



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

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SUBJECT
Clarification of Childhood Nutrition and Weight Management Services for Recipients Under 21 Years of Age

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PURPOSE

The purpose of this bulletin is to clarify the language in the Payment Limitations section of Medical Assistance (MA) Bulletin 99-07-19, Childhood Nutrition and Weight Management Services (CNWMS) for Recipients Under 21 Years of Age, and to specify the types of CNWM providers for whom the limitations apply.

SCOPE

This MA bulletin applies to all physicians, certified registered nurse practitioners (CRNP), registered nurses, nutritionists, outpatient hospital clinics, independent medical surgical clinics, Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) enrolled in the MA Program. Providers rendering services under the MA Managed Care delivery system should address any payment-related questions regarding Childhood Nutrition and Weight Management Services to the appropriate MA managed care organization.

BACKGROUND

On November 1, 2007, the MA Program added CNWMS for eligible MA recipients under 21 years of age to the MA Program Fee Schedule, and issued MA Bulletin 99-07-19 to provide procedures and billing instructions. The Department of Public Welfare (Department) subsequently determined that the language in the Payment Limitations section of MA Bulletin 99-07-19 to specify the types of providers to whom the payment limitations apply does not reflect the Department's intended application.

DISCUSSION

MA Bulletin 99-07-19, CNWMS for Recipients Under 21 Years of Age, indicated payment limitations for providers of CNWMS. Three of the six bullet points in the Payment

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The appropriate toll free number for your provider type

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Limitations section referred to “providers.” The use of the term “provider” is misleading to the reader because it implies that FQHCs and RHCs can bill for several CNWMS per patient in one day, which is not correct. FQHCs and RHCs are paid by the Department on a per visit basis in accordance with the Code of Federal Regulations (CFR) at 42 CFR 405.2463; a medical visit is a face-to-face encounter (visit) or multiple encounters on the same day.

Therefore, the Department is clarifying the Payment Limitations section of MA Bulletin 99-07-19, CNWMS for Recipients Under 21 Years of Age, to specify the types of providers for whom the limitations apply.

PROCEDURES

Payment Limitations

Payment limitations for CNWMS are restated as follows, with clarifications from MA Bulletin 99-07-19 in bold:

- **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 a 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. Initial assessments are limited to 3 assessments per child per 365 consecutive day period.
- A re-assessment is at least 30 minutes in duration, per re-assessment. Re-assessments are limited to 4 re-assessments per child per 365 consecutive day period.
- Weight management counseling services are initially limited to a combined total of 24 15-minute units of service or clinic visits, for individual, group, and family weight management counseling per child per 365 consecutive day period.

- **FQHCs and RHCs may bill the MA Program for one medical visit per child per day for CNWMS.**

If an individual child requires additional CNWMS beyond the service limits, providers **(including FQHCs and RHCs)** may request a Program Exception (also known as an 1150 Administrative Waiver). To request a Program Exception, providers should complete an Outpatient Services Authorization Request form (MA 97) and mail it to the Department at the appropriate address indicated on the form. When completing the Program Exception request, providers should include detailed justification and rationale supporting the necessity of the additional services.

Except for the clarification of the Payment Limitations identified above, MA Bulletin 99-07-19, CNWMS for Recipients Under 21 Years of Age, otherwise remains in effect.