

Successful Intensive Therapeutic Lifestyle Change (ITLC) Billing and Reimbursement

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- Owner/Founder of Medical Nutrition Therapy Northwest and the Lifestyle Medicine Group
- CHIP Databank Administrator, Northwest Area Developer and Facilitator
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Objectives

- State at least three methods for including billable ITLC preventive care counseling into primary care for Medicare and Medicaid members.
- Discuss how to align CPT codes and diagnosis codes to designate valid ITLC preventive care counseling and not MNT treatment.
- Describe at least three characteristics of an ITLC program that ensures successful claims billing.

What is an Intensive Therapeutic Lifestyle Change (ITLC) program?

These programs ask the participant to make changes in diet, engage in moderate physical activity and practice stress management through a combination of group activities, video presentations, demonstrations, food sampling, and biometric feedback measures and they involve multiple contacts.

Examples of ITLC Programs

- Benson-Henry Institute Cardiac Wellness Program (www.bensonhenryinstitute.org)
- Diabetes Prevention Program (<http://www.cdc.gov/diabetes/prevention>)
- Ornish Program for Reversing Heart Disease (www.ornishspectrum.com)
- The Pritikin Program (www.pritikin.com)
- The Complete Health Improvement Program (CHIP) (www.chiphealth.com)

Evidence for Reducing Risk Factors and Reversing Chronic Conditions

Metabolism 2004; 53: 377;

J of Applied Physiology 2006;100: 1657;

Atherosclerosis 2007;191: 98;

Lancet 1990; 336: 129-33;

Health Psychology 2006; 27, No 5, 584-592;

Am J Cardiology 2008, 101: 911-918,

Am J Cardiology 2003; 91: 1316-1322;

Psychosomatics. 2012 Jul-Aug; 53 (4): 303-318;

Behav Med 1989; 15 (3): 111-117;

J Cardiopulmonary Rehab 1989; 9:316-324;

J Managed Care Med 2012; 15 (4); 5-15;

J Nutr Educ Behav 2015; 47: 44-52;

Am J Cardiology 2012; 109: 82-86.

ITLC 30 Day Outcomes

Risk Factor	N Baseline	N Post-intervention	χ^2^* (p)	Baseline Mean (SD)	Post-intervention Mean (SD)	Mean Change	% Mean Change	p
Cholesterol (mg/dL)								
Optimal (< 160)	631	1,862	1,950 (<0.001)	141.0 (18.7)	133.2 (24.8)	-7.8	-5.6	<0.001
Elevated (160–199)	2,116	1,781		182.5 (15.7)	165.5 (24.4)	-17.0	-9.3	<0.001
High (200–239)	1,261	756		215.6 (10.5)	188.5 (25.5)	-27.1	-12.6	<0.001
Very High (240–280)	478	183		254.7 (10.7)	215.2 (30.7)	-39.5	-15.5	<0.001
Dangerous (>280)	126	30		306.6 (27.2)	245.9 (43.4)	-60.7	-19.8	<0.001
Triglycerides (mg/dL)								
Optimal (<100)	3,053	3,232	109 (<0.001)	95.5 (29.7)	99.7 (41.8)	4.2	4.4	<0.001
Above Optimal (100-199)	753	765		171.9 (13.9)	158.1 (53.0)	-13.8	-8.1	<0.001
Borderline (200-500)	820	663		270.5 (62.4)	220.1 (81.8)	-50.3	-18.6	<0.001
Very High (>500)	45	11		634.7 (114.2)	354.8 (158.5)	-279.9	-44.1	<0.001
Fasting Glucose (mg/dL)								
Normal (<110)	3,716	4,026	265 (<0.001)	90.7 (9.9)	88.6 (10.9)	-2.1	-2.3	<0.001
Impaired (110-125)	390	304		116.1 (15.5)	106.0 (15.5)	-10.1	-8.7	<0.001
Diabetes (>125)	525	301		164.0 (42.2)	131.4 (34.5)	-32.6	-19.9	<0.001

* McNemar chi-square test, SD – Standard deviation.

