Payment Policy | Intensive Behavioral Therapy (IBT) for Obesity

EFFECTIVE DATE: 09|01|2014
POLICY LAST UPDATED: 11|16|2022

OVERVIEW
This policy documents the correct use of the time-based Intensive Behavioral Therapy (IBT) Health Service Codes for Obesity.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products

Behavioral counseling for obesity, is covered based on the time-based HCPCS Level ll G codes when providing time-based evaluation and management (E/M) counseling services related to obesity.

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 kilograms per meter squared, 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 kg/m2) 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. 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.

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.

This is a time-based service and therefore, medical record documentation should reflect time qualifying statements to substantiate the session. Do not include time spent on any other activities that are not part of this service.

Coverage is limited to:

- 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 requirement during the first six months

CODING

Medicare Advantage Plans 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

RELATED POLICIES

Preventive Services for Medicare Advantage Plans
Preventive Services for Commercial Members

PUBLISHED

Provider Update, January 2023
Provider Update, April 2020
Provider Update, August 2018
Provider Update, June 2017
Provider Update, June 2016
Provider Update, July 2015
Provider Update, September 2014

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=AgAAgAAAAAAAAA%3d%3d&