



# Reimbursement and Coding for Lifestyle Medicine-related Services

Medicare reimburses practices for many lifestyle medicine-related preventive services. Certain services are subject to frequency limitations, such as intensive behavioral therapy for obesity, which requires specific diagnoses.

Information about preventive services covered by Medicare is available in the [Medicare Preventive Services tool](#). The tool also includes links to each service's national coverage determination criteria.<sup>1</sup> Contact your [Medicare Administrative Contractor](#) for local payment policies.

Other insurance coverage will vary based on the payer and your specific contract. While many payers cover preventive services, it is always best to verify coverage and billing requirements and determine whether the service is included in your contracted fee schedule with each payer's local provider relations representative.

To make coding easier for your practice, the American Academy of Family Physicians (AAFP) has created the [AAFP Coding Reference Cards: Preventive Services Codes](#) for a quick reference for appropriately coding and documenting preventive services commonly performed by family physicians.

While many of the services are in the AAFP's coding cards, the examples in this document describe coding and billing information specific to lifestyle medicine-related services.

## Initial Preventive Physical Exam (IPPE) and Annual Wellness Visit (AWV)<sup>1</sup>

HCPCS Code	Description
G0402	Initial preventive physical exam; face-to-face visit, services limited to new beneficiary during first 12 months of Medicare enrollment
G0438	Annual wellness visit; includes a personalized prevention plan of service, initial visit
G0439	Annual wellness visit; includes a personalized prevention plan of service, subsequent visit

**Medicare:** The IPPE (also known as Welcome to Medicare) visit is a one-time service available to Medicare beneficiaries within their first 12 months of Medicare enrollment. After the first 12 months, beneficiaries are eligible for an AWV. Beneficiaries may receive one initial AWV and are eligible for a subsequent AWV every 12 months after the initial AWV. Medicare copayment, coinsurance, and deductibles are waived for these services.

Additional information about the IPPE and AWV is available [here](#).



### Intensive Behavioral Therapy (IBT) for Obesity<sup>1</sup>

HCPSC Code	Description
G0447	Face-to-face behavioral counseling for obesity, 15 minutes

**Medicare:** Obesity counseling is covered for patients with a body mass index (BMI) greater than or equal to 30 when a primary care physician or other primary care practitioner provides counseling in a primary care setting. Medicare copayment, coinsurance, and deductibles are waived for this service.<sup>1</sup>

Pay attention to the clinical profile qualifier (i.e., BMI) to show medical necessity. Obesity counseling is also subject to the following frequency guidelines<sup>1</sup>:

- 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 3 kilograms (i.e., 6.6 pounds) weight loss requirement during the first six months

Additional information about intensive behavioral therapy for obesity is available [here](#).

### Smoking and Tobacco Cessation Counseling<sup>1</sup>

HCPSC Code	Description
99406	Smoking and tobacco use cessation counseling visit; greater than three minutes up to 10 minutes
99407	Smoking and tobacco use counseling visit; greater than 10 minutes

**Medicare:** Tobacco cessation counseling is covered for patients who are symptomatic and asymptomatic for tobacco-related disease. The codes are time-based and can be billed with evaluation and management (E/M) services if the time thresholds and CMS rules are met. The frequency guidelines for CPT codes 99406 and 99407 are applied at the beneficiary level. If another physician or clinician bills for tobacco cessation counseling for the beneficiary, the number of covered counseling sessions will be impacted. Medicare copayment, coinsurance, and deductibles are waived for these services.<sup>1</sup>

Additional information about smoking and tobacco cessation counseling is available [here](#).

**Other Insurance Coverage:** Private payers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women. Private payer benefits are subject to specific plan policies. Many private payers and some states require documentation of the “5 A’s” (Assess, Advise, Agree, Assist, Arrange) to reflect the patient’s agreement to adhere to the physician’s recommendations and plan to quit smoking. Verify coverage and billing requirements with your provider relations representatives.

Additional information about coding for tobacco use prevention and cessation counseling is available [here](#).

### Depression Screening<sup>1</sup>

HCPSC Code	Description
G0444	Annual depression screening, 15 minutes

**Medicare:** Depression screening is covered for patients when the service is provided in a primary care setting. The service must be provided in one of the following places of service (POS)<sup>2</sup>:

- POS 11 – Office
- POS 22 – Outpatient hospital
- POS 49 – Independent clinic
- POS 71 – State or local public health clinic

The practice must have staff-assisted depression care supports in place. At a minimum, staff-assisted care support includes clinical staff (e.g., nurse, physician assistant) in the office who can advise the physician of screening results and facilitate and coordinate referrals to mental health treatment providers. Medicare copayment, coinsurance, and deductibles are waived for this service.<sup>1</sup>

Additional information about depression screening is available [here](#).

### Emotional or Behavioral Assessment<sup>3</sup>

HCPSC Code	Description
96127	Brief emotional/behavioral assessment with scoring and documentation per standardized instrument

**Other insurance coverage:** Some private payers will cover CPT code 96127. Verify coverage and billing requirements with your provider relations representatives.

