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# ****WEIGHT ZERO – Evidence Based, Medically Supervised Weight Management Program****

# ****Obesity Coding and Reimbursement****

Summary of Dr Joel V. Brill's presentation at the Harvard Blackburn Course

* Focus of this document is on non-surgical services.
* Payment amounts -- 2014 National Medical physician fee schedule.
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**Evaluation and Management: New Patient**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **99202** | **99203** | **99204** | **99205** |
| Office | $74.51 | $108.18 | $166.22 | $207.06 |
| Facility | $50.51 | $77.02 | $131.83 | $170.16 |

**Evaluation and Management: Existing Patient**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **99212** | **99213** | **99214** | **99215** |
| Office | $43.70 | $73.08 | $107.83 | $144.37 |
| Facility | $25.43 | $51.58 | $79.17 | $111.41 |

**Office Consultation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **99242** | **99243** | **99244** | **99245** |
| Office | $92.06 | $125.74 | $185.92 | $227.47 |
| Facility | $70.93 | $98.87 | $156.55 | $194.52 |

**Affordable Care Act and Preventative Services**

* Effective for plan years on or after September 23, 2010, the Patient Protection and Affordable Care Act (PPACA), with the exception of groups maintaining “grandfathered” status, requires plans to provide 100% coverage for preventative care services.
	+ Grandfathered groups are not subject to this requirement, but many of these groups have opted to cover preventative services with no cost sharing.
* This means that members have a no cost-sharing responsibility when preventative services are rendered by an in-network provider (i.e. covered at 100% of Eligible Expenses without deductible, coinsurance or copayment).
* Members may still be required to pay a copayment, deductible or coinsurance for
	+ Preventative services received from out-of-network providers, or
	+ For non-preventative services received in conjunction with a preventative services visit

**Modifier 33 and Preventative Services**

* The American Medical Association created modifier 33 to allow providers to identify a preventive service for which patient cost sharing does not apply under the Patient Protection and Affordable Care Act, which prohibits patient cost sharing for non-grandfathered plans.
* Modifier 33 is appropriate to use with a CPT code that is a diagnostic/treatment service being performed as a preventative service.
* Modifier 33 may be appropriate to use when billed with services on the U.S. Preventative Services Task Force List that have an A or B rating (plan specific).

**Obesity Screening, ages 5-17 (Preventative Services)**

Initial comprehensive preventative medicine evaluation and management

|  |  |  |
| --- | --- | --- |
|   | **99383** | **99384** |
| Ages | 5-11 (late childhood) | 12-17 (adolescent) |
| Office | $120.72 | $136.48 |
| Facility | $87.77 | $103.53 |

**Obesity Screening, ages 5-17 (Preventative Services)**

Periodic comprehensive preventative medicine evaluation and management

|  |  |  |
| --- | --- | --- |
|   | **99393** | **99394** |
| Ages | 5-11 | 12-17 |
| Office | $106.39 | $116.42 |
| Facility | $78.09 | $87.77 |

**Obesity Screening, Adults (Preventative Services)**

Initial comprehensive preventative medicine evaluation and management

|  |  |  |  |
| --- | --- | --- | --- |
|   | **99385** | **99386** | **99387** |
| Ages | 18-39 | 40-64 | 65+ |
| Office | $132.54 | $152.96 | $166.22 |
| Facility | $99.59 | $120.72 | $129.68 |

**Obesity Screening, Adults (Preventative Services)**

Periodic comprehensive preventative medicine reevaluation and management

|  |  |  |  |
| --- | --- | --- | --- |
|   | **99395** | **99396** | **99397** |
| Ages | 18-39 | 40-64 | 65+ |
| Office | $118.93 | $126.81 | $136.48 |
| Facility | $90.27 | $98.15 | $103.53 |

**Preventative Medicine Counseling: Obesity**

Preventative medicine counseling/risk factor reduction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **99401** | **99402** | **99403** | **99404** |
| Minutes | 15 | 30 | 45 | 60 |
| Office | $36.54 | $62.69 | $87.41 | $112.13 |
| Facility | $24.72 | $51.23 | $75.94 | $100.66 |

