



CODING OPINION

July 27, 2012

Ms. Julie Kofoed, Vice President of Marketing for Korr™ Medical Technologies, Inc. contracted with AAPC Physician Services to research and offer a coding opinion related to the impact of Medicare's new benefit for Behavioral Counseling for Obesity (IBT) may have on the appropriate use of CPT[®] 94690 Oxygen uptake, expired gas analysis; rest, indirect (separate procedure) used to describe a service also called "Resting Metabolic Rate" or RMR. When the benefit was first introduced, there were two HCPCS II codes: G0447 and G0449. HCPCS II code G0449 was subsequently deleted from the HCPCS II file in November 2011.

Specifically, three questions are asked:

1. If a patient receives care described by G0447 at the same visit during which a Resting Metabolic Rate is obtained (CPT[®] 94690) are both services separately reportable?
2. If a Resting Metabolic Rate is obtained (CPT[®] 94690) during an office visit (99201-99215) that does not include IBT G0447, are both services reported separately?
3. If a patient receives care that is described by CPT[®] range 99201-99215, IBT G0447, and a resting metabolic rate, may all three codes be reported separately?

AAPC Physician Services carefully studied CMS' publications to understand the intent of the benefit, the services that are expected to be delivered to correctly report IBT (G0447), and other Medicare expectations surrounding which beneficiaries may receive this care, frequency of services, appropriate ICD-9 CM codes, etc. Additionally, we researched NCCI to determine if any of the codes representing the services are deemed to be bundled.

At the time of this report, there is little known information about the use of G0447 in the non-Medicare paying community. Reimbursement in the private sector will be dependent upon the specific contract and coverage criteria. We recommend that practices make direct query to plans with whom they participate regarding coverage and claims submission for obesity related care. For those payers accepting G0447 as the descriptor for Intensive Behavioral Therapy for Obesity, providers should follow Medicare's guidance unless explicitly directed otherwise by a specific payer.

The following graphic demonstrates that there are no current (Q3 2012) bundling issues between HCPCS II code G0447 and CPT[®] 94690. Measuring the resting metabolic rate is diagnostic in nature and is appropriately reported when provided in the same visit as either IBT or an office visit. Reimbursement for both services would be expected. CPT[®] 94690 is listed in the MPFSDB with an "xxx" global status. When a CPT[®] code is listed as "xxx" this generally indicates that a modifier 25 is required to be appended to an evaluation and management (E/M) code reported during the same patient encounter. Modifier 25 is appended to the E/M code and indicates that the



evaluation and management service (E/M code) is both significant and separate from the RMR. Some MACs apply this principle to all E/M codes and others only to those representing services to established patients (CPT[®] 99211-99215). AAPC Physician Services recommends practices inquire of their local MAC the requirement for the application of modifier 25 to new patient office visit codes.

G0447: Behavior counsel obesity 15m

During 2012 Jul-Sep, Code G0447 is considered a Column 1 Code to:

(No Codes Listed)

During 2012 Jul-Sep, Code G0447 is considered a Column 2 Code to:

90801 ¹	90802 ¹	90804 ¹	90805 ¹	90806 ¹	90807 ¹	90808 ¹	90809 ¹	90810 ¹
90811 ¹	90812 ¹	90813 ¹	90814 ¹	90815 ¹	90816 ¹	90817 ¹	90818 ¹	90819 ¹
90821 ¹	90822 ¹	90823 ¹	90824 ¹	90826 ¹	90827 ¹	90828 ¹	90829 ¹	90845 ¹
90846 ¹	90847 ¹	90849 ¹	90853 ¹	90857 ¹	90862 ¹	90865 ¹	90867 ¹	90868 ¹
90869 ¹	90870 ¹	90880 ¹	96150 ¹	96151 ¹	96152 ¹	96153 ¹	96154 ¹	99201 ¹
99202 ¹	99203 ¹	99204 ¹	99205 ¹	99211 ¹	99212 ¹	99213 ¹	99214 ¹	99215 ¹
99217 ¹	99218 ¹	99219 ¹	99220 ¹	99221 ¹	99222 ¹	99223 ¹	99224 ¹	99225 ¹
99226 ¹	99231 ¹	99232 ¹	99233 ¹	99234 ¹	99235 ¹	99236 ¹	99238 ¹	99239 ¹
99281 ¹	99282 ¹	99283 ¹	99284 ¹	99285 ¹	99291 ¹	99292 ¹	99304 ¹	99305 ¹
99306 ¹	99307 ¹	99308 ¹	99309 ¹	99310 ¹	99315 ¹	99316 ¹	99318 ¹	99324 ¹
99325 ¹	99326 ¹	99327 ¹	99328 ¹	99334 ¹	99335 ¹	99336 ¹	99337 ¹	99341 ¹
99342 ¹	99343 ¹	99344 ¹	99345 ¹	99347 ¹	99348 ¹	99349 ¹	99350 ¹	99354 ¹
99355 ¹	99356 ¹	99357 ¹						

During 2012 Jul-Sep, Code G0447 is considered a Column 1 Code Mutually Exclusive With:

(No Codes Listed)

During 2012 Jul-Sep, Code G0447 is considered a Column 2 Code Mutually Exclusive With:

¹

¹ AMA coding online Software



The above graphic also illustrates that the E/M codes are considered bundled with the IBT HCPCS II code G0447. Each is designated with a superscript 1 indicating that under certain circumstances a modifier 59 may be used to correctly report both an E/M service and the IBT. If the circumstances for the patient visit meet the criteria for use of modifier 59, one may be able to report both services. Modifier 59 is used to describe a separate session or separate encounter, separate site or different procedure. While one can imagine a situation that would meet the criteria, it would be an “exception” to the normal delivery of IBT. In most cases, the same provider would not separately report IBT on the same date. If there is an unusual circumstance that would allow for reporting both an E/M service and IBT, an RMR may also be reported, as there are no bundling issues with either

The following chart shows some possible code combinations and assumes performance of each service as well as circumstances permitting correct usage of modifiers 25 and 59. None of these codes is subject to the multiple code discounting and each should be reimbursed at the fee schedule value.

RMR with IBT	E/M with RMR	E/M with RMR and IBT(usual)	E/M with RMR and IBT (exception)
94690 G0447	99213-25 ² 94690	94690 G0447	99213-59 ³ 94690 G0447

In conclusion, AAPC Physician Services recommends coding that represents the services provided with expectation of reimbursement for each individual code. Care must be exercised when considering the unusual case where an office visit and IBT may be provided during the same visit to determine whether the service may be eligible for modifier 59 usage or should be considered bundled. We further recommend quarterly review of the National Correct Coding Initiative for any changes in bundling status of CPT[®] 94690 and/or HCPCS II code G0447.

² Representative of any E/M code that may be appropriate to accurately describe the level of care.

³ Representative of any E/M code that may be appropriate to accurately describe the level of care.



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Resources:

Decision Memo for Intensive Behavioral Therapy for Obesity <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=253>

Medicare Learning Network, Intensive Behavioral Therapy (IBT) for Obesity (May 2012)
<http://cms.hhs.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ICN907800.pdf>

MLN Matters® Number: MM7641 Revised <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7641.pdf>

CMS Manual System Department of Health & Human Services (DHHS), Pub 100-03 Medicare National Coverage Determinations Transmittal 142, Change Request 7641 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R142NCD.pdf>

MPFSDB (Medicare Physicians Fee Schedule Data Base) online fee schedule search
<http://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=0&H1=G0447&M=5>

AMA coding online (web based proprietary software) includes MPFSDB and NCCI edits in graphic layout

Modifier 59 Usage <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

Chapter XI National Correct Coding Initiative Policy Manual for Medicare Services
<http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/NationalCorrectCodInitEd>