



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 <i>Face-to-face behavioral counseling for obesity</i>	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.

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 www.setma.com under EPM Tools (Electronic Patient Management).
- SETMA's Intranet,
- Embedded into SETMA's Electronic Medical Records
- Printed material

Transtheoretical 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

Transtheoretical (Stages of Change) Model

Stage	Characteristic	Patient verbal cue	Appropriate intervention	Sample dialogue
<i>Precontemplation</i>	Unaware of problem, no interest in change	"I'm 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?"
<i>Contemplation</i>	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, I'm 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."
<i>Preparation</i>	Realizes benefits of making changes and thinking about how to change	"I have to lose weight, and I'm 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."
<i>Action</i>	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 you're working so hard. What problems have you had so far? How have you solved them?"
<i>Maintenance</i>	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 TMSM in five distinct conditions as seen on the template below outlined in green.

Transtheoretical Model Stages of Change

Last Updated Reviewed 03/21/2013

Select Disease **Diabetes**

Select Characteristic

Unaware of Problem
No Interest in Change

Aware of Problem
Beginning to Think of Change

Realized Benefits of Making Change
Thinking About How to Change

Actively Taking Steps Toward Change

Initial Treatment Goals Reached

-----OR-----

Select Patient Verbal Cue

"I'm not really interested in my blood sugars. Its not a problem."

"I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."

"I have to get my diabetes under control, and I'm planning to do that."

"I am doing my best. This is harder than I thought."

"I've learned a lot through this process."

Stage

Appropriate Intervention

Provide information about health risks and benefits of diabetes and

Sample Dialogue

Would you like to read some information about the health aspects of diabetes?

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 Model Stages of Change

Last Updated Reviewed 03/21/2013

Return

Select Disease Weight Management

Transtheoretical Chart

Select Characteristic Clear

- Unaware of Problem
No Interest in Change
- Aware of Problem**
Beginning to Think of Change
- Realized Benefits of Making Change
Thinking About How to Change
- Actively Taking Steps Toward Change
- Initial Treatment Goals Reached

-----OR-----

Select Patient Verbal Cue Clear

- "I'm not really interested in losing weight. It's not a problem.
- "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."
- "I have to lose weight, and I'm planning to do that."
- "I am doing my best. This is harder than I thought."
- "I've learned a lot through this process."

Stage
Contemplation

Appropriate Intervention
Help resolve ambivalence; discuss barriers

Sample Dialogue
Let's look at the benefits of weight loss, as well as what you may need to change.

Stage
Contemplation

Appropriate Intervention
Help resolve ambivalence; discuss barriers

Sample Dialogue
Let's look at the benefits of weight loss, as well as what you may need to change.

Transtheoretical Model Stages of Change

Last Updated Reviewed 03/21/2013

[Return](#)

Select Disease

[Transtheoretical Chart](#)

Select Characteristic

- Unaware of Problem
No Interest in Change
- Aware of Problem
Beginning to Think of Change
- Realized Benefits of Making Change
Thinking About How to Change
- Actively Taking Steps Toward Change
- Initial Treatment Goals Reached

Stage

Appropriate Intervention

Provide information about health risks and benefits of diabetes and

Sample Dialogue

Would you like to read some information about the health aspects of diabetes?

-----OR-----

Select Patient Verbal Cue

- "I'm not really interested in my blood sugars. Its not a problem."
- "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."
- "I have to get my diabetes under control, and I'm planning to do that."
- "I am doing my best. This is harder than I thought."
- "I've learned a lot through this process."

Stage

Appropriate Intervention

Teach behavior modification; provide education

Sample Dialogue

Let's take a closer look at how you can reduce your blood sugar and how to increase your activity during the day.

