

Provider Bulletin

Intensive Behavioral Therapy for Obesity

Background

The prevalence of obesity continues to rise in the United States. To assist with this growing problem, the United States Preventive Services Task Force (USPSTF) recommends **intensive behavioral therapy for obesity** for qualifying members whose body mass index (BMI) is equal to or greater than 30 kg/m².¹

Intensive behavioral therapy (IBT) for obesity consists of the following:²

1. Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed in kg/m²).
2. Dietary (nutritional) assessment.
3. Intensive behavioral counseling and IBT to promote sustained weight loss through high-intensity interventions on diet and exercise.

IBT is provided in a primary care setting by primary care physicians, nurse practitioners, and physician assistants.

Why is IBT for obesity important?

- Approximately 39.8 percent of adults and 18.5 percent of youth in the United States have obesity.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer that are some of the leading causes of preventable premature death.³
- In 2017, the prevalence of obesity among adults in Delaware was 31.8 percent, based on the behavioral risk factor surveillance system.⁴
- The prevalence of obesity in the United States remains higher than the Healthy People 2020 goals of 14.5 percent among youth and 30.5 percent among adults.

How can you help as a provider?

Health care providers and health systems can address unhealthy weight gain before it causes serious health problems.

To remain consistent with the My Healthy Weight pledge signed by the Division of Medicaid and Medical Assistance (DMMA), AmeriHealth Caritas Delaware encourages our providers to offer intensive behavioral interventions every plan year for members with a qualifying diagnosis:⁵

- At least 12 visits for adults with a BMI \geq 30.
- At least six contact hours for adults with a BMI \geq 25 and one or more risk factors for cardiovascular disease.
- At least 12 visits for children ages 3 years or older with a BMI \geq 95th percentile.
- At least eight visits for children ages 3 years or older with a BMI 85th – 95th percentile.

How can you help as a provider? (continued)

As identified by the USPSTF, intensive behavioral intervention for obesity should be consistent with the 5-A framework:

- **Assess:** Ask about/assess behavioral health risks and factors affecting behavior change goals and methods.
- **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
- **Agree:** Collaboratively select appropriate treatment goals and methods based on the patient's interest and willingness to change the behavior.
- **Assist:** Using behavior change techniques (self-help and/or counseling), help the patient achieve agreed-on goals by acquiring the skills, confidence, and social and environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
- **Arrange:** Schedule follow-up contacts (in person or by phone) to provide ongoing support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

CPT codes

CPT code	Procedure
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
S9470	Nutritional counseling, dietitian visit

Only one unit of G0447 or S9470 should be billed per day. Obesity counseling is not separately payable with another encounter or visit on the same day. Services cannot be rendered on the same day of another office visit or E/M service is provided — but can be provided on the same day as a preventive exam, diabetes self-management training (DSMT), or medical nutrition therapy (MNT).

Sources:

- ¹ Behavioral Weight Loss Interventions to Prevent Obesity Related Morbidity and Mortality in Adults, U.S. Preventive Task Force Recommendation Statement, *JAMA*. 2018;320(11):1163-1171.
- ² Today's Dietitian. <https://www.todaysdietitian.com/newarchives/0317p44.shtml>.
- ³ CDC National Center for Health Statistics (NCHS) data brief No. 288, October 2017.
- ⁴ CDC. <https://www.cdc.gov/obesity/data/prevalence-maps.html>.
- ⁵ My Healthy Weight. <https://bipartisanpolicy.org/events/my-healthy-weight>.