**Preventative Medicine Counseling: Obesity**

G0446: Annual, Face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 min

G0447: Face-to-face behavioral counseling for obesity, 15 min

|  |  |  |
| --- | --- | --- |
|   | **G0446** | **G0447** |
| Office | $26.15 | $26.15 |
| Facility | $24.00 | $24.00 |

**Preventative Medicine Counseling (May not qualify as a Preventative Service under ACA)**

Preventative Medicine counseling/risk factor reduction, Group

|  |  |  |
| --- | --- | --- |
|   | **99411** | **99412** |
| Minutes | 30 | 60 |
| Office | $16.48 | $21.49 |
| Facility | $7.88 | $12.90 |

**Counseling/Health Risk Assessment (May not be a qualified preventative service under PPACA)**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **98960** | **99078** | **99420** |
|   | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, Face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient | Physician educational services rendered to patients in a group setting (e.g. prenatal, obesity, or diabetic instructions) | Administration and interpretation of health risk assessment instrument |
| Office | $27.58 | NA | $10.75 |
| Facility | NA | NA | NA |

**Nutritional Assessment**

Medical Nutrition Therapy

|  |  |  |  |
| --- | --- | --- | --- |
|   | **97802** | **97803** | **97804** |
|   | Initial Assessment and intervention, individual, face-to-face with the patient, each 15 min | Re-assessment and intervention, individual, face-to-face with the patient each 15 min | Group (2 or more individual(s)), each 30 min |
| Office | $35.82 | $30.81 | $16.12 |
| Facility | $33.82 | $28.66 | $15.40 |

**Nutritional Assessment**

* 59452: Nutrition classes, non-physician provider, per session
* 59470: Nutritional counseling, dietitian visit
* "S” codes are level HCPCS codes. Medicare and other federal payers do not recognize “S" codes; however, these codes may be useful for claims to private payers

**Disease Management**

99078: Miscellaneous services; physician educational services to patients in group setting

S03I5: Disease management program; initial assessment and initiation of the program

S0316: Disease management program. Follow-up/reassessment

S9445: Patient education, not otherwise classified, non-physician provider, individual, per session

S9446: Patient education, not otherwise classified, non-physician provider, group, per session

**Disease Management**

Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes

|  |  |  |  |
| --- | --- | --- | --- |
|   | **98960** | **98961** | **98962** |
|   | Individual patient | 2-4 patients | 5-8 patients |
| Office | $27.58 | $13.25 | $9.67 |

**Behavioral Consult**

96150: Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment

96151: Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment

96152: Health and behavior intervention, each 15 minutes, face-to-face; individual

|  |  |  |  |
| --- | --- | --- | --- |
|   | **96150** | **96151** | **96152** |
| Office | $21.49 | $20.78 | $19.70 |
| Facility | $21.14 | $20.42 | $19.34 |

**Behavioral Consult and Classes**

Health and behavior intervention, each 15 minutes, face-to-face

|  |  |  |  |
| --- | --- | --- | --- |
|   | **96153** | **96154** | **96155** |
|   | Group (2 or more patients) | Family (with the patient present) | Family (without the patient present) |
| Office | $4.66 | $19.34 | $22.93 |
| Facility | $4.66 | $18.99 | $22.93 |

**Behavioral Consult and Classes**

S9449: Weight management classes, non-physician provider, per session

S9452: Exercise classes, non-physician provider, per session

**Intensive Behavioral Therapy**

* 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 entitle to benefits under Part A or enrolled under Part B and is recommended with a grade of A or B by the U.S. Preventative Services Task Force (USPSTF).”
* Intensive behavior therapy for obesity consists of the following:
	+ Screening for obesity in adults using a measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed in kg/m2);
	+ Dietary (nutritional) assessment; and
	+ Intensive behavior counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

**Intensive Behavioral Therapy should be consistent with the 5-A framework**

* Assess: Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
* Advise: Give clear, specific, and personalized behavioral 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.
* 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.