Transtheoretical Model Stages of Change

Last Updated Reviewed 03/21/2013

Return

Select Disease

Transtheoretical Chart

Select Characteristic

- Unaware of Problem
No Interest in Change
- Aware of Problem
Beginning to Think of Change
- Realized Benefits of Making Change
Thinking About How to Change
- Actively Taking Steps Toward Change
- Initial Treatment Goals Reached

Stage

Appropriate Intervention

Provide support and guidance, with a focus on the long term

Sample Dialogue

It's terrific that you're working so hard.
What problems have you had so far?
How have you solved them?

-----OR-----

Select Patient Verbal Cue

- "I'm not really interested in blood pressure control. It's not a
- "I know I need to get my blood pressure under control, but with all that's going on in my life right now, I'm not sure I can.
- "I have to get my blood pressure under control, and I'm planning to do that."
- "I am doing my best. This is harder than I thought."
- "I've learned a lot through this process."

Stage

Appropriate Intervention

Provide support and guidance, with a focus on the long term

Sample Dialogue

It's terrific that you're working so hard.
What problems have you had so far?
How have you solved them?

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).

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Sex: Age: Patient's Code Status:

Home Phone: Date of Birth:

Work Phone: Cell Phone:

Patient has one or more alerts!
[Click Here to View Alerts](#)

[Pre-Vist/Preventive Screening](#)
Patient Eligible For Medicare Preventive Exam

[Bridges to Excellence View](#)

Intensive Behavioral Therapy Transtheoretical Model

Preventive Care	Template Suites	Disease Management	Last Updated	Special Functions
SETMA's LESS Initiative <input type="text" value="I"/> Last Updated: <input type="text" value="03/08/2013"/>	Master GP <input type="text" value="I"/> Pediatrics	Diabetes <input type="text" value="I"/> Hypertension <input type="text" value="I"/>	<input type="text" value="03/08/2013"/> <input type="text" value="01/22/2013"/>	Lab Present <input type="text" value="I"/> Lab Future <input type="text" value="I"/>
Preventing Diabetes <input type="text" value="I"/> Last Updated: <input type="text" value="//"/>	Nursing Home <input type="text" value="I"/> Ophthalmology	Lipids <input type="text" value="I"/> Acute Coronary Syn <input type="text" value="I"/>	<input type="text" value="03/08/2013"/> <input type="text" value="//"/>	Lab Results <input type="text" value="I"/> Hydration <input type="text" value="I"/>
Preventing Hypertension <input type="text" value="I"/> Smoking Cessation <input type="text" value="I"/>	Physical Therapy Podiatry	Angina <input type="text" value="I"/> Asthma	<input type="text" value="//"/> <input type="text" value="//"/>	Nutrition <input type="text" value="I"/> Guidelines <input type="text" value="I"/>
Care Coordination Referral PC-MH Coordination Review <i>Needs Attention!!</i>	Rheumatology Hospital Care	Cardiometabolic Risk Syn <input type="text" value="I"/> CHF <input type="text" value="I"/>	<input type="text" value="02/22/2013"/> <input type="text" value="//"/>	Pain Management Immunizations Reportable Conditions
HEDIS NQF PQRS ACO Elderly Medication Summary STARS Program Measures	Hospital Care Summary <input type="text" value="I"/> Daily Progress Note Admission Orders <input type="text" value="I"/>	Diabetes Education Headaches Renal Failure Weight Management <input type="text" value="I"/>	<input type="text" value="//"/> <input type="text" value="//"/> <input type="text" value="//"/> <input type="text" value="//"/>	Information Charge Posting Tutorial Drug Interactions <input type="text" value="I"/> E&M Coding Recommendations Infusion Flowsheet Insulin Infusion
Exercise Exercise <input type="text" value="I"/> CHF Exercise <input type="text" value="I"/> Diabetic Exercise <input type="text" value="I"/>				

Patient's Pharmacy:

Phone: Fax:

Pending Referrals

Status	Priority	Referral	Referring Provider
Completed	Routine	Abdominal U/S	Holly

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](#)

[Adult Weight Management Tutorial](#) -- part of this tutorial is a twenty-page explanation of the Transtheoretical Model Assessment of Change

Tutorial

{em_cpt_rec_em_code}

Evaluation and Management

Recommendations

Clear Diagnosis Fields

E-mail

Submit

Sent Successfully

In order to see the SUMBIT button, you MUST answer the E-Prescribing code question below in red.

