Intervention Flow

Identification
- Initial visit with Physician, Physician's Assistant, Nurse Practitioner. Adult Medicaid beneficiary with BMI 30+. Establishes exercises plan for 5 subsequent visits and refers to a Licensed Dietitian.

Referral
- Referral to Licensed Dietitian for Nutritional Counseling. Sets appointment. Handles referral process and follow-up.

Licensed Dietitian
- LD reviews physician plan with patient and establishes plan to include follow up during subsequent visits.

Reporting
- Licensed Dietitian reports back to referring physician within 48 hours. Shares healthy eating plan and patient compliance.

Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes
Physician

HCPCS Codes	Modifier	Description	Maximum Units per calendar year
G0447	SC	Annual face to face obesity screening (15 min. session) Initial visit only (**USPSTF 5As**)	1
G0447	-	Face to face behavioral counseling for obesity (15 min. session) (**USPSTF 5As**)	Total of 5 subsequent for either group or individual behavioral counseling
G0447	HB	Group Face to face behavioral counseling	Total of 5 subsequent for either group or individual behavioral counseling

- Reimbursement amount is **$20**
- G0447 can be billed in conjunction with an E&M code on initial visit by appending the NCCI 25 modifier to the E&M code

Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes

HCPCS Code	Description	Maximum Units
S9470	Nutritional counseling, dietitian visit *(Initial, individual visit)*	Limit 1 per year; **$27.82** per 30 minute unit/session *(Cannot bill more than once per patient per year)*
S9452 *HB modifier to be added when the visit takes place in a <u>group</u> setting**	Nutrition classes, non-physician provider *(Individual or group session; group sessions not to exceed 5 patients)*	Limit 5 per year; **$27.82** per 30 minute unit/session *(Cannot bill more than once per day per patient)*

Billing International Classification
of Diseases (ICD-9) Diagnosis Codes

ICD-9	Description	ICD-9	Description	ICD-9	Description
V85.0	BMI less than 19	V85.31	BMI 31.0-31.9	V85.39	BMI 39.0-39.9
V85.1	BMI 19.0-24.9	V85.32	BMI 32.0-32.9	V85.40	BMI 40.0-40.9
V85.21	BMI 25.0-25.9	V85.33	BMI 33.0-33.9	V85.41	BMI 41.0-44.9
V85.22	BMI 26.0-26.9	V85.34	BMI 34.0-34.9	V85.42	BMI 45.0-49.9
V85.23	BMI 27.0-27.9	V85.35	BMI 35.0-35.9	V85.43	BMI 50.0-59.9
V85.24	BMI 28.0-28.9	V85.36	BMI 36.0-36.9	V85.44	BMI 60.0-69.9
V85.25	BMI 29.0-29.9	V85.37	BMI 37.0-37.9	V85.45	BMI 70 AND OVER
V85.30	BMI 30.0-30.9	V85.38	BMI 38.0-38.9		

Healthy Connections

Billing International Classification
of Diseases (ICD-10) Diagnosis Codes

ICD-10	Description	ICD-10	Description	ICD-10	Description	ICD-10	Description
Z681	BMI less than 19	Z6827	BMI 27.0-27.9	Z6835	BMI 35.0-35.9	Z6844	BMI 60.0-69.9
Z6820	BMI 20.0-20.9	Z6828	BMI 28.0-28.9	Z6836	BMI 36.0-36.9	Z6845	BMI 70 or greater
Z6821	BMI 21.0-21.9	Z6829	BMI 29.0-29.9	Z6837	BMI 37.0-37.9	Z6854	BMI Pediatric, greater than or equal to 95% for age
Z6822	BMI 22.0-22.9	Z6830	BMI 30.0-30.9	Z6838	BMI 38.0-38.9		
Z6823	BMI 23.0-23.9	Z6831	BMI 31.0-31.9	Z6839	BMI 39.0-39.9		
Z6824	BMI 24.0-24.9	Z6832	BMI 32.0-32.9	Z6841	BMI 40.0-44.9		
Z6825	BMI 25.0-25.9	Z6833	BMI 33.0-33.9	Z6842	BMI 45.0-45.9		
Z6826	BMI 26.0-26.9	Z6834	BMI 34.0-34.9	Z6843	BMI 50.0-59.9		

- Pediatricians may address obesity management after diagnosing during EPSDT visit.

- SCDHHS recommends the physician utilize the 5 A's as recommended by the USPSTF.

- Pediatricians can bring a child back for obesity related visits and utilize existing CPT and ICD-9 codes.

- Also, they may now refer patients to licensed dietitians for nutritional counseling.

- Dietitians will use the 97 code series for children.

Healthy Connections

Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes
Pediatricians

HCPCS Code	Description
99201-99215	Provider must bill the appropriate level of Evaluation and Management Services.

Document ICD-9 Diagnosis Code:
V65.3 Dietary surveillance and counseling

Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes
Licensed Dietitian and Pediatrics

HCPCS Codes	Modifier	Description	Maximum Units per calendar year
97802	-	Medical nutrition therapy; initial assessment and intervention, individual, face to face with the patient (15 min. session) Initial visit only	2
97803	-	re-assessment and intervention, individual face to face with the patient (15 min. session)	10
97803	HB	Group Face to face behavioral counseling	Total of 10 subsequent for either group or individual behavioral counseling

- Reimbursement amount is **$13.91 per 15 min. session ($27.82 daily max.)**
- All groups are limited to five (5) patients
- Nutritional counseling units billed are based on a 15 minute time unit session and are limited to two per day with a maximum of 12 in a year.

Rural Health Clinics:

- RHC May bill for individual and group nutritional counseling visits under this policy using the G and S code series.

- **Rural Health Clinics must bill for Nutritional Counseling codes utilizing their GP legacy/NPI number and not their RHC legacy/NPI number**

- All claims must include the appropriate V-code for tracking of the patient's BMI.

- All documentation standards listed in the policy apply.

*Proposed policy

Healthy Connections

FQHCs:

- FQHC reimbursed using the encounter code: T1015

- May bill for individual and group nutritional counseling visits.

- The encounter code includes both the provider and the dietitian visit within the one unit of a T1015.

- For tracking purposes, G codes and S codes must be reported, but will not be paid.

- All claims must include the appropriate V-code for tracking of the patient's BMI.

- All documentation standards listed in the policy apply.

*Proposed policy

Healthy Connections

- Bill for nutritional counseling services using the revenue code 942*.

- The revenue code is clearly labeled as non-covered on the outpatient fee schedule.

- Hospitals may bill it, but will not get paid under our current methodology.

- **However, a Hospital Outpatient Licensed Dietitian may bill for individual and group obesity visits under this policy using the CMS 1500 claim form and must link it to the hospital NPI for clinics.**

- All claims must include the appropriate ICD-9 "V" code for tracking purposes.

- All documentation standards listed in the policy apply.

*Revenue code 942

Healthy Connections