Pediatric Obesity Services: What’s Covered in MN?

January 30, 2015
Noon – 1:30 pm (CST)

Presented by:
The Minnesota Partnership on Pediatric Obesity Care and Coverage (MPPOCC)
Today’s Presenters:

* Russ Kuzel, MD, Senior VP and Chief Medical Officer, UCare; MPPOCC Co-chair
* Ken Bence, Director of Public Health, Medica
* JoAnne Wolf, Coding Manager, Children’s Health Network
* Mike Hauck, Lead Provider Trainer, MN Department of Human Services
* Jessica Larson, MD, Pediatrician, Fairview; MPPOCC Co-chair

THANK YOU! To Melissa DeBilzan and to the MN Chapter of the American Academy of Pediatrics for hosting this webinar.
Learning Objectives:

Participants of this webinar will be able to:

* Describe the purpose and work of the MPPOCC
* Understand insurance coverage for services related to pediatric overweight, obesity, weight management and prevention
* Utilize appropriate billing and CPT codes for reimbursement of services
* Identify resources, contacts and strategies available to insure claims are correctly submitted, including troubleshooting prior to submission and investigation of denied claims
Background: The Minnesota Partnership on Pediatric Obesity Care and Coverage (Partnership), which is led by the Minnesota Council of Health Plans (MCHP) and the Minnesota Chapter of the American Academy of Pediatrics (MNAPP), is comprised of organizations dedicated to reducing childhood obesity through clinical and community services. The Partnership formed in 2012.

Purpose: To gain a better understanding of (1) clinics’ childhood obesity service packages; (2) existing coverage for services; and (3) what the health plans would need to do to support service packages.
**MPPOCC Purpose and Accomplishments**

- **Addressing barriers:** reimbursement, coding, community referrals, communications (providers and parents/kids), data (especially focused on getting BMI collected and reported)

- Worked on clinic processes first; 2015 more focus on community connections
* Partnership formally adopted 5-2-1-0 program and messages
* Resources and Fact Sheet (including 5-2-1-0) are posted on MN-AAP website
* Partnership members are on the MN Community Measurement (MNCM) Measures Work Group: Obesity/BMI Assessment and Overweight Counseling Ages 3-17
* Support Breastfeeding Coalition
MPPOCC Purpose and Accomplishments

* Support SHIP (Statewide Health Improvement Program) efforts
  * Support development and implementation of ICSI (Institute for Clinical Systems Improvement) guideline: (https://www.icsi.org/_asset/tn5cd5/ObesityChildhood.pdf)
  * Assist in coding guide development, and assure billing staff are aware of common codes for obesity and tobacco: (http://www.mnaap.org/pdf/1208summaryofcodingpoliciesMDH.pdf)
  * Support referral to community-based services
* Work with MN Dept of Human Services on community covered benefits
* Developed a “discussion guide” for clinics to use for pilot projects with health plans
* Consensus on key measures for clinics to track to impact outcomes and build a business case for service provision
NEW: Clinic Community Collaborative Services Work Group

Assigned the following deliverables by mid-2015:

• A policy brief outlining a shared understanding of providing evidence-based collaborative (clinic/community) pediatric obesity health services;

• Developing an "ask" of health plans to support piloting and testing a model; and

• Working with DHS to explore Medicaid reimbursement for evidence-based community programs that effectively address childhood obesity.
Insurance Coverage

for services related to pediatric overweight, obesity, weight management and prevention
Speaker:

* Ken Bence, Director of Public Health, Medica
Medical Assistance fee-for-service, Prepaid Medical Assistance Program (PMAP), and MNCare pediatric enrollees do not have co-pays or other cost-sharing.

Benefits for PMAP and MNCare pediatric enrollees are the same.

The number of allowable visits can vary by health plan.

Further clarification is needed regarding coverage for same-day appointments with multiple providers, and coverage for community-based services.

Private coverage varies.
Medicaid Coverage Includes

* Screening, education, assessments, counseling, surgery and other medically necessary services
* Comprehensive, intensive behavioral interventions:
  * counseling and other interventions targeting diet and physical activity
  * parental involvement (for younger children)
  * >25 hours contact with child and/or family over 6 months
* Visits with primary care and specialty clinicians, dieticians, nurses, counselors and Community Health Workers for the purpose of obesity management

* Some limitations and prior authorization requirements may apply. Contact health plan for specifics
* Provide pediatric obesity services according to USPSTF recommendations. (http://www.uspreventiveservicestaskforce.org/uspstf/usp schobes.htm)

* Encourage your billing department to review and assure billing, coding and related service delivery and documentation practices meet health plan requirements.

