# Intensive Behavioral Therapy (IBT) Obesity and Cardiovascular Disease Medicare Preventive Services

# Index

Stand Alone Benefit	2
"G" Codes for Intensive Behavioral Therapy	3
The content of the Intensive Behavioral Therapy	4
Transtheoretical Model Stages of Change (TMSC)	4
SETMA's Deployment of Transtheoretical Model	6
Transtheoretical Model in Weight Management, Diabetes, Hypertension	7
Intensive Behavioral Therapy (IBT) for Obesity	11
Template for Requirements for Billing IBT Obesity	13
Failure to Meet Standards for Billing IBT Obesity	14
Details of IBT Obesity G0477 Face-to-face behavioral counseling for obesity	16
Intensive Behavior Therapy Cardiovascular Disease	17
Requirements for IBT for Cardiovascular Disease	17
Tools for IBT for Cardiovascular Disease	18
Meeting the Requirements with the Transtheoretic Model	20
General concepts about the IBT Cardiovascular Disease Billing	22

Health and Human Services through CMS is becoming increasingly more involved with preventive care and more payments are being made for screening and preventive care which will ultimately make a difference in the care, the health and the cost of care for Medicare beneficiaries. Two new services are:

- Intensive Behavioral Therapy (IBT) for Obesity (G0477)
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (G0446)
- 1. The following reference is to CMS's *Intensive Behavioral Therapy (IBT) for Obesity*.

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ICN907800.pdf

2. The following reference is to CMS's *Intensive Behavior Therapy (IBT) for Cardiovascular Disease*.

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Cardiovascular-Disease-Services-Booklet-ICN907784.pdf

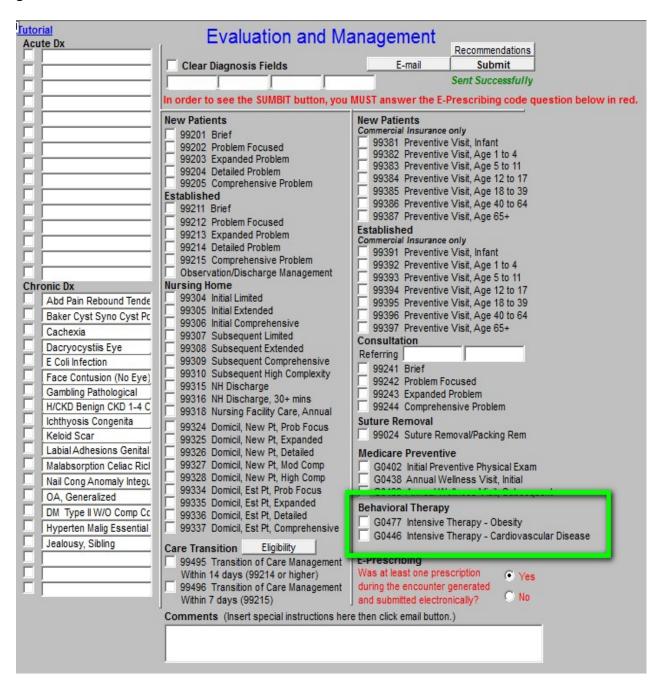
#### **Stand Alone Benefit**

The IBT for obesity (up to 22 visits a year) and/or Cardiovascular Disease (once a year) are stand alone billable services. IBT is separate from the Initial Preventive Physical Examination (IPPE) or the Annual Wellness Visit (AWV). Medicare beneficiaries may obtain IBT for obesity or cardiovascular services at any time following Medicare Part B enrollment,

Each IBT for obesity or Cardiovascular Disease must be consistent with the 5A's approach adopted by the US 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 their behavior;
- 4. **Assist:** Use behavior changing 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; and
- 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.

