


ISSUE DATE July 3, 2018	EFFECTIVE DATE July 3, 2018	NUMBER 01-18-09, 08-18-10, 09-18-10, 16-18-01, 23-18-01, 31-18-10
SUBJECT Childhood Nutrition and Weight Management Services	BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to notify providers enrolled in the Medical Assistance (MA) Program that the Department of Human Services (Department) is issuing a revised fee schedule and updated information for providing Childhood Nutrition and Weight Management Services (CNWMS) for MA beneficiaries under 21 years of age.

SCOPE:

This MA bulletin applies to all physicians, Certified Registered Nurse Practitioners (CRNPs), registered nurses, nutritionists, outpatient hospitals, independent medical surgical clinics, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) enrolled in the MA Program. Providers who render services in the managed care delivery system should address any payment-related questions regarding CNWMS to the appropriate MA managed care organization.

BACKGROUND:

On November 1, 2007, the Department issued MA Bulletin 99-07-19, titled “Childhood Nutrition and Weight Management Services for Recipients Under 21 Years of Age”, which added CNWMS for MA beneficiaries under 21 years of age to the MA Program Fee Schedule.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>.

On June 20, 2017, the United States Preventative Services Task Force (USPSTF) published a report titled “Screening for Obesity and Intervention for Weight Management in Children and Adolescents: Evidence Report and Systematic Review for the US Preventative Services Task Force” (Report), which is available at: <https://www.uspreventiveservicestaskforce.org/Page/Document/evidence-summary/obesity-in-children-and-adolescents-screening1>. The Report was based on the 2010 USPSTF recommendation that children six years of age and older be screened for obesity and referred for comprehensive, intensive behavioral interventions to improve weight status.

The Report was a systematic review of the benefits or harms of screening and treatment for overweight and obesity in children aged two through 18 years of age that ran from January 22, 2016, through December 5, 2016. The Report concluded that intensive behavioral weight loss interventions with 26 or more contact hours over a 2 to 12-month period can help reduce excess weight in children six years of age and older. In a Recommendation Statement (Statement) endorsing the Report’s findings, the USPSTF noted the intensive behavioral interventions were most often performed by “multidisciplinary teams, including pediatricians, exercise physiologists or physical therapists, dietitians or diet assistants, psychologists or social workers, or other behavioral specialists.” The Statement is available at: <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-children-and-adolescents-screening1>.

In response to the Report’s findings, the Department is issuing updated information for providing CNWMS and updating the fee schedule for these services.

DISCUSSION:

CNWMS consist of the following services: initial assessment, re-assessment, individual weight management counseling, family weight management counseling, group weight management counseling and nutritional counseling. The Department encourages providers to ensure that the child has had a recent Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening or physical exam, as appropriate, to help support the medical necessity for the initial assessment, re-assessment and any additional CNWMS the child receives. Primary Care Providers or other providers who conduct the initial assessment or re-assessment and order CNWMS for the child are encouraged to coordinate with the provider rendering those services.

Initial Assessment and Re-assessment

The purpose of the initial assessment is to determine the need for other CNWMS. The re-assessment gauges the progress made by the child in weight management-related treatment, to determine if CNWMS continue to be medically necessary and appropriate for the child, and whether the frequency, amount and duration of services should be adjusted. Based upon the comprehensive scope of the initial assessment and re-assessment, the Department expects that these activities will routinely take providers at least 30 minutes to complete.

Individual, Group, and Family Weight Management Counseling

Weight management counseling services assist children to set behavioral goals and develop intervention techniques. The Department encourages weight management counseling providers to address topics relating to caloric intake and physical activity during the counseling sessions.

Individual weight management counseling is provided to the individual child and is focused on the child's specific nutrition and weight management needs and goals.

Group weight management counseling is provided to children in a group setting for at least two, but no more than 10 children. Group weight management counseling benefits members of the group by the interaction that occurs with other group members discussing the challenges surrounding weight management.

Family weight management counseling is provided to the child and other members of the child's family. Family weight management counseling focuses on the development of family weight management goals and behaviors to maximize the child's goals, strategies and eating behaviors. The child must be present during the family weight management counseling session.

Nutritional Counseling

Nutritional counseling is provided to the individual child and focuses on proper nutrition and eating behaviors, so the child may achieve his or her weight management goals and maintain good health.