* Encourage your billing department to determine service costs and communicate these costs up-front in case an individual’s plan does not cover the services.
Billing and Coding

* SPEAKERS:
  * JoAnne Wolf, Coding Manager, Children’s Health Network
  * Mike Hauck, Lead Provider Trainer, MN Department of Human Services
Billing Codes Used to report pediatric obesity services:

- Diagnosis Codes
  - ICD-9-CM codes
  - ICD-10-CM codes beginning October 1, 2015
- Procedure Codes
  - CPT codes
  - HCPCS Codes
- Refer to Weight Management Services summary grid:
ICD-9-CM Diagnosis codes used for pediatric obesity assessment and treatment/intervention:

- 278.00 Obesity, unspecified
- 278.01 Morbid obesity
- Pediatric BMI: (should only be reported as secondary codes)
  - V85.51 BMI, pediatric, 5\textsuperscript{th} percentile for age
  - V85.52 BMI, pediatric, 5\textsuperscript{th} – less than 85\textsuperscript{th} percentile for age
  - V85.53 BMI, pediatric, 85\textsuperscript{th} – less than 95\textsuperscript{th} percentile for age
  - V85.54 BMI, pediatric, greater than or equal to 95\textsuperscript{th} percentile for age
- V65.3 Dietary surveillance and counseling
* Other Diagnosis Codes:
  * 278.02 Overweight
  * 783.1 Abnormal weight gain
  * Specific medical condition
    * Asthma - 493.90
    * Juvenile Diabetes - 250.01
Issues:

- Denials (anecdotal/historical) associated with reporting obesity as a primary diagnosis
- Billing only BMI codes (V85.5X) without a primary diagnosis
- Report the diagnosis codes that best reflect the reason for the visit
  - If the child is coming in for counseling on diet and exercise because they are morbidly obese with a BMI well above the 95th percentile, then the ICD-9 code that should be reported are:
    - 278.01 (Morbid obesity), V85.54 (BMI in 95th percentile or above), V65.3 (Dietary surveillance and counseling)
- Encourage patients to check with their healthplan for coverage
Procedure Codes

* Procedure codes used for pediatric obesity assessment and treatment/intervention:
  * Outpatient/Clinic Evaluation and Management (E/M) Codes
    * New Patient (99201-99205) & Established Patient (99211-99215)
  * Medical Nutrition Therapy – Individual and Group
    * 97802-97804 and G0270-G0271
  * Patient Self Management – Individual and Group
    * 98960-98962 and G0108-G0109
  * Other Codes
E/M Services

* Outpatient/Clinic Evaluation and Management (E/M) Codes
  * New Patient (99201-99205) & Established Patient (99211-99215)
  * Billed by physicians and other qualified health care practitioners (NP, PA)
  * The only E/M code that can be reported “incident to” for other non-physicians (nursing staff, dietician, etc.) is 99211
  * Most E/Ms are billed based on 3 key components:
    * History
    * Exam
    * Medical Decision-Making
Some E/Ms can be billed based on time

- When more than ½ the visit is spent in counseling
- Documentation must include:
  - Total face-to-face time
    - 99212 – 10 minutes 99214 – 25 minutes
    - 99213 – 15 minutes 99215 – 40 minutes
  - A detailed summary of the discussion
  - That more than ½ of the visit was spent in counseling
- Example – 99215: More than ½ of this 40 minute visit was spent discussing……
Medical Nutrition Therapy

* CPT Codes for Medical Nutrition Therapy – Face-to-face with patient
  * 97802  Initial assessment and intervention, individual, each 15 min
  * 97803  Re-assessment and intervention, individual, each 15 min
  * 97804  Group (2 or more), each 30 min
* HCPCS Codes: developed by CMS to be used for Medicare pts
  Re-assessment and subsequent intervention following 2\textsuperscript{nd} referral in same year for change in diagnosis, medical condition or treatment regimen (including addt’l hours needed for renal dz),
  * G0270  Individual, each 15 min
  * G0271  Group (2 or more), each 30 min
Medical Nutrition Therapy

- Medical Nutrition Therapy – Individual and Group
  - Performed by registered dieticians and nutritionists
  - If MNT is performed by physicians and other qualified health care professionals, they should bill E/M codes
  - Documentation of time is required for time-based codes
    - Bill codes in units based on total time
- Billing Issues:
  - Bundling with E/M codes billed on same calendar day
Patient Self Management

* CPT Codes for Education and training for patient self management by non-physician using a standardized curriculum, face-to-face, each 30 minutes
  * 98960 Individual (can include family)
  * 98961 2-4 patients
  * 98962 5-8 patients