An entire visit can be devoted to one of these services, or they can be conducted in conjunction with other services and the provider can bill for both. The G Codes for these two preventive service are found on SETMA's Evaluation and Management template and are shown below in green:



# The content of the Intensive Behavioral Therapy

This content will be derived from SETMA's disease management tools for:

- Weight management
- Diabetes
- Cardiometabolic Risk Syndrome
- Hypertension
- Dyslipidemia
- Congestive Heart Failure
- Renal Disease
- Preventing Diabetes and Preventing Hypertension
- LESS Initiative (Lose Weight, Exercise, Stop Smoking)

Tutorials for the use of each of these tools can be found on:

- SETMA's website at <a href="www.setma.com">www.setma.com</a> under EPM Tools (Electronic Patient Management).
- SETMA's Intranet,
- Embedded into SETMA's Electronic Medical Records
- Printed material

# **Transtheorectical Model Stages of Change (TMSC)**

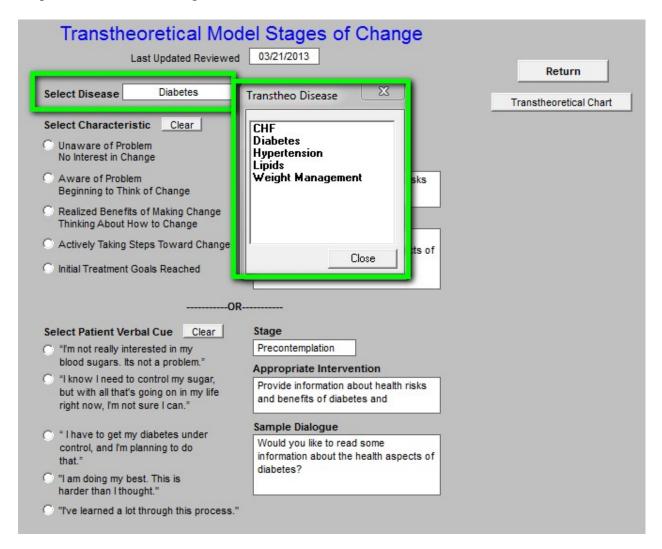
Changing behavior and sustaining that change is the crux of the issue relating to IBT. One of the tools which SETMA has built for this effort is the electronic deployment of the Transtheoretical Model Stages of Change. The following is the detail on this tool.



SETMA I - 2929 Calder, Suite 100 SETMA II - 3570 College, Suite 200 SETMA West, 2010 Dowlen (409) 833-9797 www.setma.com

Stage	Characteristic	Patient verbal cue	Appropriate intervention	Sample dialogue
Precontemplation	Unaware of problem, no interest in change	"Im not really interested in weight loss. Its not a problem."	Provide information about health risks and benefits of weight loss	"Would you like to read some information about the health aspects of obesity?"
Contemplation	Aware of problem, beginning to think of changing	"I know I need to lose weight, but with all that's going on in my life right now, Im not sure I can."	Help resolve ambivalence; discuss barriers	"Let's look at the benefits of weight loss, as well as what you may need to change."
Preparation	Realizes benefits of making changes and thinking about how to change	"I have to lose weight, and Im planning to do that."	Teach behavior modification; provide education	"Let's take a closer look at how you can reduce some of the calories you eat and how to increase your activity during the day."
Action	Actively taking steps toward change	"I'm doing my best. This is harder than I thought."	Provide support and guidance, with a focus on the long term	"It's terrific that youre working so hard. What problems have you had so far? How have you solved them?"
Maintenance	Initial treatment goals reached	"I've learned a lot through this process."	Relapse control	"What situations continue to tempt you to overeat? What can be helpful for the next time you face such a situation?"

SETMA has created the ability to utilize the TMSC in five distinct conditions as seen on the template below outlined in green.



Because human beings are not static in their response to their health and behavior, this deployment allows SETMA providers to assess a patient's:

- Stage of Change
- Characteristics
- Patient Verbal Cue
- Appropriate Intervention
- Sample Dialogue

for each IBT encounter. As the patient's attention to, concern for and self-motivation for change moves through the continuum of stages of change, the discussion with the patient can be adjusted to meet their current needs with an effective patient/provider dialogue rather than the healthcare provider having a one-size-fits all monologue with the patient conducted by the provider only.