Chronic Dx

- Abd Pain Rebound Tende
- Baker Cyst Syno Cyst Pc
- Cachexia
- Dacryocystitis Eye
- E Coli Infection
- Face Contusion (No Eye)
- Gambling Pathological
- H/CKD Benign CKD 1-4 C
- Ichthyosis Congenita
- Keloid Scar
- Labial Adhesions Genital
- Malabsorption Celiac Ricl
- Nail Cong Anomaly Integu
- OA, Generalized
- DM Type II W/O Comp Cc
- Hyperten Malig Essential
- Jealousy, Sibling

New Patients

- 99201 Brief
- 99202 Problem Focused
- 99203 Expanded Problem
- 99204 Detailed Problem
- 99205 Comprehensive Problem

Established

- 99211 Brief
- 99212 Problem Focused
- 99213 Expanded Problem
- 99214 Detailed Problem
- 99215 Comprehensive Problem
- Observation/Discharge Management

Nursing Home

- 99304 Initial Limited
- 99305 Initial Extended
- 99306 Initial Comprehensive
- 99307 Subsequent Limited
- 99308 Subsequent Extended
- 99309 Subsequent Comprehensive
- 99310 Subsequent High Complexity
- 99315 NH Discharge
- 99316 NH Discharge, 30+ mins
- 99318 Nursing Facility Care, Annual
- 99324 Domicil, New Pt, Prob Focus
- 99325 Domicil, New Pt, Expanded
- 99326 Domicil, New Pt, Detailed
- 99327 Domicil, New Pt, Mod Comp
- 99328 Domicil, New Pt, High Comp
- 99334 Domicil, Est Pt, Prob Focus
- 99335 Domicil, Est Pt, Expanded
- 99336 Domicil, Est Pt, Detailed
- 99337 Domicil, Est Pt, Comprehensive

Care Transition

Eligibility

- 99495 Transition of Care Management Within 14 days (99214 or higher)
- 99496 Transition of Care Management Within 7 days (99215)

New Patients

Commercial Insurance only

- 99381 Preventive Visit, Infant
- 99382 Preventive Visit, Age 1 to 4
- 99383 Preventive Visit, Age 5 to 11
- 99384 Preventive Visit, Age 12 to 17
- 99385 Preventive Visit, Age 18 to 39
- 99386 Preventive Visit, Age 40 to 64
- 99387 Preventive Visit, Age 65+

Established

Commercial Insurance only

- 99391 Preventive Visit, Infant
- 99392 Preventive Visit, Age 1 to 4
- 99393 Preventive Visit, Age 5 to 11
- 99394 Preventive Visit, Age 12 to 17
- 99395 Preventive Visit, Age 18 to 39
- 99396 Preventive Visit, Age 40 to 64
- 99397 Preventive Visit, Age 65+

Consultation

Referring

- 99241 Brief
- 99242 Problem Focused
- 99243 Expanded Problem
- 99244 Comprehensive Problem

Suture Removal

- 99024 Suture Removal/Packing Rem

Medicare Preventive

- G0402 Initial Preventive Physical Exam
- G0438 Annual Wellness Visit, Initial
- G0439 Annual Wellness Visit, Subsequent

Behavioral Therapy

- G0477 Intensive Therapy - Obesity
- G0440 Intensive Therapy - Cardiovascular Disease

E-Prescribing

Was at least one prescription during the encounter generated and submitted electronically?

Yes

No

Comments (Insert special instructions here then click email button.)

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 Obesity

Please respond to the two questions below.

