FAQs: Service Codes for Use by Health Coaches in Team-based Care

Who's eligible to bill for and receive these services?

These reimbursement guidelines apply to all Tennessee Medicaid (TennCare) managed care organizations (MCOs) and the patients enrolled in these plans. These guidelines have been voluntarily adopted and were approved by all three TennCare MCOs in November 2023. In general, these guidelines are consistent with Medicare reimbursement guidelines, and other health plans in Tennessee may voluntarily adopt them. This guidance is particularly directed toward practices participating in the Tennessee Heart Health Network (TN-HHN).

What services can lay health coaches (HC) provide for patients? And what billing codes can HC use in team-based care to get reimbursement for these services?

HC can deliver these services using the indicated billing codes for team-based care:

- G0446 – Intensive Behavioral Therapy for Cardiovascular Disease
- G0447 – Intensive Behavioral Therapy for Obesity
- 99406-99407 – Smoking and Tobacco Use Cessation Counseling
- 99401-99404 – Counseling/Risk Factor Reduction Intervention
- G0108-G0109 – Diabetes Self-Management Education (DSME)
- G9873-G9885 – Diabetes Prevention Program (DPP)

Please review the TN-HHN Coding Review document, which was approved by the TennCare MCOs in November 2023, for more information about these codes and how they can be used in team-based care.

Will the insurance companies accept these reimbursement codes?

The TennCare MCOs will accept these reimbursement codes when used by lay HC in primary care settings. In general, these guidelines are consistent with Medicare reimbursement, and other health plans in Tennessee may voluntarily adopt them.

How will the provider bill this service?

The HC can provide direct services under the supervision of a physician, physician assistant or nurse practitioner. The supervising physician must be credentialed and contracted with the member's assigned MCO, be registered with the Division of TennCare and have a valid Medicaid ID for all dates of services on the claim. The supervising physician will be listed as the billing and rendering provider on the claim. The HC won't be listed on the claim form. Providers should follow all billing guidelines listed in the MCOs' provider administration manuals.

Can a provider bill more than one service on one claim?

Yes. The provider can bill more than one service on one claim for these codes. When service codes are billed with a combination of other services on the same day, please append the appropriate modifier (basic guidelines for coding – for example, 25 modifiers if an evaluation and management (E&M) code is being billed). Please refer to coding sources to determine the appropriate modifier.

Can providers use modifiers for telehealth services when these services are provided by phone or videoconference?

For these service codes, providers must append a modifier to indicate the service is telehealth. The use of a telehealth modifier code won't impact payment but is informational only for the health plan. Providers should use place of service (POS) 02 (telehealth) or POS 10 (telehealth in the member's home) modifiers for this purpose.

These FAQs have been approved by the TN-HHN Executive Council, and all updates completed on February 1, 2024.

What are the education, training and certification requirements for office-based HC in Tennessee?

Training will be provided through approved training and certification organizations. To ensure consistency and content, TN-HHN member organizations, in consultation with qualified TennCare provider organizations, have adopted common voluntary training and certification standards for HC in Tennessee to ensure quality and standardization for patient care (see the TN-HHN Health Coach Training and Certification Standards document for more information). These common standards will give clear guidance on how the TN-HHN will ensure consistency and high-quality training content. The three TennCare MCOs have agreed on these common standards, they are generally consistent with Medicare requirements, and other health plans can voluntarily adopt these standards.

What training or certification will the HC need to have?

The HC will need to satisfactorily complete an existing HC training and certification program recognized and approved by the TN-HHN. Recognized programs' curricula and competencies adhere to those of the National Board for Health and Wellness Coaching (NBHWC) AND they use a competency-based assessment to grant certification. See the TN-HHN Health Coach Training and Certification Standards document for more detailed information about TN-HHN-recognized HC training and certification programs.

The following training and certification programs in Tennessee currently meet these standards:

- UTHSC Health Coach Certification Program
- Vanderbilt Health Coaching Program
- Coalition for Better Health Training for Preventive Health Specialists

Will health coaches require credentialing and contracting?

No. HC won't require credentialing or contracting since the medical doctor or other qualified provider will bill the service.

Will the HC need a Medicaid ID number?

No. HC won't need a Medicaid ID number since the medical doctor or other qualified provider will bill the service.

How do the MCOs verify that HC have the correct training?

MCOs can verify that HC have the correct training by getting a copy of each HC's certification and contact information for the accrediting organization. Please provide this information to the MCO or health plan on request.

Can a practice subcontract with a vendor for remote patient management/monitoring (RPM) services?

Yes, a practice is allowed to do so if all subcontracting requirements are followed.

Can HC provide more than one of these services on the same day or is this considered a duplication of services?

There is some overlap, but on some occasions, billing providers can bill for more than one service delivered by HC on the same day. If the provider's intent is to bill for more than one of these services on the same day, they should append the appropriate 59 modifier on claims. Providers should use the 25 modifier if the service(s) are provided in combination with an E&M service. Please refer to standard coding sources to determine the appropriate modifier and procedure code standards.

What combinations of codes can providers submit during visits?

Providers could possibly submit many different combinations during a visit, but only if all services provided meet billing guidelines. For example: 99401-99404 (Counseling/Risk Factor Reduction Intervention) generally shouldn't be billed with G0446-G0447 (Intensive Behavioral Therapy for Cardiovascular Disease and Intensive Behavioral Therapy for Obesity) and/or 99406-99407 (Smoking and Tobacco Use Cessation Counseling). If combinations of these codes are submitted, the appropriate modifier (e.g., 59 or 25) should be billed based on standard billing guidelines.

How will TennCare MCOs and other health plans audit to ensure services are accurately and consistently provided to the members?

All HC visits and essential visit elements, including the visit length, goals of the visit and patient plans for behavioral change, should be documented in the electronic health record (EHR). Health outcomes may also be assessed. We'll create and share visit note EHR templates for each service with practices through the TN-HHN and TN-HHN member organizations.

Should the National Correct Coding Initiative (NCCI) coding edits apply to this initiative?

Yes. The NCCI promotes national correct coding methodologies and reduces improper coding, with the overall goal of reducing improper payments of Medicare Part B and Medicaid claims. Standing NCCI coding edits apply to this initiative. Reporting codes (e.g., codes in categories Z55-Z65 describing social determinants of health) are ICD-10 diagnosis codes that don't have fee schedules associated with them.

Are these codes submitted for informational purposes only?

Yes. Reporting codes are submitted for informational purposes only.

Can pharmacists and other billing providers use these codes?

All three TennCare MCOs will be doing more collaborative research in 2024 to answer this question. At this time, the statement above, "The HC can provide direct services under the supervision of a physician, physician assistant or nurse practitioner," holds true.

Do HC have to be part of an ADA- or AADE-accredited program to bill for Diabetes Self-Management Education (DSME) services?

Yes and no, depending on the patient's coverage. TennCare MCOs and other health plans following these guidelines don't require HC to be part of an ADA- or AADE-accredited program to bill for DSME services. However, Medicare does require ADA or AADE accreditation for providers to bill for DSME services.

Where can providers get more information if they have questions not covered in this document?

For questions not covered in the above responses, providers should contact their MCO or health plan network managers for assistance.