* HCPCS Codes: developed by CMS to be used for Medicare pts specifically for Diabetes outpatient self-management training services
  * G0108 individual, per 30 min
  * G0109 group session (2 or more), per 30 min
Patient Self Management – Individual and Group

- Performed by qualified non-physician health care professionals
  - If a physician is performing patient self management, then E/M should be billed
- Performed using a standardized curriculum for treatment of an established illness or disease
- Qualifications of the non-physician professional and the curriculum must be consistent with guidelines or standards established by a society/association
- To teach patient to effectively self-manage the illness/disease
- Documentation of time is required for time-based codes
  - Bill codes in units based on total time
- Bundling Issues with E/M codes billed on same calendar day
Other Codes

- Other Codes
  - HCPCS Codes developed by CMS for Medicare patients for Face-to-face behavioral counseling for obesity
    - G0447 individual, 15 min
    - G0473 group (2-10), 30 min
      - Performed by primary care practitioners
      - Involves screening for obesity, BMI calculation, dietary / nutritional assessment and intensive behavioral counseling and therapy on diet and exercise
    - 99078 Physician educational services in a group setting
    - S9470 Nutritional counseling, dietician visit
    - 99401-99404 and 99411-99412 Preventive medicine counseling (individual and group)
Other Considerations:

- Minnesota Community Measurement
  - Quality measure
  - Pediatric patients – Ages 3-17
  - BMI in the 85th percentile or higher (V85.53 or V85.54)
  - Documentation of counseling for both nutrition and activity

- ICD-10-CM Coding for Obesity
  - More Specificity: “due to excess calories” vs. “drug-induced”
  - Other obesity
General Coding Advice

* Report the ICD-9-CM code(s) that best represent the reason why the patient was seen
* Report the CPT or HCPCS code(s) that best represent the services performed
Recommendations for Providers

* Provide pediatric obesity services according to USPSTF recommendations. ([http://www.uspreventiveservicestaskforce.org/uspstf/uspschobes.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspschobes.htm))

* Encourage your billing department to:
  * Review and assure billing, coding and related service delivery and documentation practices meet health plan requirements.
  * Determine service costs and communicate these costs up-front in case an individual’s plan does not cover the services.
Recommendations for Providers

* Daily team huddles including billers and coders.

* MN Medical Group Management Association (MMGMA): http://www.mmgma.org/
Coding Resources

* Weight Management Services coding summary grid
  (http://www.mnaap.org/pdf/1208summaryofcodingpoliciesMDH.pdf)

* American Academy of Pediatrics Obesity Clinical Decision Support
  (http://www.hsph.harvard.edu/wp-content/uploads/sites/84/2012/09/Ped-Obesity-flip-chart_Maine_FINAL.pdf)
“Analysis Shows Existing Medicaid Benefit Codes Cover Childhood Obesity-Related Health Care Treatment”
(http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2007/rwjf17101)

“Strategies for Improving Access to Comprehensive Obesity Prevention and Treatment Services for Medicaid Enrollees”
(https://www.cce.csus.edu/conferences/childobesity/09/docs/handouts_r3/Policies%20and%20Weight%20%E2%80%93%20Don%E2%80%99t%20Wait_a.pdf)
MHCP Online Resources

* MHCP Provider Manual
  (www.dhs.state.mn.us/provider/manual)
  * Physician and Professional Services section
    * E/M services
    * Education and Counseling
    * Medical Nutritional Therapy
    * Diabetic Self-Management Training
    * Nutritional services
  * Community Health Worker section
MHCP Online Resources

* MHCP Enrolled Providers Website (www.dhs.state.mn.us/provider)
  * Provider Toolbox
  * Billing Resources
    * Fee Schedule
    * Claim payment and cutoff calendars
    * Electronic claim attachment information
    * NCCI FAQs
    * Remittance advice information
MHCP Online Resources

* MHCP Enrolled Providers Website (continued)
  * Communication
    * Provider News
    * Provider Updates
    * Email lists
    * Training
Payer Provider Services Contacts

* MHCP Provider Call Center (DHS):  
  651-431-2700 or 800-366-5411
* Blue Cross Blue Shield/Blue Plus of MN:  
  800-676-BLUE (2583)
* HealthPartners: 952-883-7666
* Medica: 800-458-5512
* PreferredOne: 763-847-4477 or 800-997-1750
* UCare: 612-676-3300 or 888-531-1493
Staying connected to the MPPOCC

* Visit MN-AAP web site:
  http://www.mnaap.org/obesitycoding.html

* Contact:
  Megan Ellingson, Minneapolis Health Dept.,
  SHIP Consultant
  612-385-4862
  meganellingson@msn.com
Q&A

Moderator, Jessica Larson, MD, Pediatrician, Fairview; MPPOCC Co-chair