

**Centers for Medicare & Medicaid Services
Medicare Preventive Services National Provider Call:
Five New Medicare Preventive Services
Moderator: Leah Nguyen
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Podcast 3 of 5: Intensive Behavioral Therapy for Cardiovascular Disease

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Presentation 3

Amanda Barnes: Welcome to the third of five podcasts from the New Medicare Preventive Services National Provider Call, brought to you by the Medicare Learning Network — your source for official CMS information for Medicare Fee-For-Service providers. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Wednesday, August 15, 2012.

In this third podcast, Jamie Hermansen from the Center for Clinical Standards & Quality, Kathy Bryant from the Hospital and Ambulatory Policy Group, and Wil Gehne from the Provider Billing Group discuss Intensive Behavioral Therapy for Cardiovascular Disease.

Leah Nguyen: I'll now turn the call over to Jamie Hermansen with our presentation on Intensive Behavioral Therapy for Cardiovascular Disease.

Jamie Hermansen: Thank you, Leah.

Effective November 8, 2011, Medicare covers intensive behavioral therapy for cardiovascular disease, which is also referred to as a CVD risk reduction visit. The visit consists of three components:

1. Encouraging aspirin use for primary prevention of cardiovascular disease,
2. Screening for high blood pressure, and
3. Intensive behavioral counseling to promote a healthy diet.

Medicare covers one face-to-face CVD risk reduction visit each year.

On slide 43, Medicare Part B covers the CVD risk reduction visit for Medicare beneficiaries who are competent and alert at the time counseling is provided and whose counseling is furnished by a qualified primary care physician or primary care practitioner and in a primary care setting.

Slide 44. For purposes of this covered benefit, a primary care practitioner is a physician with a specialty designation of general practitioner, family practice practitioner, general internist, obstetrician or gynecologist, physician assistant, nurse practitioner, or clinical nurse specialist.

Slide 45. For purposes of this covered benefit, a primary care setting is defined as one in which there is a provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing within the context of family and community.

I would now like to hand the call over to Kathy Bryant.

Kathy Bryant:

For the intensive behavioral therapy to reduce cardiovascular disease, individual, face-to-face counseling, you use code G0446. The national payment rates for the physician in an office or other nonfacility setting is \$25.19, for a physician in a facility setting is \$23.15, and for the hospital outpatient department is \$35.69. There is no beneficiary co-insurance or deductible.

Now, I'll turn it over to Wil.

Wil Gehne:

Thanks, Kathy.

Turning to slide 47 regarding professional claims: You'd use the HCPCS code that Kathy just mentioned, G0446, and in this case, one of the provider specialty types from the longer list that we saw on the alcohol NCD – I don't want to read the entire list again, but you have it there on slide 47.

And on slide 48, the same list of place of service codes that we saw on the last benefit.

Slide 49: Again, it's very consistent. We have the same two edits for ensuring that those provider specialty types and places of service are reported, and the remittance advice coding for those two denials is identical to the two that we saw before.

Regarding institutional claims on slide 50, use G0446 and one of the – what's now a familiar looking list of types of bill, that you see there on slide 50.

And on slide 51, we'll be editing to ensure that service is limited to those types of bill, and coding the remittance advice for any denials with reason code 170 and remark code N428.

Slide 52: Once again, the payment varies, and the information there is similar to what you saw, or identical to what you saw, on the earlier slide.

Slide 53, regarding editing of all claims for Medicare systems, we'll be editing to ensure that the G0446 is billed no more than once in a 12-month period using that same criterion of 11 full months following the service month, and we'll be coding remittance advice for denials in the same way that we did for the depression screening, with reason code 119 and remark code N362. And once again, professional and facility fees can be billed separately for the service.

Leah?

Leah Nguyen:

Thank you, Wil.

There's a list of resources for intensive behavioral therapy for cardiovascular disease on slide 54.

Amanda Barnes: Thank you for listening to this Medicare Preventive Services educational podcast. The information in this podcast was correct as of the date it was recorded. This podcast is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

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