

EFFECTIVE DATE: 09|01|2014

POLICY LAST UPDATED: 04|18|2017

OVERVIEW

This policy documents the correct use of the time-based Intensive Behavioral Therapy (IBT) Health Service Codes for Obesity. These codes are used for counseling services for obesity and weight loss.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Behavioral counseling for obesity by physicians, nurse practitioners, and physician assistants, is covered based on the time-based HCPCS Level II G codes when providing time-based evaluation and management (E/M) counseling services related to obesity.

If coding is not time based and the key components of E/M are met, the E/M code may be reported.

If the E/M service is time based for other reasons, no time related to obesity management may be counted toward the time used for code selection as the HCPCS Level II G codes are to be used and are more specific.

For BlueCHiP for Medicare members, the benefits are as defined by Medicare and are limited to no more than 22 IBT for Obesity in a 12-month period. For Commercial products, visits exceeding this number would be considered not medically necessary as there is insufficient evidence to demonstrate efficacy of additional services. Additionally, there is a requirement for coverage that there be a 3 kg or greater weight loss in the first 6 months and this is documented in the medical record. This requirement must be met for additional services for all other members to be medically necessary.

Members who meet the criteria are eligible for:

- One face-to-face visit every week for the first month;
- One face-to-face visit every other week for months 2–6; and
- One face-to-face visit every month for months 7–12, if the beneficiary meets the 3 kg (6.6 pounds) weight loss requirement during the first 6 months.

This service is considered a preventive health benefit and is covered without copayment/coinsurance and deductible as applicable under a member's preventive health services benefits.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable preventive health services coverage/benefits.

BACKGROUND

The Centers for Disease Control and Prevention (CDC) reported that “obesity rates in the U.S. have increased dramatically over the last 30 years, and obesity is now epidemic in the United States.” In the

Medicare population over 30% of men and women are obese. Obesity is directly or indirectly associated with many chronic diseases including cardiovascular disease, musculoskeletal conditions, and diabetes.

Medicare intensive behavioral therapy for obesity, defined as a body mass index (BMI) ≥ 30 kg/m², for the prevention or early detection of illness or disability. IBT for obesity consists of the following:

1. Screening for obesity in adults using measurement of BMI, which is calculated by dividing weight in kilograms by the square height in meters
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.

Coverage is provided for IBT for obesity (BMI ≥ 30 kilograms per meter squared) for patients who are competent and alert at the time counseling is provided and whose counseling is furnished by a qualified primary care practitioner in a primary care setting. For purposes of IBT for obesity, primary care physicians have a primary specialty designation of Family Practice, General Practice, Geriatric Medicine, Internal Medicine, Obstetrics/Gynecology or Pediatric Medicine. A primary care practitioner (qualified non-physician practitioner) is a nurse practitioner or physician assistant.

Each IBT for obesity session must be consistent with the 5As approach adopted by the United States Preventive Services Task Force (USPSTF). This approach includes:

1. **Assess:** Ask about or assess behavioral health risk(s) and factors affecting choice of behavior change goals or 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 beneficiary's interest in and willingness to change the behavior;
4. **Assist:** Using behavior change techniques (self-help and/or counseling), aid the beneficiary in achieving agreed-upon goals by acquiring the skills, confidence, and social or 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 or support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

CODING

BlueCHiP for Medicare and Commercial Products

Each visit for covered Intensive Behavioral Therapy (IBT) for Obesity is to be reported with one of the following codes:

G0447 Face-to-Face behavioral counseling for obesity, 15 minutes

G0473 Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes

Please Note: These services are allowed at a flat fee rate.

RELATED POLICIES

Preventive Services for BlueCHiP for Medicare

Preventive Services for Commercial Members

PUBLISHED

Provider Update, June 2017

Provider Update, June 2016

Provider Update, July 2015

REFERENCES

1. CMS.gov Centers for Medicare and Medicaid Services National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity (210.12):

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=353&ncdver=1&bc=AgAAgAAAAAAAAAA%3d%3d&>

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