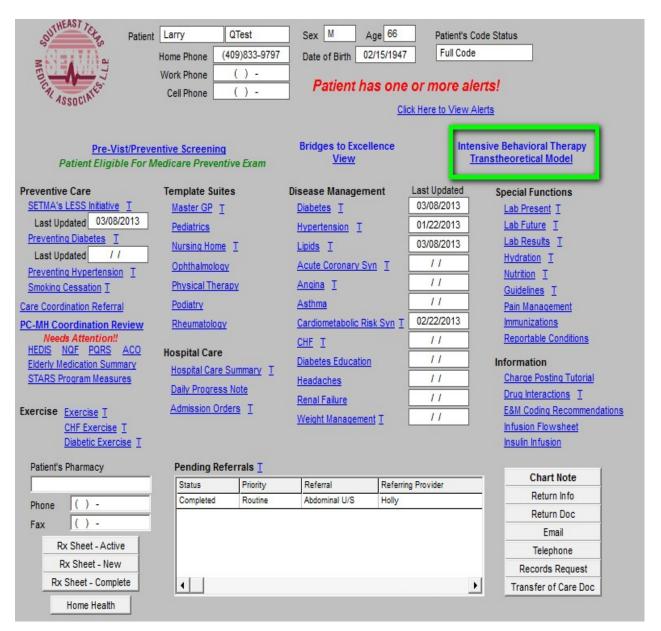
The following illustrates the use of this tool in weight management, diabetes and hypertension:

Transtheoretical Mod	el Stages of Change	
Last Updated Reviewed	03/21/2013	Return
Select Disease Weight Management		Transtheoretical Chart
Select Characteristic Clear	Stage	
O Unaware of Problem No Interest in Change	Contemplation	
Aware of Problem     Beginning to Think of Change	Appropriate Intervention  Help resolve ambivalence; discuss barriers	
Realized Benefits of Making Change     Thinking About How to Change	Sample Dialogue	
Actively Taking Steps Toward Change	Let's look at the benefits of weight loss, as well as what you may need to	
C Initial Treatment Goals Reached	change.	
OR-		
Select Patient Verbal Cue Clear "I'm not really interested in losing weight. It's not a problem.	Stage Contemplation Appropriate Intervention	
"I know I need to lose weight, but with all that's going on in my life right now, I'm not sure I can."	Help resolve ambivalence; discuss barriers	
"I have to lose weight, and I'm planning to do that."	Sample Dialogue  Let's look at the benefits of weight loss, as well as what you may need to change.	
"I am doing my best. This is harder than I thought."	Shango.	
Tre learned a lot through this process."		

#### Transtheoretical Model Stages of Change 03/21/2013 Last Updated Reviewed Return Diabetes Select Disease Transtheoretical Chart Select Characteristic Clear Stage Precontemplation Unaware of Problem No Interest in Change Appropriate Intervention Aware of Problem Provide information about health risks Beginning to Think of Change and benefits of diabetes and Realized Benefits of Making Change Sample Dialogue Thinking About How to Change Would you like to read some Actively Taking Steps Toward Change information about the health aspects of diabetes? Initial Treatment Goals Reached --OR----Select Patient Verbal Cue Clear Stage "I'm not really interested in my Preparation blood sugars. Its not a problem." Appropriate Intervention "I know I need to control my sugar, Teach behavior modification; provide but with all that's going on in my life education right now, I'm not sure I can." Sample Dialogue "I have to get my diabetes under Let's take a closer look at how you can control, and I'm planning to do reduce your blood sugar and how to that." increase your activity during the day. "I am doing my best. This is harder than I thought." "I've learned a lot through this process."

Transtheoretical Mode	el Stages of Change	
Last Updated Reviewed	03/21/2013	Return
Select Disease Hypertension		Transtheoretical Chart
Select Characteristic Clear	Stage	
O Unaware of Problem No Interest in Change	Action	
Aware of Problem     Beginning to Think of Change	Appropriate Intervention  Provide support and guidance, with a focus on the long term	
C Realized Benefits of Making Change Thinking About How to Change	Sample Dialogue	
Actively Taking Steps Toward Change	It's terrific that you're working so hard. What problems have you had so far?	
C Initial Treatment Goals Reached	How have you solved them?	
OR		
Select Patient Verbal Cue Clear	Stage	
"fm not really interested in blood pressure control. It's not a	Action	
C "I know I need to get my blood	Appropriate Intervention	1
pressure under control, but with all that's going on in my life right now,	Provide support and guidance, with a focus on the long term	
I'm not sure I can.	Sample Dialogue	
" I have to get my blood pressure under control, and I'm planning to do that."	It's terrific that you're working so hard. What problems have you had so far?	
"I am doing my best. This is harder than I thought."	How have you solved them?	
Tive learned a lot through this process."		

The Transtheoretical Model can be accessed from SETMA's AAA Home as shown below outlined in green, or from the Intensive Behavioral Therapy for Obesity or the Intensive Behavioral Therapy for Cardiovascular Disease templates which will appear when a provider accesses the IBT for obesity or cardiovascular disease (see below).