**Intensive Behavioral Therapy**

* To be reimbursed, the intensive behavioral intervention counseling must be provided by a primary care physician.  The national Medical determination will not cover this program with any other specialist, psychologist or psychiatrist at this time.  This counseling is not the same as the pre-operative psychiatric evaluation Bariatric Surgery candidates must undergo.
* 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 primary care setting; thus the following settings will not be considered:
	+ Emergency room departments, inpatient hospital settings, outpatient hospital setting, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities and hospices are not considered primary care settings.
* Medicare has further defined what it will consider a primary care physician for this program as well:
	+ “A primary care setting is one where patients’ care services are delivered by primary care specialists who serve as the coordinator of all patients’ medical and health care needs, not limited by problem origin or diagnosis.  Primary care specialists are characterized by being responsible for coordinating the care the patient receives from the entire health system.”
* For purposes of the national Medicare coverage determination, the term “primary care physician” means “a physician who is identified in the available data as a general practitioner, family practice practitioner, general internist, obstetrician or gynecologist”
* “Primary care practitioner” is defined as an individual who
	+ (i) is a physician who has a primary specialty designation of family medicine internal medicine or pediatric medicine; or
	+ (ii) in a nurse practitioner, clinical nurse specialist, or physician assistant.
* Effective November 29, 2011, 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 weight loss requirements 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 visit occurring once a month for an additional six months, beneficiaries, must have achieved a reduction in weight of at least 3kg over the course of the first six months of intensive therapy;
	+ This determination must be documented in the physician office records for applicable beneficiaries with usual practice.
	+ For beneficiaries who do not achieve a weight loss of at least 3kg during the first six months of intensive therapy, a reassessment of their readiness to change and BMI appropriate after an additional six month period.
* While this benefit is limited to primary care practitioners and primary care setting, it does not preclude primary care practitioners from screening beneficiaries for obesity and referring those who screen positive with a BMI > 30 kg/m2 to other practitioners and/or settings for intensive multicomponent counseling; however coverage remains only in the primary care setting.

**Medicare: Billing for IBT**

* Effective for claims with dates of service on or after November 29, 2011, Medicare will recognize HCPCS code G0447, face-to-face Behavioral Counseling of Obesity, 15 minutes.
* **G0447 must be billed along with 1 of the ICD-9 codes for BMI 30.0 and over (V85.30-V85.39, V85.41-V85.45)**
	+ The type of service (TOS) for G0447 is 1
	+ ICD-10 codes will be Z68.30-Z68.39, Z68.4-Z68.45
* Effective July 2, 2012 for claims processed with dates of service on or after November 29, 2011, Medicare will pay for G0447 with an ICD-9 Code of V85.30-V85.39, V85.41-V85.45, no more than 22 times in a 12-month period.

**Medicare: Place of Service for IBT**

* Medicare will pay for obesity counseling claims containing HCPCS G0447 only when services are provided with the following POS codes:
	+ 11- Physicians Office
	+ 22 - Outpatient Hospital
	+ 49 – Independent Clinic
	+ 71 – State of local public health clinic.
* Medicare will pay claims for G0447 only when services are submitted by the following provider specialty types found on the provider’s Medicare enrollment record.
	+ 01 – General Practice
	+ 08 – Family Practice
	+ 11 – Internal Medicine
	+ 16 – Obstetrics/Gynecology
	+ 37 – Pediatric Medicine
	+ 38 – Geriatric Medicine
	+ 50 – Nurse Practitioner
	+ 89 – Certified Clinical Nurse Specialist
	+ 97 – Physician Assistant

\*\* Summary provided courtesy of Dr. Joel V. Brill’s presentation at the Harvard Blackburn Course.  Dec 2014

\*\*\* The information provided in this document if for informational purposed only.  Weight Zero does not guarantee payment of services from any third party payer.