies incident to a physician service.

For the purpose of this national Medicare coverage determination the acceptable setting of care and primary care physician have been defined. The recommendations are for the intensive behavioral therapy to be administered in one of the following acceptable places of service:

Physician's Office
Outpatient Hospital
Independent Clinic
State or local public health clinic

Coverage

For Medicare beneficiaries with obesity, 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, CMS covers

- One face-to-face visit every week for the first month;
- One face-to-face visit every other week for months 2-6;
- One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg (6.6 lbs) weight loss requirement as discussed below

At the six-month visit, a reassessment of obesity and a 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 six months, beneficiaries must have achieved a reduction in weight of at least 3kg (6.6 lbs) over the course of the first six months of intensive therapy. This determination must be documented in the physician office records for applicable beneficiaries consistent with usual practice. For beneficiaries who do not achieve a weight loss of at least 3kg (6.6 lbs) during the first six months of intensive therapy, a reassessment of their readiness to change and BMI is appropriate after an additional six month period.

Intensive behavioral intervention should be consistent with the 5-A framework²:

1. **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. **Agree:** Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
4. **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. **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.

Effective July 2, 2012, for claims processed with dates of service on or after November 29, 2011, Medicare will pay for G0447 with appropriate ICD-9 code **no more than** 22 times in a 12-month period. Effective January 1, 2015, for claims processed with dates of service on or after January 1, 2015, Medicare will pay for G0447 and G0473 with appropriate ICD-9 code (ICD-10-CM code beginning October 1, 2015) **no more than** 22 times in a 12-month period.

Medicare coinsurance and Part B deductible are waived for this service.

CPT Codes

CPT Code ³	Procedure	Nat Average Facility Medicare Payment ⁴	Nat Average Non-Facility Medicare Payment ⁴
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Behavioral Counseling

G0447	Face-to-face behavioral counseling for obesity, 15 minutes	\$24	\$26
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	\$12	\$13

Diagnostic Codes²

	G0447 and G0473 must be billed along with 1 of the ICD-10 codes for BMI 30.0 and over (Z68.30 - Z68.39, Z68.41 - Z68.45).		
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Additional Services on Same Date of Service²

	Obesity counseling is not separately payable with another encounter/visit on the same day. For services that contain HCPCS code G0447 with another encounter/visit with the same date of service, the service line with HCPCS G0447 will be denied. This intensive behavioral therapy service is considered to be included in the payment/allowance of other encounter services provided on the same date of service. This does not apply for Initial Preventative Physical Examination (IPPE) claims, claims containing modifier 25 indicating a significant and separate E/M service as distinct from the obesity counseling and 77X claims containing Diabetes Self-Management Training and Medical Nutrition Therapy services.		
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CPT Codes Continued...

Additional Codes for Commercial Payers

The CMS recognizes G0447 and G0473 for billing for behavioral counseling for obesity only. The CPT and HCPCS codes most likely to be recognized by commercial payers are as follows

CPT Code ³	Procedure	Nat Average Facility Medicare Payment ⁴	Nat Average Non-Facility Medicare Payment ⁴
Behavioral Counseling			
97802	Medical nutrition therapy: initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$33	\$35
97803	Medical nutrition therapy: re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$28	\$31
97804	Medical nutrition therapy: group (2 or more individual(s)), each 30 minutes	\$15	\$16
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure): approximately 15 minutes	Carrier Priced	Carrier Priced
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure): approximately 30 minutes	Carrier Priced	Carrier Priced
G0270	Medical nutrition therapy: reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	\$28	\$31
G0271	Medical nutrition therapy: reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 30 minutes	\$16	\$16
S9452	Nutrition classes, nonphysician provider, per session	Carrier Priced	Carrier Priced
S9470	Nutritional counseling, dietitian visit	Carrier Priced	Carrier Priced
G0270	Medical nutrition therapy: reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	\$28	\$31
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	\$15	\$16
S9449	Weight management classes, non-physician provider, per session	Carrier Priced	Carrier Priced
S9452	Nutrition classes, nonphysician provider, per session	Carrier Priced	Carrier Priced
S9470	Nutritional counseling, dietitian visit	Carrier Priced	Carrier Priced

These codes may may not be covered under all policies nor under all circumstances. Please check your payer policy and contracts carefully to determine if any of these codes may be covered.

NOTE: HCPCS S-codes are not recognized by Medicare, but are used by some commercial plans.

1. Decision Memo for Intensive Behavioral Therapy for Obesity (CAG-00423N). Tuesday, November 29, 2011. Centers for Medicare and Medicaid Services (CMS). 2. Medicare Learning Network MLN Matters. Number MM7641 Revised. March 6, 2012. Centers for Medicare and Medicaid Services (CMS). 3. All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2017 American Medical Association. All Rights Reserved. 4. Medicare Physician Fee Schedule (MPFS), Final Rule [CMS- 1676-F], Federal Register, Vol. 82, No. 219, Wednesday, November 15, 2017. 2018 Physician Conversion Factor (CF) = \$35.9996.

Ethicon Reimbursement Support Program - (888) 750-1242