With SETMA's deployment, it is possible to review over time the patient's "stage of change" for each of the five tools which were used in their care. This will allow the patient to see their consistency in pursuing their health goals.

# Intensive Behavioral Therapy (IBT) for Obesity

#### If:

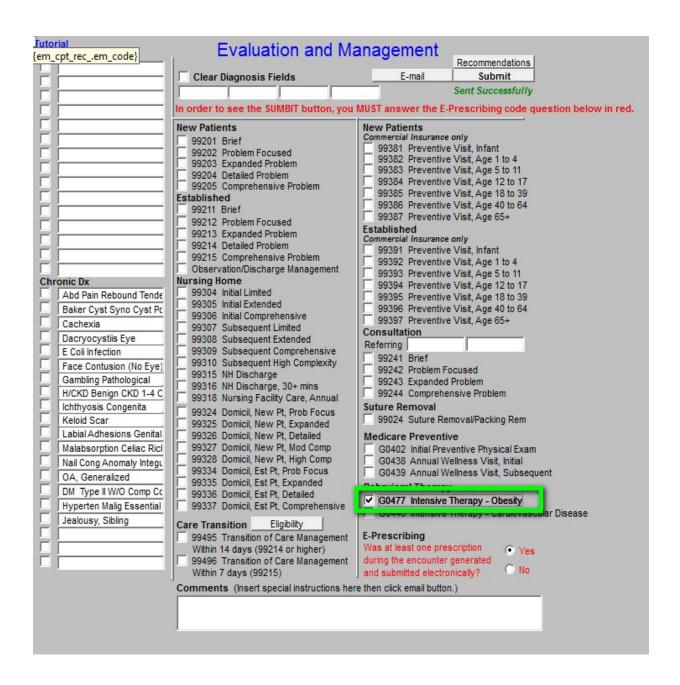
- The provider spends fifteen minutes counseling the patient about obesity
- The patient has a BMI equal to or great than 30
- The patient is mentally competent and alert

The provider can bill for IBT for Obesity. You do that by click the G code as shown below surrounded in green.

As you consider the use of the IBT Obesity code, do not forget the **LESS Initiative** (Lose Weight, Exercise and Stop Smoking) and SETMA's Weight Management tool. Both of these tools provide the guidance and documentation required to fulfill the elements of the IBT Obesity. In addition, the Plan of Care and Treatment Plan associated with each of these tools (some of which were listed previously) serve as excellent connectors between the IBT and the patient's daily life. Tutorials for these two functions can be found at:

#### LESS Tutorial

<u>Adult Weight Management Tutorial</u> -- part of this tutorial is a twenty-page explanation of the Transtheoretical Model Assessment of Change

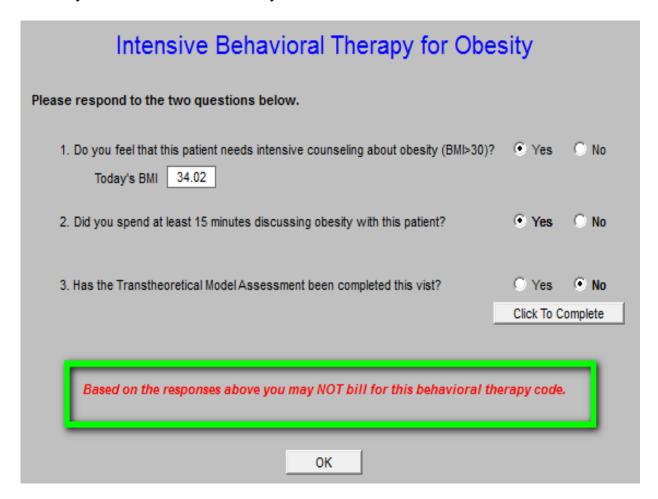


When you click the box next to G0477 (see outlined in green above), the following template will appear which requires you to answer three questions.