PROCEDURE:

The Department will make payment to physicians, CRNPs, registered nurses, nutritionists, outpatient hospitals, independent medical surgical clinics, FQHCs and RHCs enrolled in the MA Program for specific CNWMS when the services are medically necessary and rendered to MA beneficiaries under 21 years of age who are overweight, obese or experiencing weight management problems. Providers must document the medical necessity for any CNWMS in the child's medical record, in accordance with 55 Pa. Code § 1101.51 (relating to ongoing responsibilities of providers).

Billing

Physicians, CRNPs, outpatient hospital clinics, independent medical surgical clinics, FQHCs and RHCs enrolled in the MA Program may bill for initial assessments and re-assessments.

Physicians, CRNPs, registered nurses, outpatient hospital clinics, independent medical surgical clinics, FQHCs and RHCs enrolled in the MA Program may bill for individual, group and family weight management counseling.

Nutritionists enrolled in the MA Program may bill for nutritional counseling. Outpatient hospital clinics, FQHCs and RHCs enrolled in the MA Program may bill for nutritional counseling performed by a licensed dietitian-nutritionist employed by the facility.

The procedure codes and code descriptions modifiers, fees and limits and the provider types and specialties that may bill for CNWMS are shown on the attached chart. When billing for the initial assessment and re-assessment, providers should include on their claim form the appropriate ICD-10-CM diagnosis code in conjunction with the accompanying Z-code from the tables below:

E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified

Z68.54	BMI pediatric, \geq 95 th percentile and above
Z68.53	BMI pediatric, 85 th < 95 th percentile
Z68.52	BMI pediatric, 5 th < 85 th percentile

Payment Limitations

Payment limitations for CNWMS are as follows:

- Physicians, CRNPs, outpatient hospital clinics and independent medical surgical clinics may bill for a physical exam or complete EPSDT screen and an initial assessment or re-assessment rendered to a child on the same day.
- Physicians, CRNPs, outpatient hospital clinics and independent medical surgical clinics may bill for an office visit or clinic visit, and a CNWMS rendered to a child on the same day if the child is not being seen solely for CNWMS.
- Physicians, CRNPs, outpatient hospital clinics and independent medical surgical clinics may bill for an initial assessment or re-assessment and individual, group, or family weight management counseling rendered to a child on the same day.
- An initial assessment is at least 30 minutes in duration per assessment.
- A re-assessment is at least 30 minutes in duration per re-assessment.
- FQHCs and RHCs may bill the MA Program for one medical visit per child per day for CNWMS.

Enrollment of Nutritionists

A nutritionist who possesses current licensure as a dietitian-nutritionist from the Department of State and current certification from the Commission on Dietetic Registration, the credentialing agency for The American Dietetic Association, may enroll as a provider of

nutritional counseling. Interested persons may obtain enrollment information by visiting the Department's website at:

http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

OBSOLETE

MA Bulletin 99-07-19, titled, "Childhood Nutrition and Weight Management Services for Recipients Under 21 Years of Age", issued November 1, 2007, and MA Bulletin 99-08-01, titled, "Clarification of Childhood Nutrition and Weight Management Services for Recipients under 21 Years of Age", issued February 15, 2008, are obsolete with the issuance of this bulletin.

ATTACHMENT: Medical Assistance Program Fee Schedule - Childhood Nutrition and Weight Management Services

Medical Assistance Program Fee Schedule - Childhood Nutrition and Weight Management Services

Procedure Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	MA Units	Limits	MA Fee	Prior Auth
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	01	183	22	U3	TJ	per 15 minutes	minimum of 30 minutes	\$20.38	No
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	08	082	49	U3	TJ	per 15 minutes	minimum of 30 minutes	\$20.38	No
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	09	All	11, 12	U3	TJ	per 15 minutes	minimum of 30 minutes	\$20.38	No
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	31	All	11, 12	U3	TJ	per 15 minutes	minimum of 30 minutes	\$20.38	No
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	01	183	22		TJ	per 15 minutes	minimum of 30 minutes	\$19.94	No
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	08	082	49		TJ	per 15 minutes	minimum of 30 minutes	\$19.94	No
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	09	All	11, 12		TJ	per 15 minutes	minimum of 30 minutes	\$19.94	No

