

Intensive Behavioral Therapy for Cardiovascular Disease (NCD 210.11)

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[➔ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	2
References	3
Guideline History/Revision Information	4
Purpose	4
Terms and Conditions	4

Related Medicare Advantage Coverage Summaries

- [Preventive Health Services and Procedures](#)
- [Telemedicine/Telehealth Services](#)

Policy Summary

[➔ See Purpose](#)

Overview

Cardiovascular disease, CVD, which is comprised of hypertension, coronary heart disease (such as myocardial infarction and angina pectoris), heart failure, and stroke, is the leading cause of both hospitalizations and mortality in the United States. Risk factors for CVD include obesity, high blood pressure, high blood cholesterol, physical inactivity, diabetes, cigarette smoking, family history of myocardial infarction, and older age.

CMS has determined that the evidence is adequate to conclude that intensive behavioral therapy for CVD is reasonable and necessary for the prevention or early detection of illness or disability. It is appropriate for individuals entitled to benefits under Part A or enrolled under Part B, and is comprised of components that are recommended with a grade of A or B by the U.S. Preventive Services Task Force (USPSTF).

Guidelines

Nationally Covered Indications

CMS covers intensive behavioral therapy for CVD (referred to below as a CVD risk reduction visit), which consists of the following three components:

- Encouraging aspirin use for the primary prevention of CVD when the benefits outweigh the risks for men age 45-79 years and women 55-79 years;
- Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age, and other known risk factors for cardiovascular- and diet-related chronic disease; and
- Screening for high blood pressure in adults age 18 years and older.

Approximately 4% of the Medicare population is under 45 years (men) or 55 years (women), therefore the vast majority of beneficiaries should receive all three components. Intensive behavioral counseling to promote a healthy diet is broadly recommended to cover close to 100% of the population due to the prevalence of known risk factors.

CMS covers one, face-to-face CVD risk reduction visit per year for Medicare beneficiaries who are competent and alert at the time that counseling is provided, and whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting.

The behavioral counseling intervention for aspirin use and healthy diet should be consistent with the Five As approach that has been adopted by the USPSTF to describe such services:

- **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/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 in and willingness to change the behavior.
- **Assist:** Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
- **Arrange:** Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

For the purpose of this NCD, emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, and hospices are not considered primary care settings under this definition. A primary care setting is defined as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Nationally Non-Covered Indications

Unless specifically covered in this NCD, any other NCD, or in statute, preventive services are non-covered by Medicare.

Other

Medicare coinsurance and Part B deductible are waived for this preventive service.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

Place of Service Code	Description
02	Telehealth
11	Physician's office
19	Off Campus-Outpatient hospital
22	On Campus-Outpatient hospital
49	Independent clinic
72	Rural health clinic

Provider Specialty Code: Primary Care Providers	Provider Specialty/Primary Care Providers Description
01	General practice
08	Family practice
11	Internal medicine
16	Obstetrics/gynecology
37	Pediatric medicine
38	Geriatric medicine
42	Certified nurse-midwife
50	Nurse practitioner
89	Certified clinical nurse specialist
97	Physician assistant

References

CMS National Coverage Determinations (NCDs)

[NCD 210.11 Intensive Behavioral Therapy for Cardiovascular Disease](#)

CMS Benefit Policy Manual

[Chapter 15; § 270.2 List of Medicare Telehealth Services](#)

CMS Claims Processing Manual

[Chapter 12; § 190.3 List of Medicare Telehealth Services](#)

[Chapter 18; § 1 Medicare Preventative and Screening Services, § 160 Intensive Behavioral Therapy \(IBT\) for Cardiovascular Disease \(CVD\)](#)

CMS Transmittal(s)

[Transmittal 137, Change Request 7636, Dated 11/23/2011 \(Intensive Behavioral Therapy for Cardiovascular Disease\)](#)

[Transmittal 2357, Change Request 7636, Dated 11/23/2011 \(Intensive Behavioral Therapy for Cardiovascular Disease\)](#)

[Transmittal 2432, Change Request 7636, Dated 03/23/2012 \(Intensive Behavioral Therapy for Cardiovascular Disease\)](#)

MLN Matters

[Article MM7636, Intensive Behavioral Therapy \(IBT\) for Cardiovascular Disease \(CVD\)](#)

[Article MM7636 Revised, Intensive Behavioral Therapy \(IBT\) for Cardiovascular Disease \(CVD\)](#)

Other(s)

[Decision Memo for Intensive Behavioral Therapy for Cardiovascular Disease \(CAG-00424N\), CMS Website](#)
[Dept of Health and Human Services \(Centers for Medicare and Medicaid Services\) Preventative Services \(IBT for Cardiovascular Disease\), CMS Website](#)

[List of Medicare Telehealth Services, April 2020, CMS Website](#)

[Medicare Preventive Services, ICN 006559, June 2020](#)

[Medicare Preventive Services Checklist, September 2019](#)

[Place of Service Code Set](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
08/12/2020	Policy Summary Overview <ul style="list-style-type: none">Replaced reference to “coronary heart disease” with “coronary heart disease (<i>such as myocardial infarction and angina pectoris</i>)” Nationally Coverage Indications <ul style="list-style-type: none">Added language to indicate a primary care setting is defined as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community Applicable Codes <ul style="list-style-type: none">Added Place of Service code 02 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG164.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).