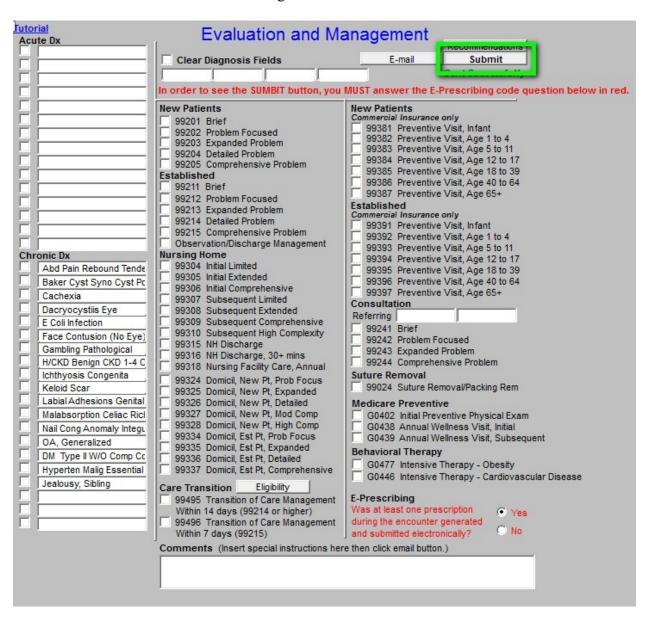
Intensive Behavioral Therapy for Obe	sity	
Please respond to the two questions below.		
Do you feel that this patient needs intensive counseling about obesity (BMI>30)?  Today's BMI 34.02	• Yes	○ No
2. Did you spend at least 15 minutes discussing obesity with this patient?	• Yes	○ No
Has the Transtheoretical Model Assessment been completed this vist?	Yes    Click To C	○ No Complete
Based on the responses above, you MAY bill for this behavioral therap This code will be selected for you.	oy code.	
Don't forget to click Submit on the next screen.		
ок		

If you answer "yes" to all three questions, the wording will appear, "Based on the response above, you MAY bill for this behavioral therapy code. This code will be selected for you." If you have not completed the Transtheoretical Model of Change, you may do so by clicking on the button "Click to Complete."

If you answer "no" to any question, as shown below outlined in green you will be alerted to the fact that you cannot bill for IBT Obesity.



Once you have received notification that you can bill for IBT Obesity, you need to click the **Submit** button as seen below outlined in green.



## Details of IBT Obesity G0477 Face-to-face behavioral counseling for obesity

**Stand Alone Benefit** – this means that it can be done in association with other care or it can be done as a separate care by itself.

- The IBT for Obesity benefit covered by Medicare is a stand alone billable service.
- It can be billed with or apart from the IPPE, or the Annual Wellness Visit (AWV).
- Medicare beneficiaries may obtain IBT for obesity services at any time following Medicare Part B enrollment, including during their IPPE or AWV encounter.

Criteria for providing this service – Patient must:

- Have BMI > or equal to 30 kilograms per meter squared.
- Must be mentally competent at the time of counseling
- Must be counseled by Primary Care Provider: family physician or nurse practitioner

### A maximum of 22 visits are permitted in a 12-month period, allocated as such:

- 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 patient meets the 3 kg (6.6 lbs) weight loss requirement during the first 6 months.

In the event a Medicare patient qualifies for and receives IBT for obesity in your primary care setting, report HCPCS Level II code **G0477** *Face-to-face behavioral counseling for obesity, 15 minutes* and the **appropriate ICD-9-CM code for BMI 30.0 or over** (V85.30-V85.39, V85.41-V85.45). ICD-10 Crosswalk: Z68.30 – Z68.39, Z68.41 – Z68.45

# Each IBT for obesity must be consistent with the 5A's approach adopted by the 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 their 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; and
- 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.

# **Intensive Behavior Therapy Cardiovascular Disease**

Effective November 8, 2011, Medicare covered intensive behavioral therapy for cardiovascular disease if the service is provided by a primary care practitioner in a primary care setting such as the beneficiary's family practice physician, internal medicine physician, or nurse practitioner in the doctor's office.

Effective November 8, 2011, CMS covered intensive behavioral therapy for cardiovascular disease (referred to below as a CVD risk reduction visit), which consists of the following three components:

- Encouraging aspirin use for the primary prevention of cardiovascular disease when the benefits outweigh the risks for men age 45-79 years and women 55-79 years;
- Screening for high blood pressure in adults age 18 years and older; and,
- Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age, and other known risk factors for cardiovascular and diet-related chronic disease.