1. Do you feel that this patient needs intensive counseling about obesity (BMI>30)? Yes No
Today's BMI

2. Did you spend at least 15 minutes discussing obesity with this patient? Yes No

3. Has the Transtheoretical Model Assessment been completed this visit? Yes No

*Based on the responses above, you MAY bill for this behavioral therapy code.
This code will be selected for you.*

Don't forget to click Submit on the next screen.

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.

Intensive Behavioral Therapy for Obesity

Please respond to the two questions below.

1. Do you feel that this patient needs intensive counseling about obesity (BMI>30)? Yes No
Today's BMI

2. Did you spend at least 15 minutes discussing obesity with this patient? Yes No

3. Has the Transtheoretical Model Assessment been completed this visit? Yes No

Based on the responses above you may NOT bill for this behavioral therapy code.

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.

Evaluation and Management

Clear Diagnosis Fields

Sent Successfully

In order to see the SUBMIT button, you MUST answer the E-Prescribing code question below in red.

Acute Dx <input type="checkbox"/>	New Patients <input type="checkbox"/> 99201 Brief <input type="checkbox"/> 99202 Problem Focused <input type="checkbox"/> 99203 Expanded Problem <input type="checkbox"/> 99204 Detailed Problem <input type="checkbox"/> 99205 Comprehensive Problem	New Patients <i>Commercial Insurance only</i> <input type="checkbox"/> 99381 Preventive Visit, Infant <input type="checkbox"/> 99382 Preventive Visit, Age 1 to 4 <input type="checkbox"/> 99383 Preventive Visit, Age 5 to 11 <input type="checkbox"/> 99384 Preventive Visit, Age 12 to 17 <input type="checkbox"/> 99385 Preventive Visit, Age 18 to 39 <input type="checkbox"/> 99386 Preventive Visit, Age 40 to 64 <input type="checkbox"/> 99387 Preventive Visit, Age 65+
<input type="checkbox"/>	Established <input type="checkbox"/> 99211 Brief <input type="checkbox"/> 99212 Problem Focused <input type="checkbox"/> 99213 Expanded Problem <input type="checkbox"/> 99214 Detailed Problem <input type="checkbox"/> 99215 Comprehensive Problem <input type="checkbox"/> Observation/Discharge Management	Established <i>Commercial Insurance only</i> <input type="checkbox"/> 99391 Preventive Visit, Infant <input type="checkbox"/> 99392 Preventive Visit, Age 1 to 4 <input type="checkbox"/> 99393 Preventive Visit, Age 5 to 11 <input type="checkbox"/> 99394 Preventive Visit, Age 12 to 17 <input type="checkbox"/> 99395 Preventive Visit, Age 18 to 39 <input type="checkbox"/> 99396 Preventive Visit, Age 40 to 64 <input type="checkbox"/> 99397 Preventive Visit, Age 65+
<input type="checkbox"/>	Nursing Home <input type="checkbox"/> 99304 Initial Limited <input type="checkbox"/> 99305 Initial Extended <input type="checkbox"/> 99306 Initial Comprehensive <input type="checkbox"/> 99307 Subsequent Limited <input type="checkbox"/> 99308 Subsequent Extended <input type="checkbox"/> 99309 Subsequent Comprehensive <input type="checkbox"/> 99310 Subsequent High Complexity <input type="checkbox"/> 99315 NH Discharge <input type="checkbox"/> 99316 NH Discharge, 30+ mins <input type="checkbox"/> 99318 Nursing Facility Care, Annual	Consultation Referring <input type="text"/> <input type="text"/> <input type="checkbox"/> 99241 Brief <input type="checkbox"/> 99242 Problem Focused <input type="checkbox"/> 99243 Expanded Problem <input type="checkbox"/> 99244 Comprehensive Problem
<input type="checkbox"/>	<input type="checkbox"/> 99324 Domicil, New Pt, Prob Focus <input type="checkbox"/> 99325 Domicil, New Pt, Expanded <input type="checkbox"/> 99326 Domicil, New Pt, Detailed <input type="checkbox"/> 99327 Domicil, New Pt, Mod Comp <input type="checkbox"/> 99328 Domicil, New Pt, High Comp <input type="checkbox"/> 99334 Domicil, Est Pt, Prob Focus <input type="checkbox"/> 99335 Domicil, Est Pt, Expanded <input type="checkbox"/> 99336 Domicil, Est Pt, Detailed <input type="checkbox"/> 99337 Domicil, Est Pt, Comprehensive	Suture Removal <input type="checkbox"/> 99024 Suture Removal/Packing Rem
<input type="checkbox"/>	Care Transition <input type="button" value="Eligibility"/> <input type="checkbox"/> 99495 Transition of Care Management Within 14 days (99214 or higher) <input type="checkbox"/> 99496 Transition of Care Management Within 7 days (99215)	Medicare Preventive <input type="checkbox"/> G0402 Initial Preventive Physical Exam <input type="checkbox"/> G0438 Annual Wellness Visit, Initial <input type="checkbox"/> G0439 Annual Wellness Visit, Subsequent
<input type="checkbox"/>	Chronic Dx <input type="checkbox"/> Abd Pain Rebound Tende <input type="checkbox"/> Baker Cyst Syno Cyst Pc <input type="checkbox"/> Cachexia <input type="checkbox"/> Dacryocystiis Eye <input type="checkbox"/> E Coli Infection <input type="checkbox"/> Face Contusion (No Eye) <input type="checkbox"/> Gambling Pathological <input type="checkbox"/> H/CKD Benign CKD 1-4 C <input type="checkbox"/> Ichthyosis Congenita <input type="checkbox"/> Keloid Scar <input type="checkbox"/> LabialAdhesions Genital <input type="checkbox"/> Malabsorption Celiac Ricl <input type="checkbox"/> Nail Cong Anomaly Integu <input type="checkbox"/> OA, Generalized <input type="checkbox"/> DM Type II W/O Comp Cc <input type="checkbox"/> Hyperten Malig Essential <input type="checkbox"/> Jealousy, Sibling	Behavioral Therapy <input type="checkbox"/> G0446 Intensive Therapy - Cardiovascular Disease

