

Internal Medicine Coding Alert

Preventive Care Coding: 3 Areas for CVD Behavior Therapy Claims Improvement

CMS outlines necessary items.

Medicare added five preventive services to its coverage list in late 2011, but some physician groups still aren't filing claims as they should. Here's all you need to know for one of the lesser-known services -- intensive behavioral therapy for cardiovascular disease (CVD) -- straight from Medicare experts during a recent National Provider Call.

Understand the Purpose and Frequency

Intensive behavioral therapy (IBT) for cardiovascular disease is also known as a CVD risk reduction visit, says **Jamie Hermansen**, a health insurance specialist with CMS. In general, the visit consists of three components:

- Encouraging aspirin use for primary prevention of cardiovascular disease
- Screening the patient for high blood pressure
- Intensive behavioral counseling to promote a healthy diet for adults with known risk factors for cardiovascular and diet-related chronic disease.

"A qualified primary care physician or other primary care practitioner in a primary care setting can furnish the exam," Hermansen adds. "Medicare allows for one face-to-face CVD risk reduction visit each year."

Note: A qualified primary care practitioner can include a physician, physician assistant, nurse practitioner, nurse midwife, or clinical nurse specialist.

Report the Correct Code

Only one code applies to IBT for CVD, according to **Kathy Bryant**, deputy director for practitioner services with CMS. Your correct choice is G0446 (Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes).

The descriptor spells out exactly when reporting G0446 is appropriate: during a face-to-face encounter with a single patient, once per year, for 15 minutes.

"Family physicians know and believe that an ounce of prevention is worth a pound of cure," says **Kent J. Moore**, manager of healthcare financing and delivery systems for the American Academy of Family Physicians (AAFP) in Leawood, Kan. "Medicare's expansion of coverage and payment for preventive services like this is good news from a family medicine perspective."

Beware of Potential Red Flags

CMS keeps a close eye on several factors related to claims with G0446, experts shared during the call. These include verification that:

- The code is billed with the allowable provider specialty types (including 01, General Practice; 08, Family Practice; 11 Internal Medicine; 50, Nurse Practitioner; 89, Certified Clinical Nurse Specialist; and 97, Physician Assistant)
- Code G0446 is billed with the allowable place of service (such as 11, Physician's Office)

Code G0446 is submitted no more than once in a 12-month period. Eleven full months must elapse following the month in which the last screening took place, CMS states.