We note that only a small proportion (about 4%) of the Medicare population is under 45 years (men) or 55 years (women), therefore, the vast majority of beneficiaries should receive all three components. Intensive behavioral counseling to promote a healthy diet is broadly recommended to cover close to 100% of the population due to the prevalence of known risk factors.

Effective for claims with dates of service on and after November 8, 2011, CMS covers one face-to-face CVD risk reduction visit annually for Medicare beneficiaries 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 in a primary care setting.

For the purposes of this covered service, a primary care setting is defined as one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, and hospices are not considered primary care settings under this definition.

#### **Fulfilling the Requirements**

If you spend fifteen minutes counseling the patient about Cardiovascular Risk, then you can bill the G code for IBT Cardiovascular Disease. As you consider using this code and as you calculate your time invested, do not forget the time you spend counseling the patient about the **Framingham Risk Scores and the What If Scenarios**, the Cardiometabolic Risk Syndrome, the LESS Initiative, diabetes, hyperlipidemia, obesity, smoking cessation, exercise and nutrition.

The following SETMA tutorials and others will be helpful in this regard:

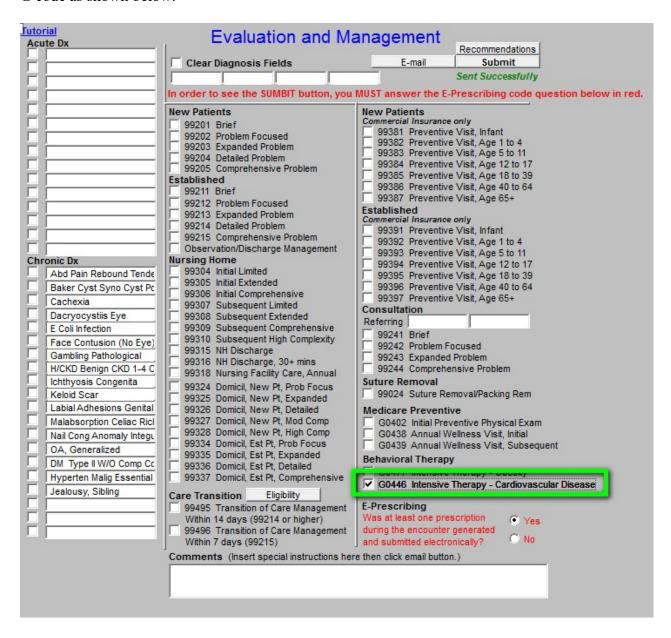
#### Metabolic Syndrome Tutorial

Framingham Cardiovascular Risk Assessment Tutorial

#### **Lipids Tutorial**

#### **Smoking Cessation Tutorial**

To bill for the IBT Cardiovascular Disease, go to the E&M template and click on the appropriate G code as shown below.

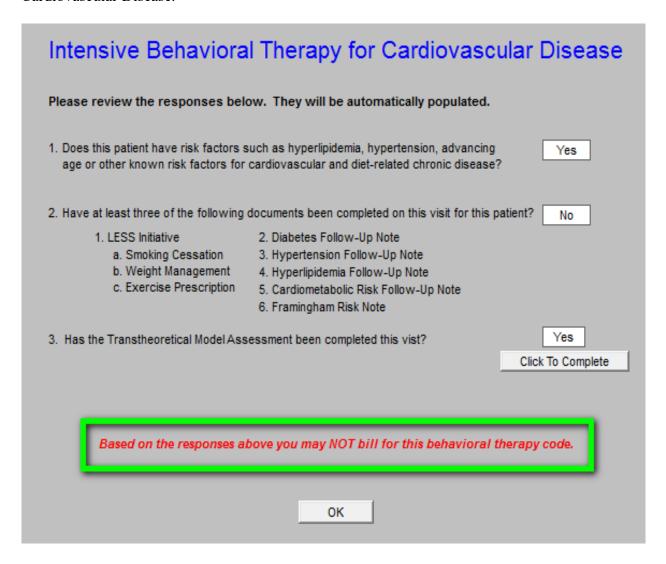


A pop-up will appear which asks you to answer three questions.