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Procedure Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	MA Units	Limits	MA Fee	Prior Auth
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	31	All	11, 12		TJ	per 15 minutes	minimum of 30 minutes	\$19.94	No
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	01	183	22	U3	TJ	per 15 minutes	minimum of 15 minutes	\$19.60	No
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	08	082	49	U3	TJ	per 15 minutes	minimum of 15 minutes	\$19.60	No
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	09	All	11, 12	U3	TJ	per 15 minutes	minimum of 15 minutes	\$19.60	No
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	16	160	12, 99	U3	TJ	per 15 minutes	minimum of 15 minutes	\$19.60	No
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	31	All	11, 12	U3	TJ	per 15 minutes	minimum of 15 minutes	\$19.60	No
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	01	183	22		TJ	per 15 minutes	minimum of 30 minutes	\$4.48	No
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	08	082	49		TJ	per 15 minutes	minimum of 30 minutes	\$4.48	No
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	09	All	11, 12, 99		TJ	per 15 minutes	minimum of 30 minutes	\$4.48	No
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	16	160	12, 99		TJ	per 15 minutes	minimum of 30 minutes	\$4.48	No

Medical Assistance Program Fee Schedule - Childhood Nutrition and Weight Management Services

Procedure Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	MA Units	Limits	MA Fee	Prior Auth
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	31	All	11, 12, 99		TJ	per 15 minutes	minimum of 30 minutes	\$4.48	No
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	01	183	22		TJ	per 15 minutes	minimum of 30 minutes	\$18.59	No
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	08	082	49		TJ	per 15 minutes	minimum of 30 minutes	\$18.59	No
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	09	All	11, 12		TJ	per 15 minutes	minimum of 30 minutes	\$18.59	No
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	16	160	12, 99		TJ	per 15 minutes	minimum of 30 minutes	\$18.59	No
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	31	All	11, 12		TJ	per 15 minutes	minimum of 30 minutes	\$18.59	No
S9470	Nutritional counseling, dietitian visit	01	183	22	U3	TJ	per visit	1 visit per day	\$26.46	No
S9470	Nutritional counseling, dietitian visit	23	230	11, 12, 99	U3	TJ	per visit	1 visit per day	\$26.46	No
T1015 (96150)	*** Clinic visit defined as= Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), initial assessment	08	080	50		TJ	per visit	minimum of 30 minutes	Encounter rate	No
T1015 (96150)	*** Clinic visit defined as= Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), initial assessment	08	081	72		TJ	per visit	minimum of 30 minutes	Encounter rate	No
T1015 (96151)	*** Clinic visit defined as= Health and behavior assessment (e.g. health- focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires) re-assessment	08	080	50		TS	per visit	minimum of 30 minutes	Encounter rate	No

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Procedure Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	MA Units	Limits	MA Fee	Prior Auth
T1015 (96151)	*** Clinic visit defined as= Health and behavior assessment (e.g. health- focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires) re-assessment	08	081	72		TS	per visit	minimum of 30 minutes	Encounter rate	No
T1015 (96152)	***Clinic visit defined as= Health and behavior intervention, face-to-face; individual	08	080	50		TJ, TS	per visit	minimum of 15 minutes	Encounter rate	No
T1015 (96152)	***Clinic visit defined as= Health and behavior intervention, face-to-face; individual	08	081	72		TJ, TS	per visit	minimum of 15 minutes	Encounter rate	No
T1015 (96153)	***Clinic visit defined as= Health and behavior intervention, face-to-face; group (2 or more patients)	08	080	50		TT	per visit	minimum of 30 minutes	Encounter rate	No
T1015 (96153)	***Clinic visit defined as= Health and behavior intervention, face-to-face; group (2 or more patients)	08	081	72		TT	per visit	minimum of 30 minutes	Encounter rate	No
T1015 (96154)	***Clinic visit defined as= Health and behavior intervention, face-to-face; family (with the patient present)	08	080	50		HR	per visit	minimum of 30 minutes	Encounter rate	No
T1015 (96154)	***Clinic visit defined as= Health and behavior intervention, face-to-face; family (with the patient present)	08	081	72		HR	per visit	minimum of 30 minutes	Encounter rate	No
T1015 (S9470)	***Clinic visit defined as= Nutritional Counseling, dietitian visit	08	080	50		AE	per visit	1 visit per day	Encounter rate	No
T1015 (S9470)	***Clinic visit defined as= Nutritional Counseling, dietitian visit	08	081	72		AE	per visit	1 visit per day	Encounter rate	No