Motivate Your Patient



Personal Health Testing Report

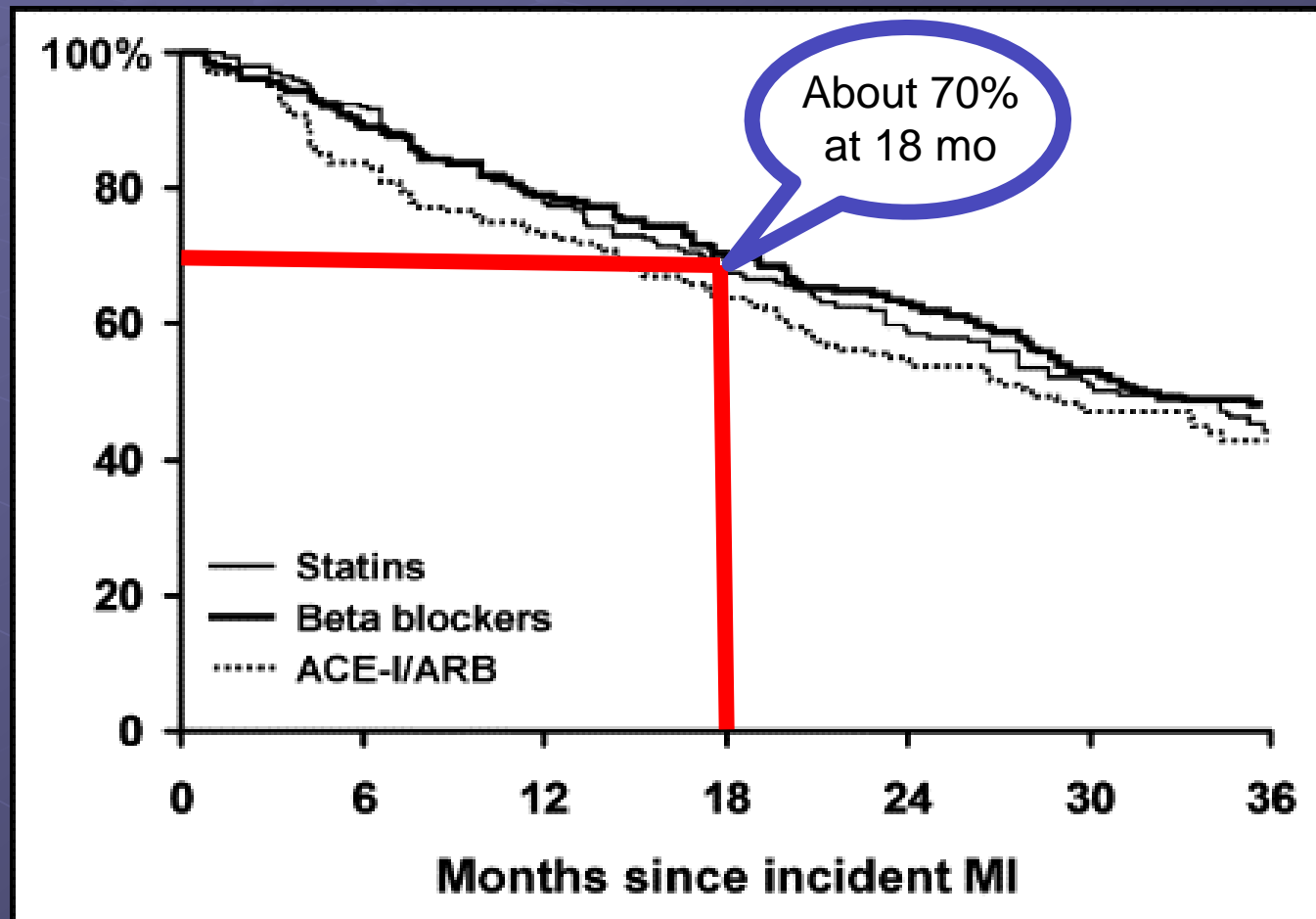
Sample

Test	14-Feb-14	08-Apr-14	Change
Total Cholesterol Lower is better Desirable < 200 Ideal < 160	273 Dangerous (over 260 mg/dl)	177 Elevated (160 - 180 mg/dl)	-35.2%
HDL Cholesterol Higher is better Men > 40 Women > 50	43 Low HDL (40 - 45 mg/dl)	40 Low HDL (40 - 45 mg/dl)	-7.2%
Ratio--TC/HDL Lower is better Desirable < 4.0 Ideal < 3.0	6.30	4.40	-30.2%
LDL Cholesterol Lower is better Desirable < 100 Ideal < 90	189 Very High (151 - 190 mg/dl)	119 High (111 - 150 mg/dl)	-37.0%
Triglycerides Anything less than 150 is good Elevated 150 to 200 High > 200	202 High (201 - 300 mg/dl)	87 Ideal (less than 150 mg/dl)	-57%
Glucose Ideal 65 - 99 Pre-diabetes 100 to 125 Diabetes > 125	93 Ideal (60 - 99 mg/dl)	84 Ideal (60 - 99 mg/dl)	-9.7%



Will Patients Stick to the Program?

Medication continuation after myocardial infarction in the community



Shah ND, Dunlay SM, Ting HH et al. Long-term Medication Adherence after Myocardial Infarction: Experience of a Community. *The Amer J of Med.* 2009;122:10.