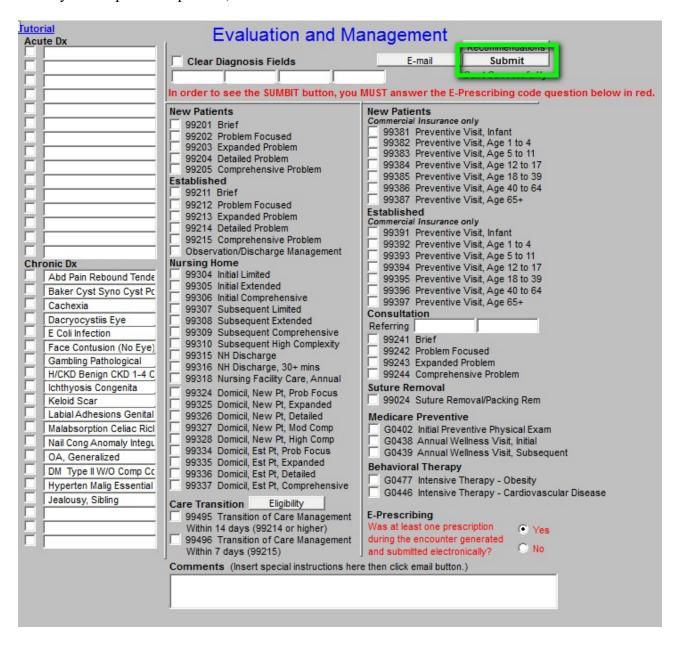
Intensive Behavioral Therapy for Cardiovascular Disease		
Please review the responses belo	ow. They will be automatically populated.	
	such as hyperlipidemia, hypertension, advancing Yes cardiovascular and diet-related chronic disease?	
2. Have at least three of the following	documents been completed on this visit for this patient? Yes	
LESS Initiative     a. Smoking Cessation     b. Weight Management     c. Exercise Prescription	Diabetes Follow-Up Note     Hypertension Follow-Up Note     Hyperlipidemia Follow-Up Note     Cardiometabolic Risk Follow-Up Note     Framingham Risk Note	
3. Has the Transtheoretical Model Ass	Pessment been completed this vist?    Yes     Click To Complete	
	bove, you MAY bill for this behavioral therapy code. his code will be selected for you.	
Don't fo	rget to click Submit on the next screen.	
	ОК	

If you answer "yes" to all three questions, you will be alerted to the fact that you can bill for IBT Cardiovascular Disease. Remember, the Transtheoretical Model of Stages of Change must be used in order to bill for the IBT. If you have done so, you can click on the "Click to Complete" button and complete the Model of Change at this time.

If you answer "no" to either question you will be alerted that you cannot bill for IBT Cardiovascular Disease.



When you complete this process, be sure to click **Submit**.



# General concepts about the IBT Cardiovascular Disease billing

**G0446** -- Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes, will be effective November 8, 2011, and will be included in the January 2012 update of the Medicare Physician Fee Schedule Database (MPFSDB) and Integrated Outpatient Code Editor (IOCE).

The CMS reviewed the USPSTF recommendations and supporting evidence for intensive behavioral therapy for cardiovascular disease and determined that the criteria listed above was met, enabling the CMS to cover this preventive service. Effective November 8, 2011, Medicare will cover intensive behavioral therapy for cardiovascular disease if the service is provided by a primary care practitioner in a primary care setting such as the beneficiary's family practice physician, internal medicine physician, or nurse practitioner in the doctor's office.

Effective November 8, 2011, CMS covers intensive behavioral therapy for cardiovascular disease (referred to below as a CVD risk reduction visit), which consists of the following three components:

- Encouraging aspirin use for the primary prevention of cardiovascular disease when the benefits outweigh the risks for men age 45-79 years and women 55-79 years;
- Screening for high blood pressure in adults age 18 years and older; and,
- Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age, and other known risk factors for cardiovascular and diet-related chronic disease.

We note that only a small proportion (about 4%) of the Medicare population is under 45 years (men) or 55 years (women), therefore, the vast majority of beneficiaries should receive all three components. Intensive behavioral counseling to promote a healthy diet is broadly recommended to cover close to 100% of the population due to the prevalence of known risk factors.

Effective for claims with dates of service on and after November 8, 2011, CMS covers one face-to-face CVD risk reduction visit annually for Medicare beneficiaries 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 in a primary care setting.

For the purposes of this covered service, a primary care setting is defined as one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, and hospices are not considered primary care settings under this definition.

The behavioral counseling intervention for aspirin use and healthy diet should be consistent with the Five A's approach that has been adopted by the USPSTF to describe such services:

- 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 their 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.