### Alcohol Misuse Screening and Counseling<sup>1</sup>

HCPSC Code	Description
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

**Medicare** Annual alcohol misuse screening is covered for patients when the service is provided in a primary care setting. Medicare allows up to four brief face-to-face counseling interventions for beneficiaries (including pregnant women) who screen positive for alcohol misuse. Counseling interventions should be consistent with the “5 A’s” (Assess, Advise, Agree, Assist, Arrange). Medicare copayment, coinsurance, and deductibles are waived for these services.<sup>1</sup>

Additional information about alcohol misuse screening and counseling is available [here](#).

### Alcohol and/or Substance Abuse Screening<sup>4</sup>

HCPSC Code	Description
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes
99409	Alcohol and/or substance abuse screening and intervention, greater than 30 minutes

**Other insurance coverage:** Private payers may cover codes 99408 and 99409. Verify coverage – including which benefit (health or mental/substance) and billing requirements – with your provider relations representatives.

### Chronic Care Management (CCM)<sup>5</sup>

HCPSC Code	Description
99490	Chronic care management, first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes, per calendar month
99487	Complex care management, first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (requires moderate- to high-complexity medical decision making)

**Medicare:** CCM services are covered for patients with at least two chronic conditions expected to last at least 12 months or until the patient’s death. The chronic condition must place the beneficiary at significant risk of death, acute exacerbation/decompensation, or functional decline. CCM includes a comprehensive care plan. CCM services are subject to copayment, coinsurance, and deductibles.

Additional information about CCM is available [here](#).

**Other insurance coverage:** Private payers may cover CCM services. Verify coverage and billing requirements with your provider relations representatives.

Additional information about CCM is also available in the [AAFP’s Chronic Care Management Toolkit](#).

### Advance Care Planning (ACP)<sup>6</sup>

HCPCS Code	Description
99497	Advance care planning, first 30 minutes
99498	Advance care planning, each additional 30 minutes

**Medicare:** ACP is a face-to-face discussion between a patient and their physician or other qualified health care professional to discuss the patient’s wishes should they become unable to make decisions about their care. There are no frequency limitations to ACP. However, you must document a change in the patient’s health if the service is provided multiple times in a year. Coinsurance and deductibles are waived if the service is provided on the same day as an AWV and provided by the same physician or qualified health care professional. Append modifier -33 if billing with the AWV. ACP is subject to coinsurance and deductibles if provided as a standalone service.<sup>7</sup>

Additional information about advance care planning is available [here](#).

**Other Insurance Coverage:** Verify coverage and billing requirements for ACP with your provider relations representatives.

### Diabetes Self-Management Training (DSMT)<sup>1</sup>

HCPCS Code	Description
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

**Medicare:** DSMT is covered for patients diagnosed with diabetes and who have an order for DSMT from the physician or other qualified health care professional treating the patient’s diabetes (must be a certified-DSMT entity/provider). DSMT is subject to copayment, coinsurance, and deductibles.

### Medical Nutritional Therapy (MNT)<sup>1</sup>

HCPCS Code	Description
97802	Medical nutritional therapy, initial visit, 15 minutes
97803	Medical nutritional therapy, follow up visit, additional 15 min

**Medicare** MNT is covered for patients for an initial nutrition and lifestyle assessment, individual and/or group therapy services, management of lifestyle factors that affect diabetes, and follow-up visits to check progress. Only registered dietitians or nutritional professionals who meet certain requirements can provide MNT services.<sup>8</sup>

### ADDITIONAL RESOURCES

- [Medicare Preventive Services](#)
- [AAFP Medical Billing & Coding](#)
- [FPM Medicare Annual Wellness Visits](#)
- [FPM Care Management](#)
- [Medicare List of Telehealth Services](#)

### REFERENCES

1. Medicare Learning Network. Medicare preventive services. Accessed April 23, 2021. [www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html](http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html)
2. Centers for Medicare & Medicaid Services. Place of service code set. Accessed April 23, 2021.
3. Hughes C. Getting paid for screening and assessment services. *Fam Pract Manag.* 2017;24(6):25-29.
4. Zoorob RJ, Grubb II J, Gonzalez SJ, Kowalchuk AA. Using alcohol screening and brief intervention to address patients' risky drinking. *FPM.* 2017;24(3):12-16.
5. Centers for Medicare & Medicaid Services. Chronic care management services. Accessed April 23, 2021. [www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf](http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf)
6. American Academy of Family Physicians. Advance care planning. Accessed April 23, 2021. [www.aafp.org/family-physician/practice-and-career/getting-paid/coding/advance-care-planning.html](http://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/advance-care-planning.html)
7. Centers for Medicare & Medicaid Services. Advance care planning. Accessed April 23, 2021. [www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf](http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf)
8. Centers for Medicare & Medicaid Services. Nutrition therapy services. Accessed April 23, 2021. [www.medicare.gov/coverage/nutrition-therapy-services](http://www.medicare.gov/coverage/nutrition-therapy-services)