Physical and Dietary Behavior Adherence Over 18 Months

Physical and Dietary Behavior	Mean change at 18 mo	% of participants who improved over 18 mo
Physical Activity (steps/wk)	5,596	63
Kcal/day	-391	75
Vegetables servings/day	2.6	59
Dietary saturated fat g/day	-8	83
Dietary fiber g/day	4	67
Sweets kcal/day %	-3	69

Average about 70%

How do you deliver ITLC
within Primary Care?

Models of Delivery

- Face-to-Face
- Shared Medical Visit (SMA)
- Group (2+)

Staffing Options

Physician, DO, MD

Behaviorist, PhD or MSW

Registered Dietitian Nutritionist, MS, MPH

Steps that Encourage Successful Participation

1. Recommended and discussed by physician
2. Call health plans to establish eligibility and verify coding
3. Front office assistant to make the appointment
4. Follow-up on referrals and call reminders
5. Provide compelling messages to elicit an intrinsic response

Video

How do you want to spend
the last 10 years of your life?

www.MakeHealthLast.CA

Eligibility

1. Does the patient have a “Grandfathered” plan?
2. Confirm that all preventive care services are 100% - no copay or deductible and that includes “Diet behavioral counseling?”
3. Do they cover Medical Nutrition Therapy; 97802, 97802 or 97804
4. Do they cover Preventive Care Counseling 99401 - 99404
5. Confirm your status as a network provider

Medical Nutrition Therapy

Medical Nutrition Therapy (MNT); initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

- 97802 – Initial visit (\$40.26 by Medicare)
- 97803 - Follow-up visit

Group (2 or more individuals), each 30 minutes

- 97804 – Group MNT

Other Preventive Care Benefits & Medicare

- Preventive physical exam G0402 (initial physical with ECG); Initial Wellness Visit G0438 (w/HRA)
- Wellness Visits in each subsequent year G0439 (w/HRA and counseling)
- Intensive Obesity Counseling – G0447 (FTF 15 min); G0473 (group 30 min)
- Coronary Risk Factor Reduction Counseling – G0446 (15 min)
- Smoking cessation counseling – G0436 (3-10 min); G0437 (> 10 min)
- Alcohol use counseling – G0443 (15 min)

Other Preventive Care Benefits & OHP (Medicaid)

Oregon's Coordinated Care Organizations CCOs

- Family Care
- Health Share of Oregon
- Umpqua Health Alliance
- Western Oregon Advanced Health, LLC
- 12 others

Preventive Care Counseling For Other Health Plans

Risk Factor and Behavioral Change Modification Counseling; including Face-to-Face services for new and established patients based on time; for issues such as a healthy diet, exercise, alcohol and drug abuse.

- 99401 – 15 minutes (99213 - \$76 by Medicare)
- 99402 - 30 minutes
- 99403 – 45 minutes
- 99404 - 60 minutes

- 99411 – Group setting (30 minutes)
- 99412 – Group setting (60 minutes)

Preventive Care Services

- Immunizations
- Screenings
- Counseling

Diet Behavioral Counseling

Intensive Obesity Counseling

Tobacco Use Counseling

Note: USPSTF Updated Recommendations

Annals of Internal Medicine

October 21, 2014

Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors:

U.S. Preventive Services Task Force (Grade B)
Recommendation Statement

To offer or refer to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

Population: Adults in primary care who are overweight or obese and have known cardiovascular risk factors

Coding Guidelines (UHC)

Procedure Code(s): 97802 - 97804, 99401 - 99404, G0270, G0271, G0446, G0447, S9470

Diagnosis Code(s): V77.91, V15.82, V17.3, V17.49, 278.00, 278.01, V85.41 - V85.45, 401.0, 401.1, 401.9, 405.01, 405.09, 405.11, 405.19, 405.91, 405.99, 642.01, 642.03, 642.04, 642.11, 642.13, 642.14, 642.21, 642.23, 642.24, 642.30, 642.31, 642.33, 642.34, 642.91, 642.93, 642.94, 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 440.0, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.30, 440.31, 440.32, 440.8, 440.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07

Coding Guidelines (UHC)

Screening and Counseling for Obesity Adults

Procedure Code(s): 97802 - 97804, 99401 - 99404, G0446, G0447

Diagnosis Code(s) (Required for 97802 - 97804 and 99401 - 99404):
V85.30 - V85.39, V85.41 - V85.45, 278.00, 278.01

Children and Adolescents (UHC)

Procedure Code(s): 97802 - 97804, 99401 - 99404, G0446, G0447

Diagnosis Code(s) (Required for 97802 - 97804 and 99401 - 99404):
278.00, 278.01

Opportunities for Providers, Health Plans, and Hospital Systems

- Profitable Lifestyle Medicine Practice
- Intensive Behavior Change Therapy
- Face-to-Face and Group Strategies
- Outcomes and Behavior Change Research

Questions and Share Your Experience

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