E-Prescribing
Was at least one prescription during the encounter generated and submitted electronically? Yes No

Comments (Insert special instructions here then click email button.)

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

Intensive Behavioral Therapy for Cardiovascular Disease

Please review the responses below. They will be automatically populated.

1. Does this patient have risk factors such as hyperlipidemia, hypertension, advancing age or other known risk factors for cardiovascular and diet-related chronic disease?

2. Have at least three of the following documents been completed on this visit for this patient?

1. LESS Initiative	2. Diabetes Follow-Up Note
a. Smoking Cessation	3. Hypertension Follow-Up Note
b. Weight Management	4. Hyperlipidemia Follow-Up Note
c. Exercise Prescription	5. Cardiometabolic Risk Follow-Up Note
	6. Framingham Risk Note

3. Has the Transtheoretical Model Assessment been completed this visit?

*Based on the responses above, you MAY bill for this behavioral therapy code.
This code will be selected for you.*

Don't forget to click Submit on the next screen.

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.

Intensive Behavioral Therapy for Cardiovascular Disease

Please review the responses below. They will be automatically populated.

1. Does this patient have risk factors such as hyperlipidemia, hypertension, advancing age or other known risk factors for cardiovascular and diet-related chronic disease?

2. Have at least three of the following documents been completed on this visit for this patient?

1. LESS Initiative	2. Diabetes Follow-Up Note
a. Smoking Cessation	3. Hypertension Follow-Up Note
b. Weight Management	4. Hyperlipidemia Follow-Up Note
c. Exercise Prescription	5. Cardiometabolic Risk Follow-Up Note
	6. Framingham Risk Note

3. Has the Transtheoretical Model Assessment been completed this visit?

Based on the responses above you may NOT bill for this behavioral therapy code.

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.